





Nursing Library

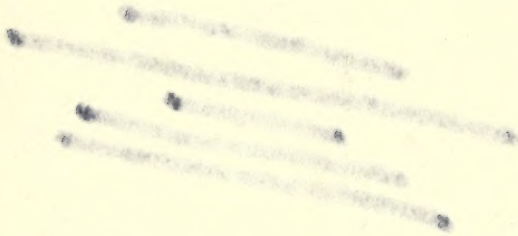


The Hospital for Sick Children  
Toronto

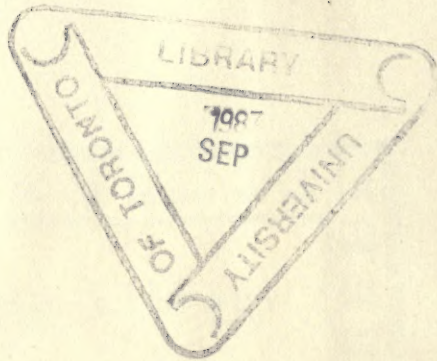








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# THE BRITISH JOURNAL OF NURSING

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**THE NURSING RECORD**  
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## EDITORIAL.

### A NEW FACE AT THE DOOR.

Time's up! A moment two ancients meet,  
One has a scythe, and with urgent feet  
One is the Old Year going  
Into the void, with a goodly pack  
Of life's tit-bits on his weary back,  
And half his debts left owing.

New Year! the Century comes of age!  
And *you* will colour the vacant page,  
Have you the art in plenty?  
What of the visions and schemes designed  
To meet the problems of poor mankind,  
Young Nineteen One-and-Twenty?

C. B. M.

### THE NEW YEAR.

It is always inspiring to enter on a New Year, and it is with keen anticipation that nurses look forward to 1921, for during this year they anticipate that the State Registers of Nurses, the establishment of which they have desired, and for which they have worked so long and ardently, will be compiled, and that they will enter on a new phase in uniting under Rules which it is hoped will, in due course, organise the profession of nursing.

Every nurse who appreciates the value of registration for herself should make it a matter of honour to draw the attention of other nurses of good standing, who may not be so well informed, to the advantages which are to be gained from State Registration, for, it must be remembered, that owing to the interested opposition to this reform, many have been kept in the dark as to its true value.

What, then, are the advantages resulting from State Registration?

(1) The protection of the public whom nurses exist to serve. Every nurse could tell of cases in which much unnecessary suffering, and perhaps loss of life has been caused, because of

the dangerous incompetence of persons who dared to assume the responsible duties of trained nurses without adequate preparation.

(2) The establishment and maintenance of an adequate standard of nursing education, and the protection of the honour of the nursing profession, which henceforth will only be responsible for its accredited and registered members, instead of having its reputation injured by numerous persons, who, to the great detriment of the prestige of trained nurses, do not hesitate to claim a title to which they have no right, and to utilise its uniform. It is a relief to know that the State Registers of Nurses will be available like the Medical Register, and the Roll of the Central Midwives' Board in all Courts of Justice, as well as for the general public, and if a name is not to be found therein, members of the nursing profession can disclaim all responsibility for the doings of its owner.

But much more than that is entailed in State Registration. Let us hope the result will be solidarity of aim amongst State Registered nurses, and that they will aim high, not only concerning the maintenance of educational and moral standards, but that they will strive to recapture the spirit of idealism which we seem to be in some danger of losing in these utilitarian days, without which we can never bring to the service of the race those intangible gifts of heart and hand which no money can purchase, which it is the joy of the true nurse to render, and lacking which, we are well aware, our service is poor indeed.

We need to bring to our patients everything that science can teach us. But it is equally important that we should be inspired by the spirit of devotion to our craft which has animated countless of our predecessors.

So may we assist in the regeneration of the world.



## THE ROENTGENOLOGICAL FIELD FOR NURSES.\*

By NORA D. DEAN, R.N.  
Louisville, Ky.

The study of the Roentgen ray and its usage may be considered new in the nursing world, but it is a lusty infant, and like every other, it requires time for development. When the discoveries of Roentgen, Becquerel, and Curie were first put into practical application by the medical profession, they were considered rather dangerous and it was thought that the Roentgenologist would never consent to the assistance of a nurse; instead there is, to-day, a vast field open to nurses who care to devote their time and study to this science.

The Roentgen ray has been, in the past few years, so studied and simplified by our expert scientists and Roentgenologists, that it proves to have untold value for the medical profession in the diagnosis and treatment of disease. Each day there is a greater demand for its usage, and like every other branch of the nursing profession, we cannot meet the demands for Roentgenographic technicians.

The purpose of this article is not to tell the mechanism of X-ray apparatus, but to present an idea of what is expected of a nurse technician.

In Roentgenographic work, we deal with physics, chemistry, and mechanical processes. There are a few simple laws governing the physics of X-ray, that are essential for the nurses to know, such as the laws governing control, voltage, spark gap, exposure, milliamperes, &c. Those who possess mechanical ability, may consider themselves most fortunate. The theory of shadow formation is very important and as the roentgenologist depends entirely upon the shadow formation in making a diagnostic reading, a nurse must familiarise herself with the normal shadows and their relation to each other, in their normal position, under normal conditions, or she will not be qualified to make a satisfactory plate. Thus the positioning of the object, the plate, and the tube, is a matter of elementary importance. The theory is that the image is made on the plate by the rays, passing perpendicularly from the tube through the object to the plate, in the normal position. For instance, if the patient cannot assume the normal position for picturing a certain object, then the plate and tube should be so positioned that the rays would pass perpendicularly.

The next procedure considered is the

technique of the dark room. There are three main things to be observed: proper lighting, prevention of contamination, and careful manipulation. Doubtless only a few of us realise how delicate this work is, and what perfect technique should be used in handling and developing X-ray films. The slightest attempt to fold an Eastman Dupli-tized X-ray film will produce a shadow when it is developed, and this may prevent other shadows of importance from being detected by the interpreter of the film.

A standard formula should be used for mixing the developing solutions. The solutions are kept at a standard temperature and there is uniform exposure of the film, giving it the accurate time of exposure.

The technician soon controls the time of exposure of the film to the solutions by the time of exposure of the ray to the plate. The time of the exposure of the ray to the plate is controlled by the density of the object of which the image is to be made.

The technician should always bear in mind that the developing of X-ray films is a chemical process and should be handled with the greatest care. One of the most interesting features of this work is the gastro-intestinal examination, with the fluoroscope, watching the progress of the barium or bismuth meal throughout the entire intestinal tract. The general routine for this is to give the patient the barium meal at 8.30 in the morning, after which examination of the oesophagus and stomach is made, having the patient return for a six-hour reading, and on the following morning, for a twenty-four hour reading. At this time, the patient is given a barium and buttermilk enema, of one quart, and is placed in the dorsal position, so one can follow the shadow of the solution through the rectum, sigmoid, descending colon, transverse colon, ascending colon, and filling the caecum, in this way detecting any filling defect that may exist. Since my observation of the Roentgen rays, I have failed to see the distinction between a high and low colonic irrigation, which the former student nurses were required to learn. The study of the Roentgen ray, its mechanism, and value in Roentgen diagnosis and Roentgenotherapy certainly prove it to be one of the most interesting scientific fields, open to the nursing profession at present.

We commend this article to the attention of British nurses who desire to adventure into a new field of study and work.

\*From the *American Journal of Nursing*.



### NURSING ECHOES.

The Hon. Editor expresses her sincere gratitude to the little group of voluntary helpers and contributors who have made it possible to continue the indispensable work carried on by THE BRITISH JOURNAL OF NURSING during the past year. In this connection the names of Miss M. Breay, Miss H. Hawkins, Miss Isabel Macdonald, Miss B. Kent, Miss Taylor, and Mrs. Jessop are first and foremost, as they have placed their talents and business capacity at the service of their profession in the most generous manner possible. It is the freedom from commercialism which has placed the B.J.N. in the unique position to which it has attained. It is free to speak the truth without fear or favour.

The Trained Women Nurses Friendly Society, entirely managed by trained nurses, has been notified by the Insurance Societies Department of the Ministry of Health that the valuation taken to the end of 1918 shows a surplus of over £8,000. This proves that its business has been admirably managed, and that if nurses in larger numbers insured in this Society, its assets would be on a footing to admit of very substantial additional benefits.

The meeting of inquiry to be held by the Minister of Labour, on Wednesday, January 5th, at 8, Richmond Terrace, Whitehall, in connection with trained nurses and the Unemployment Insurance Act, 1920, is arousing keen interest in nursing circles, and the only pity is that before lumping professional nurses into the Act "inquiry" was not made by the Labour Ministry as to how it would affect them!

To quote from the *London Gazette*:-

"Whereas on the 3rd December, 1920, the Minister of Labour gave notice of his intention to decide the question as to whether the employment by a hospital, supported out of voluntary contributions, of a person as—

- (1) A 'Sister,'
- (2) A Staff or Trained Nurse,
- (3) A Probationer Nurse,

is such employment as to make that person an employed person within the meaning of the Act, and especially, whether such employment is employment in domestic service, and further gave notice that persons claiming to be interested could, on or before the 17th December, 1920, make representations in writing, or apply to be heard orally in connection with this question,

"Now, therefore, the Minister of Labour hereby gives notice that an inquiry will be held

at 8, Richmond Terrace, on Wednesday, 5th January, 1921, at 11 a.m. in the forenoon.

"All persons claiming to be interested may attend to make oral representations on the above date at the time and place mentioned. Names and addresses of all persons wishing to attend the hearing must be received by the Principal Assistant Secretary, Ministry of Labour, Employment Department, Queen Anne's Chambers, Westminster, S.W.1, not later than 2nd January, 1921. Failure to comply with this may entail refusal of a hearing."

The Battersea Borough Council have sanctioned the appointment of two health visitors at salaries of £300 each per annum, also the appointment of two Sisters and two staff nurses, salaries £75 and £65 each, per annum, respectively, with board, washing, lodging and uniform.

The Devonport Board of Guardians, at a recent meeting, appear to have perturbed themselves unnecessarily about the future training of nurses—as provided in the Rules drafted by the General Nursing Council. It seems the Ministry of Health has approved the appointment of eight probationers, but it could not recognise the Ford House institution as a training centre for nurses. Thereupon the chairman had an interview with Dr. Fuller of the Ministry of Health, and reported "that Dr. Addison, on behalf of the Ministry, had accepted the view put forward by the Nursing Council as to the future training of nurses, and after a date in November, 1922, no nurses would be allowed to sit for examinations, however qualified they might be, unless they had had four years' training in institutions, three years of which must be in an institution where there was a resident medical officer and not less than 200 beds. On and after that date no local authorities would be allowed to engage nurses who had not got those qualifications.

The result was there was hardly a hospital they knew of in the West of England where nurses would be able to be trained. They discussed the question as to what would be likely to happen in a hospital like Ford House, and what the Board would have to be prepared to do to run it. They could still have a superintendent nurse, and there was nothing to prevent them engaging the same number of women and girls and calling them assistants. But they would not be nurses, and they would not be able to become qualified as nurses.

Now of course the Rules make no such provisions. The term of grace for "existing nurses" must last for two years after the



Register is open, and for "Intermediate Nurses" until "Future Nurses" have had time to complete the three (not four) years' training set forth; and so far, the number of beds for training in voluntary hospitals and infirmaries in the future has not been defined—that will be done when Rules for "Future Nurses," who must pass a State Examination to be eligible for registration, are considered and agreed between the General Nursing Council and the Minister of Health.

We hope the Devonport Board of Guardians will not distress themselves and spread rumours which are not according to fact. They have nothing to fear if they provide systematic training according to the schedule. The first aim of the General Nursing Council is to provide efficient nursing for the sick, and that can only be done by taking into consideration the needs of the national health in its various phases and helping hospitals to contribute towards it.

It is grievous to learn that the financial position of the Scottish Branch of the Queen Victoria Jubilee Institute for Nurses is most precarious, for the work of the Queen's Nurses is deeply valued from one end of the country to the other.

Recently the Annual Meeting of the Scottish Council of the Q.V.J.I. was held in Glasgow, and was preceded by a Conference of District Nursing Associations affiliated to the Institute.

Mr. John Pitman, in submitting the financial statement, said the financial position was very serious. The expenses had been going up by leaps and bounds since the war began, and there was no chance at present of decreasing them very materially. Last year the ordinary income was £4,519, and the ordinary expenditure £10,686. The demand for nurses throughout Scotland was so great that the Institute was now training 83 nurses as against 50 before the war. The Institute had on October 15th only £8,800 invested, barely sufficient capital to carry on the current year.

A discussion on the Scottish Council's proposal regarding the pension fund, and on the position of nurses under the Unemployment Insurance Act was opened by Major Cadell, who said that in 1913 they had instituted a pensions scheme, but it had not been responded to by the Associations or the nurses. The nurses now got £78 a year, at the outside, and they had no opportunity of saving. They had worked loyally, and the last thing the Council wished to do was to leave them in the lurch. It would be a great hardship for Queen's Nurses to have

to pay unemployment insurance, and the only way to get out of it was by having a pension fund that would satisfy the authorities. He asked the Associations to give them £2 a year for the pension fund, and this was agreed.

At the Annual Meeting of subscribers and friends, at which Sir Donald MacAlister presided, the report stated that the number of applications from fully trained nurses for district and midwifery training had greatly increased, the supply being largely drawn from those recently demobilised—mostly thoroughly experienced women, capable of producing the highest type of Queen's Nurse.

The Chairman spoke in the highest terms of the work of Queen's Nurses, saying that they had the confidence and sympathy of the whole medical profession and of the public.

Dr. Madeleine Archibald said they heard a great deal about grandiose health schemes, and it seemed strange that the Ministry of Health so frequently selected its advisers from members of the medical profession not closely acquainted with the routine of industrial practice. She advocated a committee of panel doctors and district nurses who would go to the crux of the whole question and indicate the solution. No scheme would succeed without close co-operation between doctors and nurses. Industrial practice would be a nightmare if it were not for the help of the Queen's Nurses, and in most instances, treatment would be hopelessly inadequate without them.

At a meeting of the Cornwall Joint County Committee of the Order of St. John and the British Red Cross Society at Truro, it was decided that, with certain exceptions, the entire work of the two societies should be controlled by the Joint County Committee.

In the report adopted, it was agreed that nursing units and Women's Voluntary Aid Detachments should be employed in peace time (a) at Maternity and Infant Welfare Centres under the supervision of medical or nursing authority; (b) in giving assistance to district nurses under similar conditions; (c) in visiting tuberculosis cases under the direction of the tuberculosis officer; (d) in supplementing the staff of voluntary hospitals and nursing homes; (e) in attendance upon masseurs and masseuses at orthopædic clinics organised by the Joint County Committee on behalf of the Ministry of Pensions.

It remains to be seen whether registered nurses intend to "cover" the practice of these workers trained in First Aid and Home Nursing.



## CHRISTMAS FESTIVITIES.

We learn from several hospital Secretaries that the festive entertainments for patients and Staff are all provided out of special funds for the purpose, given by generous friends and supporters of the hospitals; and when we scan the programmes for these happy gatherings, it is evident the cost must be considerable.

One programme is typical of many. Take the Prince of Wales' General Hospital, Tottenham, for which a special appeal in the name of the Heir to the Throne is being made.

Christmas Day.—Every patient a gift on pillow. Carol Services at 10 a.m. in the wards. Patients' Dinners, twelve noon. Turkeys carved in the wards. Christmas pudding and other good things. Two visitors to each patient as guests to sumptuous teas, 3 to 6 p.m. Medical and Nursing Staffs dine together at one o'clock, and take tea with the patients and their guests.

Tuesday, 28th.—Tea, entertainment and Christmas tree for children and in-patients. Wednesday, 29th.—Tea, entertainment and tree, particularly for old people out-patients. Tea, Nurses' League, 6 p.m. Thursday, 30th.—Tea, entertainment and Tree, 3 to 6, Out-patient Children.

One evening Nurses entertain the domestic staff, porters and their wives, scrubbers and their husbands. Another evening the Nurses have a Fancy Dress Dance, and the Nursing staff are at Home one evening to 10 p.m.; and on New Year's Day, 8 to midnight. On New Year's Eve many of the staff attend Watch Night Service at a church in the neighbourhood.

Miss Bickerton, the Matron, takes an active part in all these gatherings of good will.

Santa Claus is apparently kept very busy for days at Christmas time in the hospital world, and one wonders how he manages to be so ubiquitous, as many little folks outside are also the richer for his visits.

### AT ST. MARY'S HOSPITAL, PADDINGTON.

We had occasion to visit a sick friend on Christmas Day, in Crawshay Ward, St. Mary's Hospital, Paddington. As the lift was not running at that particular time we had the pleasure, while climbing to the top of the building, of observing its exquisite cleanliness, and we all know how difficult it is to keep stairs and corridors speckless!

The ward we visited was decorated with exquisite taste in a scheme of pink and mauve, just delicate garlands of smilax over the beds, and a wealth of pink chrysanthemums and purple iris about the ward. This scheme of colouring was carried out in the electric light shades, most tastefully fashioned of pink paper and mauve tassels. The tea table was lovely—all the sugared cakes tipped with pink and mauve, and lovely little *bon bon* paper baskets, most cunningly fashioned in the same colours. We expect hospital Sisters and Nurses to handle deftly sick people and surgical appliances, but it is wonderful to find them possessed of talents to be envied by a skilled florist, or a professional *confiseur*. The patients all looked very smart in their pretty bed jackets and

ribbons, and were looking forward to an amusing time. It is at such a time one realises the national value of our voluntary hospitals.

Visiting St. Mary's reminded us of a statement made by a friend a few weeks ago. "You know," she said, "one is not always a welcome visitor at a hospital; officials are busy people, but I had occasion to call on the Medical Superintendent of St. Mary's Hospital about a little patient lately to enlist his help. It was quite delightful to be met with such courtesy and kindness. I came away wishing I could give a big donation to the hospital. Anyway, one can sing its praises."

### AT THE LONDON TEMPERANCE HOSPITAL.

Christmas Day was observed at the London Temperance Hospital in a manner which will not fade from the memory of the patients who spent it there.

The wards were beautifully decorated with original designs which transformed them into bowers of flowers, with delicate green festoons and shaded electric globes of every hue. At 8 a.m. the Matron (Miss Donaldson), Sisters and Nurses visited each ward and sang exquisite old Christmas carols. At 12 noon a sumptuous dinner of turkey, plum pudding, mince pies, fruit and dessert was served with special delicacies for those who were too ill to enjoy such a repast. At 3 p.m. visitors were admitted and teas served all the afternoon in the Sisters' sitting rooms, and in the wards. During the afternoon the Senior House Surgeon (Mr. Shirley Fawcett), as "Father Christmas," visited the patients and distributed presents; so splendid was his impersonation that no one recognised him, and the shouts of glee with which he was greeted in the Children's Ward were a most refreshing change in these days of pessimism and materialism. The Nursing Staff were not forgotten, and the patients showed as much pleasure in seeing their own nurses receive a parcel as in eagerly catching their own.

At 4 p.m. the Chairman of the Hospital, Major Richard Rigg, O.B.E., M.A., accompanied by the Senior Surgeon, H. J. Paterson, Esq., M.S., C.B.E., and the Matron, visited the wards and shook hands with every patient, speaking a few words of sympathy and cheer to each one.

A huge fir tree, perfect in its symmetry, having been sent all the way from the North of Scotland, was erected in the Children's Ward, and literally groaned under its burden of toys and garments. The children treated in this hospital are drawn from a very poor neighbourhood, and their delight was overwhelming.

By 6.30 p.m. a band of willing helpers, including the Chaplain of the Hospital, had transported (on stretchers and carrying chairs) all patients who could be moved, to the Out-Patients' Hall, where, through the kindness of friends, a first-class concert and living marionettes entertainment was given. The Hall was crowded with friends of the patients and all the nursing and domestic staff. By 9 p.m. every patient was safe back in bed, voting the day "perfect."



# Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

## GREETINGS FROM HER ROYAL HIGHNESS THE PRESIDENT TO THE MEMBERS.

78, Pall Mall, S.W.1,  
25th December.

MY DEAR MISS MACDONALD,

I am so touched by, and grateful for, the lovely flowers sent me by the Association.

Please express my sincere thanks, and also my *best* wishes to *all* for happiness and prosperity.

Always

Most sincerely yours,

HELENA.

## TRAINED NURSES' ANNUITY FUND.

The Sale of Work, held in aid of the Trained Nurses' Annuity Fund on Wednesday, 15th ult., was very successful. In asking Her Royal Highness, the Princess Christian, to declare the Sale open, Mr. Price gave a brief resumé of the work of the Fund during the past few years. He referred to the splendid help given by the Army nurses since the commencement of the war in establishing Annuities. He also referred to the affiliation of the Fund with the Royal British Nurses' Association and said that it had never prospered so well as it had since that took place. Previous to the affiliation in 1918 the invested capital amounted to about £20,000, since then it had risen to £29,000. Mr. Price said that more and more was it likely that the maintenance of this Fund would become the responsibility of the nurses themselves and it was right that it should be so.

Her Royal Highness, in declaring the Sale open, referred to the great interest which she had always taken in the Fund. Unostentatiously it was doing most splendid and helpful work and she was glad to see so many evidences that the younger nurses had been working very hard for those now disabled.

The presence, at the Sale of Work, of the Chairman of the General Nursing Council for England and Wales gave the nurses great pleasure and several have remarked how much it has gratified them that the first public function in the nursing profession which he has attended, since he was

appointed Chairman of the General Nursing Council by the Minister of Health, should have been that held in aid of the oldest benevolent scheme for nurses and one in which they take a great interest.

Everyone remarked how beautiful the work was which the nurses had sent in and, as the sum realised is over £140, those responsible for the Fund felt that the afternoon had been very usefully spent. Once more we thank our Members for the beautiful gifts they have sent us; those gifts will bring much added help and comfort to their less fortunate fellow-nurses.

## CONFERENCE ON BURNING QUESTIONS.

(Concluded from page 354.)

The Conference on the above subject held at 11, Chandos Street, Cavendish Square, W., on December 3rd, concluded with a Resolution on the Rules for Registration.

### RESOLUTION IV.

#### RULES FOR STATE REGISTRATION.

The last Resolution, which dealt with the Rules for State Registration, was moved by Miss Isabel Macdonald, Secretary of the Royal British Nurses' Association, and was as follows:

(a) That, as the Nurses' Registration Acts do not provide for automatic registration, this Meeting desires to emphasise the imperative necessity that the Rules shall provide for equivalent standards of qualification for registration, between the General Nursing Councils of England and Wales, Scotland, and Ireland.

(b) That, as there is no provision in the Nurses' Registration Act for inequality of fee for registration, this Meeting considers that the maximum of one guinea provided in the Act should be charged to all candidates for registration, as the national work of the Council cannot be self-supporting on a lower fee.

Moreover, as registration carries with it the privilege of voting for the elected professional members of the Council, English Nurses are of opinion that preferential treatment, in this connection, for nurses trained in Scotland and Ireland would be unjust to those trained in England and Wales.

This Meeting of Trained Nurses respectfully urges the Minister of Health to agree to the Rules, in these particulars, unanimously approved by the General Nursing Council for England and Wales.

MISS MACDONALD said she proposed to speak very briefly in moving this resolution. It was good evidence of the topsyturvydom of the nursing



profession that such a resolution should be moved from an English platform, for Scotland, as a rule, claimed to set the pace for high educational standards. If the General Nursing Council for Scotland were to open a door which would admit to their Register all sorts of *bona-fide* nurses, and if the English Council were to agree to the claim of the Scottish Council that nurses on their Register should have the right to automatic registration in England, then a very grave injustice would be done to the English nurses. Having established a minimum standard of qualification in England it behoved English nurses to maintain that standard, to maintain their right to guard the purity of the English Register, by insisting that the English Council should be entitled to examine the qualifications of every nurse who applied for admission to it.

Moreover, the suggestion that Scottish nurses should be registered, whether or not they met the demands of the English Council in the matter of training was contrary to the feeling of the Act, for that provided for conference between the different Councils, with a view to securing a "uniform" standard. It was up to English nurses to secure this standard, not by climbing down to the standards adopted by other Councils, but by demanding that these should climb up.

Then there was the economic aspect of the question. To lower the standard of training which should admit a nurse to the State Register simply meant that the nurses who had little or no training would be encouraged to practise, and to undersell the fully qualified, thereby causing grave danger to the public, and particularly to the poor.

As to the matter of the fee. If Scottish and Irish nurses wished to practise in England, there was no reason whatever why they should not pay the same amount as English nurses did for the privileges which the English Act would confer upon them while they worked in England. The work of Registration, as had been proved by the Royal British Nurses' Association, was exceedingly expensive, and it was preposterous to ask the English Council to register the Scottish nurses for 7s. 6d., or, as has been suggested by the Nursing Council for Scotland, for 2s. 6d. Further, why should some nurses have the right to vote for the election of Members of the Council for a payment such as this, while English and Welsh nurses were required to pay a guinea? Personally, she did not think that the rank and file of either the Scottish or Irish nurses would ask it. One of the R.B.N.A. members told her that when she raised the point with one Irish nurse, the latter was quite furious, and said: "My qualification is every bit as good as yours. If I choose to come and practise in England I want no concessions because I am Irish. If I work in England I will pay my way like the rest of you when I register in England."

Mrs. PAUL, Chairman of the Professional Union of Trained Nurses, in seconding the Resolution, said she thought all were agreed that there should be equivalent standards of registration between the three countries, and that there should be only one

fee in each country, whoever might register. Probably nurses more than any other class of workers had suffered from being subsidised. They must pay a fee which would make their Register self-supporting, and though they valued the economies of the Scots they were out for fair conditions and fair dealing. In whatever country a nurse registered she should pay the fee imposed by the General Nursing Council of that country.

THE CHAIRMAN, Mrs. Bedford Fenwick, referred to the general disappointment felt by the nurses of the United Kingdom in not being registered under one Act, but when the Minister of Health brought in a Government measure his jurisdiction only extended to England and Wales, and therefore he could not initiate legislation in Scotland and Ireland.

We had heard far too much about that wretched guinea from outsiders, not from the nurses themselves. In the opinion of those who had studied the financial question most closely, it was calculated before the war that the registration fee should be £2 2s. When there was the competition of two Bills before Parliament the compromise of a guinea fee was made, and the Government Bill, when introduced, provided that the Registration fee should not exceed one guinea, that was to say, about 10s. at the present value of money.

Apart from the suggestion emanating from Scotland, she deprecated the proposal that the great privilege conferred by the Registration Acts should be valued at 2s. 6d.: it depreciated legal status in the estimation of nurses and the public.

With regard to equivalent standards, and automatic registration, if responsibility were conferred on people by Act of Parliament they must have authority to carry out their responsibilities. The English Council would stand firmly for that principle. With responsibility must be given power. With State Registration nurses received their professional enfranchisement. Registration carried with it the right to vote for the professional members of the General Nursing Council—in this instance the Governing Body of English and Welsh nurses. To claim that Scottish and Irish nurses ought to be entitled to exercise that privilege for 2s. 6d. was a dangerous proposition. Equal privileges, equal fee, must be their determination.

After further support, on being put to the vote, the Resolution was carried unanimously, and it was decided to forward it to the Minister of Health and the General Nursing Council for England and Wales.

The Conference then terminated with a hearty vote of thanks to the Chair, proposed by Mrs. CAMPBELL THOMSON.

#### CHRISTMAS AT THE NURSES' SETTLEMENT.

Miss Giffen, on behalf of the members, took down the usual Christmas gifts to the nurses at the Settlement Home, for which we are asked to return sincere thanks.

ISABEL MACDONALD,  
Secretary to the Corporation.



## LES DAMES AMERICAINES.

(Concluded from page 344.)

We left Coucy immediately after tea, and on our way to Vic-sur-Aisne Mrs. Breckinridge paid some visits to patients. One was to an expectant mother who had been treated for albuminuria. "There are occasions when life is worth living," she remarked. "That woman's urine, when she first got into touch with us, was nearly solid with albumen. Now, with dieting and treatment it has quite cleared up, and she will probably have quite a normal confinement."

That points a moral to the public:—Never think because a doctor, nurse, or midwife has few abnormal cases that his, or her, skill is the less. It is probably because of their skill that the case is normal. Take, for instance, the after-treatment of an operation case 35 years ago and at the present time.

Then there was the daily dressing under the carbolic spray, the preparation and use of elaborate dressings, involving the expenditure of much time by the nurses concerned, much apprehension, and perhaps suffering, or at least discomfort, on the part of the patient, much awe and admiration, on the part of relatives, of the elaborate ritual.

Now there are none of these things. Once an operation is performed the dressing frequently remains untouched until it is time for the surgeon to remove the stitches, and some people are inclined to think that everything is so simple "anybody could be a nurse." But the altered ritual is the result of careful preparation beforehand, and perfection of technique. The knowledge and skill of all concerned in the treatment and care of an operation case is greater, not less, than 35 years ago.

So it is with midwifery. The skill of doctor, nurse, or midwife who successfully pulls a patient through a severe attack of eclampsia is indisputable—the patient owes them her life; but, like a combatant severely wounded in war, she probably carries the mark of the battle for life to her dying day, in more or less serious disablement or disability.

The reverse of the picture is when, by keeping careful watch over the expectant mother, the albuminuria which, at the time of the confinement, would cause the eclampsia so dangerous to both mother and child, is detected, treated and cleared up, and a normal confinement follows. Only the experts know the danger that has been averted, but for them, the knowledge that in all probability the life of the mother of a family has been saved to care for its needs makes life worth living indeed.

As we sped along the long level roads there were the unmistakable scars of war on the beautiful countryside; here were lying about what appeared to be glorified carriers for wine bottles, but which were really the frames in which half-a-dozen shells were carried on to the battlefield; there we passed through a village which had been occupied by the Germans, and I heard a grim story of the methods of terrorism exercised to which we are all well

accustomed. When they took possession they issued an order that all the men were to report themselves. Some old men and boys at work in the fields either did not hear of it or did not heed it. They were all rounded up, brought into the village, placed against a wall and shot. Again, bridges had been destroyed, and as we approached Vic ("the nicest little town in Europe") we passed a factory completely gutted. When I commented on this destruction, Mrs. Breckinridge told me that most of the bridges had been destroyed, but one at Vic was a "shining exception." A fuse had been laid by the Germans, and it would have shared the fate of the rest, but the Vicomte de Reisit, who comes of a line which has inhabited the Chateau since the days of Charlemagne, and the Mayor of Vic, cut the fuse and averted the disaster. "It was a very brave thing to do, because if the Germans had discovered it before they left they would have been hanged out of hand." Happily no such tragedy happened, and later both Vicomte and Mayor received the Croix de Guerre in recognition of their brave services.

Vic is a charming little town, and the headquarters of the "Cards" a most home-like house, with an outlook on variegated shrubs, copper beeches and flowers, which make a picture to be remembered. And surely, never were guests given a more delightful welcome than that extended by the Directrice, Miss Margaret Parsons, with a warmth and charm peculiarly her own. One can imagine what the comforting inspiration of such a personality must be to the *répatriés* in these devastated districts when they are met with the kindness and helpfulness of Miss Parsons and her unit.

The large party which had been scattered over the countryside returned to dinner, a very merry meal, as they interchanged the news and adventures of the day. Then there was an hour or two over a grateful fire with Miss Parsons and Mrs. Breckinridge, when I heard more of their work, their hopes, their plans.

A word must be said about the composition of the unit, which differed from the British one in including teachers, for a very important part of the work of the "Cards" is educational. It seemed to me an ideal arrangement. Most important is it that the children should recover as far as possible "the years that the locusts have eaten," though, as the Committee state in their report, "no amount of writing could describe these effects." We had in our dispensary at Blérancourt children who had seen their mother and sister killed before their eyes by a bomb dropped from a German plane: children with skin disease due to malnutrition from practical starvation; children with curvature of the spine, due to the fact that the Germans made them work in the fields and abandoned trenches for over three years." Think of the weight of misery pressing on young lives represented by that brief record, and then come with Miss Clarke to the school at Montigny. First, to quote from the report: "Admirable as the French school system is, we



are more and more convinced that all our social work must relate itself to that system; it can touch our young people only at certain hours, ages and interests.

"So before the babies don at five the black apron of the *ecolier* and sit those long, long, hours on the stiff little benches, we give them the happy hours of kindergarten, and at the end of the school day, or on Thursdays, we are there in our *Cercle d'Ecolier*, with an organised scheme of physical and manual training (camouflaged as games and toy making)."

Miss Clarke's arrival was the signal for the appearance of a crowd of little people. Evidently they were interested in the particular item of nature study on which they were engaged, for they had brought little jars of caterpillars, which they assured Miss Clarke were "*plein, plein.*" The walls of the schoolroom were also decorated with their handiwork, crude and immature, of course, but indicating that the children's sense of form and colour was being educated, and developing, and in some instances was full of promise. The classes on that September day were not being held in the schoolroom, but in a wood with the green pines overhead, the pine needles underfoot, and their healing aromatic scent in the air. "One can hold the children's attention so much better out of doors," explained Miss Clarke. I said that I had always understood that the one drawback to open-air schools was that the attention of the children was distracted by the outdoor sights and sounds. "Just at first," she replied, "but not ultimately; they learn better out of doors."

For the real establishment of an "*Entente Cordiale*," commend me to the kindergarten teacher. It is a matter of high politics, of course, but which is the more enduring, an "*Entente*" so arranged or the friendship being knitted so firmly between the Dames Americaines and the people of France? Do you suppose that those children who so confidently came up to Miss Clarke and put their little hands into hers, saying, "*Bonjour, Mademoiselle*," and were met with an answering smile and a "*Bonjour Henri, bonjour Yvette*," will to the end of their lives forget the happy days under the direction of so understanding and sympathetic a teacher? (The American plan is to place the very young children in charge of the most highly qualified and competent teachers, realising that the first five years of life are the most important of all.) Nor are the minds of the children educated and their bodies forgotten. The nurses of the American Unit keep in close touch with all the children, and every day before they leave school there is the *gouter*—the cup of chocolate, and biscuits to fortify them before the walk home, to which they respond with "*au revoir, merci mademoiselle.*" This Miss Parsons explained has been found better than giving a midday meal, for that is the meal above all others, that the mothers make every effort to provide. Thus the children are happy, cared for, content, and the friendship so formed and cemented is deep and enduring.

Incidentally, it seems to me most admirable that

nurses and teachers, each with their own well defined work, should be so closely associated. Mutual respect and appreciation of the work and methods of each are developed, as hand in hand they strive for the betterment of the race, and, further, the outlook of both is enlarged, for we are all inclined to think that our own bit of work in the world is the only one that matters, and to be brought into close touch with that of others with their wide range of difficult problems and fresh outlook, cannot fail to be a beneficent experience.

Returning to Vic I had the happiness of seeing something of the manifold duties of the "*Cards*," with Miss Parsons as guide. The stores are a very important part of the routine work. "Few groceries are now sold, for even the smallest and most remote villages have established some regular method of food supply, and over the edge of the battlefields the wholesale grocer's car rumbling in from Compeigne or Soissons, shows that commerce, too, has come back. But tools and furniture, household stuff, sheets and stores and clothing, how could our little world live without the Comité's supplies, and the Comité's transportation of these articles?"

Then there is the library, both for children and adults, housed in an attractive room, in which the latest periodicals for children are spread in the afternoon and for adults in the evening.

"Is all this experimental?" asks Miss Parsons in her report.

"Yes; experimental in the same sense in which the work of a laboratory is experimental. We know one object—the re-birth of communal life in noble form in our war-ruined villages. We do not know the best methods for that end, and it is just as we study the reactions of our people to *Jardins d'enfants*, Boy Scouts, domestic science classes, libraries, &c., or as we test the value to some little community of an Athletic Club, or a Children's Group, that Vic gets the sense at once scientific and adventurous of assisting in a truly thrilling experiment."

Go on and prosper, dear Dames Americaines, for the expert knowledge, the skill, the wisdom with which you carry on your experiments are rooted and grounded in that Love which is "the greatest thing in the world." M. B.

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It adds much to the anxiety of district nurses and midwives if the antiseptic they use is a poisonous one. They should therefore welcome the advent of "*Yadil*," supplied by CLEMENT & JOHNSON, 19, Sicilian Avenue, W., which is not only non-poisonous, but can be taken internally. The booklet, "*Science and Nursing*," obtainable post free from the Editor at the above address, gives many interesting particulars concerning it.

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THE MEDICAL SUPPLY ASSOCIATION, LTD., 167, Gray's Inn Road, W.C. 1, has a fine selection of surgical instruments, hospital furniture, hot water bottles, Macdonald's Gold Medal Steam Dressing Steriliser, and other specialities.



## TRADE UNIONISM FOR NURSES.

The following address was given at St. Thomas' Hospital, S.E.; on November 17th, by Mr. Minet, Treasurer of the Nightingale Training School, at the annual presentation of Nightingale Medals:—

"Those of us who have had a long acquaintance with nursing, and with some it has been life long, when we remember the old days and compare them with what we see to-day must perforce become aware of a great change.

In its inception nursing was essentially a vocation, nor would those who were drawn to it ever have thought of themselves as following a profession. Florence Nightingale was their lodestar. In her were combined the two characteristics which have ever marked the prophets of a new gospel, for her personal devotion was seconded by a marvellous power of organisation. To the attraction of Miss Nightingale's personality was added the nature of the field in which she called for disciples, for the work she summoned her nurses to do was work which the Master himself had consecrated when he said "forasmuch as ye have done it unto one of the least of these ye have done it unto Me."

Nursing in those days was then more than a vocation, it was a religion; and it drew to itself mainly, almost entirely, those characters which most feel the call of a master mind, of a new crusade, minds, that is, of high purpose and of lofty ideals.

Little by little, as the field widened and organisation grew, many who were not so strongly influenced by such idealism were drawn to nursing and the inevitable happened, namely, that nursing came to be regarded, to some extent at any rate, as a profession. So much has this been the case that this newer view of nursing has with some come to take the first place.

This is neither to be wondered at nor blamed, for in nursing as in all else, the labourer is worthy of his hire; and in these days, since women have won to equality with men, so it is but just that they should receive fit recompense for their labour.

Had I noticed no more than this change, I should not have chosen this topic to speak to you on, for there would be no more to be said on it; but times of change are ever dangerous times, for in them we move from the known to the unknown, and I have some fear lest, if we be not wise in time, this new spirit may not carry us too far.

If nursing is to be ranked as a profession it may be argued that it should follow as a corollary that what has been found helpful in other professions should be equally applicable to nursing as bringing with it the same advantages.

Now one of the main methods common to every occupation in the present day is the idea of union among all who follow a common employment—to

adopt the technical name, a trade union. We can neither wonder at this, nor should we regret it, indeed it is the inevitable result of the industrial growth of recent years. Faced with competition in its manifold forms the individual has been forced into "union" from the dread that without it he could not stand.

Now in so far as nursing is to be considered as a profession this would not be in any way to sin against the logic of the case, for, if union be found good for barristers and bricklayers, so might it equally advantage nurses.

The question to be considered is whether it will be good that nursing should follow this special development of other occupations, unheeding of the high thought and spiritual wisdom which have so far been the attributes of real nursehood.

At first sight the argument is specious, but some understanding of the real trend and aim of nursing, some knowledge of its actual work as of its fundamental conditions, bid us pause ere we fully accept it. If, as we claim, the first aspect of nursing is that of a vocation then, dealing as it does with the control of life in all its physical and mental difficulties, nursing should not be in bondage to the self-seeking of the strike, or to the dictated measures of an "union."

No, the vital principles of nursing are the devotion and self-sacrifice of a Florence Nightingale. She, we may be sure, so broad and deep was her intellectual and spiritual outlook, would have felt nothing but regret and condemnation for any movement which could associate her nurses, to whom is entrusted the care of body and mind, with the mere trade or self-interested principles of strike or counterstrike.

Of course, and from the nature of things the first principle of an union is selfishness, nor by this is anything wrong imputed; indeed from the very necessity of the case it must be so. The main, indeed the only, object of an union is to advance the personal interests of its individual members; to increase their remuneration, to limit their labours; and in pursuing these legitimate ends the effect on the work done is, and must be, lost sight of. The work suffers, the worker gains; and of this the present time brings daily proof.

Now apply this principle, which is, as we have shown, the necessary essence of an union, to a nurse. Her work lies with humanity; if then, this idea of an union is to come into nursing bringing with it, as it must, its inevitable concomitants, the nurse will come first, humanity last. Selfishness will take the place of self-sacrifice; religion—we use the word in no narrow sense—will die out of nursing.

At all time mankind is blown about with every wind of doctrine; to-day there is but one wind, and that a strong one, and its trend is towards some form of democratic future. In winning to this, "unions" for all trade purposes are a necessary step, nor do we dispute this; but as nothing is altogether good in this world, so unions



have in them many points which all must regret. It is this, the lower side of unionism, which will most affect nursing if the idea is to be applied to it; and, as I have shown, if it be, it must infallibly kill its real soul. How shall it profit nursing if it gain even the whole world and lose its own soul?

We here know, better I think than most, what the secret of success in such a school as ours is. We know that it depends on two things, on the personal relations which exist between a matron and her nurses, and on the discipline under which alone our work can be brought to a successful end. I can put neither of these considerations first, each depends on the other. Without discipline all work were waste, without personal interest work would become over-burdensome. Introduce a third element, an outside element, an union to which a nurse, if she joins it must perforce owe loyalty and obedience, and you at once disturb the balance which alone makes work such as ours both possible and perfect. No man can serve two masters, and a house divided against itself falls.

But, some will say, the view you take of nursing is so altruistic that it would swallow up—a surely not unimportant thing—the economic welfare of the individual nurse; and that this has to some extent been the case in the past, we are all ready to admit. To-day, however, it is no longer so, for organisations both governmental and private, have recently come into being, and to these may safely be left the personal welfare of the nurse. Not long established, their influence is already being felt. A nurse to-day who is a member of one or other of the recognised nurses' societies can follow her vocation to its highest outlook with the certainty that her economic position will be safeguarded by the society she has joined, and controls by her vote.

I may be altogether wrong, but this is a burning topic and for that reason I have brought it before you. You are not bound to accept these views, but everyone of you will have to make a decision and come to a conclusion about them.

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### SETTLE THE QUESTION RIGHT.

“However the battle is ended,  
 Though proudly the victor comes,  
 With flaunting flags and neighing nags  
 And echoing roll of drums;  
 Still truth proclaims his motto  
 In letters of living light,  
 No question is ever settled  
 Until it is settled right.”

“O men bowed down with labour,  
 O women young yet old,  
 O heart oppressed in the toiler's breast  
 And crushed by the power of gold,  
 Keep on with your weary battle  
 Against triumphant might;  
 No question is ever settled  
 Until it is settled right.”

—Ella Wheeler Wilcox.

## APPOINTMENTS.

### MATRON.

**Royal Infirmary, Wigan.**—Miss Amy H. Wilford has been appointed Matron. She was trained at the Sheffield Royal Infirmary, and has been Assistant Matron at the Royal Infirmary, Wigan, for nearly four years. Miss Wilford has also been Theatre Sister, Ward Sister, and Night Superintendent at Sheffield Royal Infirmary, and has had one year's training in Fever nursing at Chester Isolation Hospital.

**Nelson Maternity Hospital.**—Miss Ellen Barker has been appointed Matron. She was trained at St. Pancras Infirmary, and at the Woolwich Military Families' Hospital. She has also been Superintendent of District Midwives and Matron of a Maternity Home under the Bradford Corporation. She has been Staff Nurse at the Jessop Hospital, Sheffield, and Sister at the Children's Hospital, Sheffield. She is a certified midwife.

### MESSAGE SISTER.

**Princess Alice Home, Slough.**—Miss A. I. Riding has been appointed Message Sister. She was trained at the Brownlow Hill Infirmary, Liverpool, and has been Staff Nurse and Masseuse at the National Hospital, Queen Square, Bloomsbury, and has also had experience in the orthopaedic department of the Royal Infirmary, Liverpool, and in the electrical department at Guy's Hospital.

### NIGHT SUPERINTENDENT.

**Taunton and Somerset Hospital, Taunton.**—Miss Ella Spackman has been appointed Night Superintendent. She was trained at St. Bartholomew's Hospital, London, and has since held the position of Sister and Night Sister at the Norfolk War Hospital, and worked in Salonika as a member of Queen Alexandra's Imperial Nursing Service Reserve. She is a certified midwife.

### SUPERINTENDENT NIGHT NURSE.

**Kensington Infirmary, Marloes Road, Kensington.**—Miss Dora Manning has been appointed Superintendent Night Nurse. She was trained and held the position of Sister in the same institution. She is a certified midwife, and holds the certificate of the Medico-Psychological Association.

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## THE PASSING BELL.

It is with deep regret that we record the death of Mr. J. S. Wood, a regret which will be shared by many members of the nursing profession who know how genuine an interest he took in the things which affect their welfare. He was an indefatigable worker for the voluntary hospitals, for the support of which he raised no less a sum than £500,000. He founded the Society of Women Journalists, and did much to open journalism to women. He founded *The Gentlewoman* nearly thirty years ago, and was a member of the Grand Council of the Primrose League.

### COMING EVENTS.

**January 5th.**—Meeting to consider Unemployment Insurance Act convened by Minister of Labour, 8, Richmond Terrace, S.W. 11 a.m.

**January 14th.**—General Nursing Council for England and Wales. Monthly meeting, Ministry of Health, Whitehall. 2 p.m.

### WORD FOR THE WEEK.

“If you want to govern the world you must know how to say ‘Bo!’ to a goose.”—*Disraeli*.



## 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 INCREASE IN THE COST OF LIVING AND THE ECONOMIC POSITION OF NURSES.**  
*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I was attracted by a letter in THE BRITISH JOURNAL OF NURSING, headed "A Charity-Ridden Profession."

May I point out that the charity-ridden position of nurses could be abolished if the Royal British Nurses' Association, the Professional Union of Trained Nurses, and the National Union of Trained Nurses, set themselves to secure better salaries for private nurses, district nurses, hospital nurses, and public health nurses. All these associations have offices, secretaries, chairmen and committees, but the economic position of working nurses is persistently ignored.

I am more than surprised that no schedule of salaries has been drawn up by nursing societies. The salary of a certificated nurse is much less than that of an uncertificated elementary teacher. District nursing associations, nursing homes, hospitals, local authorities, are not furnished with any guide as to what salaries ought to be paid.

The cost of living has increased by 174 per cent. Medical associations and the National Union of Teachers recognise that they must adjust the salaries of their members to meet this increase. They are doing it patiently and thoroughly. Nursing societies are doing nothing.

Nurses will have to go on being charity-ridden until their societies do their work, and chairmen and secretaries realise that promises made from platforms should be worked out in committee.

I remain,

Yours truly,

C. MARGARET ALDERMAN.

[The economic conditions of nurses are improving, but they are still unsatisfactory, because the nurses themselves do not sufficiently support their organisations financially. Let thousands of nurses come forward and pay at least £1 annual subscription to the Royal British Nurses' Association or other nurses' organisations. Let them loyally support the professional, as opposed to the employers' press, and better conditions would soon be attained. Organisation is now very costly, and until nurses co-operate to pay for it, the work cannot be done. The many thousands of pounds expended on obtaining the Nurses' Registration Acts—opposed by wealthy employers and their subsidised press for thirty years—were contributed by a few hundreds of nurses out of some hundred-thousand. With an income of £10,000, the nurses could better their conditions immensely and waver themselves free from patronage and pauperisation. Let them come forward and pay for their own freedom, and cease to grumble

because their starved organisations cannot make bricks without straw. THE BRITISH JOURNAL OF NURSING will be pleased to receive the names and addresses, on a post-card, of nurses willing to pay £1 annually towards co-operative action. Send to B.J.N. Office, 431, Oxford St., London, W.1.—ED.]

**HOW ABOUT OUR STATE REGISTERED UNIFORM AND BADGE!**

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR EDITOR,—Under "Church News" on page 5 of to-day's *Morning Post*, on "Status of Women Workers," the Bishop of Winchester writes, "Under the scheme it is proposed to give certificates of recognition to women (1), (2), (3), (4), (5) in Nursing and Hygiene." We have suffered much and long from untrained competition. Are these women to come along after Cottage Nurses have been dealt with, by way of keeping up the supply? Some months back I met a young woman in nurses' uniform at a friend's house, and asked her where she was trained. "Oh! I am a Deaconess," was the reply, and I find she works with a little Wesleyan Chapel. When is our State Registered Uniform and Badge coming along?

Yours sincerely,

Letchworth.

CLARA LEE.

**KERNELS FROM CORRESPONDENCE.**

**A CLEAR UNDERSTANDING REQUIRED.**

*A Member Bart's League:* "As a Scottish woman I read with relief in a recent B.J.N. that the Nursing Council for Scotland has wisely decided not to make provision for a Cottage Nurses' Supplementary Register, as the English Council 'had decided to take no steps.' But, as you point out in your reply to the Chairman of the Irish Nursing Council, as there is nothing in the Irish and Scottish Rules to prevent Cottage Nurses, V.A.D.'s and other practically untrained women being placed on the General Register during the term of grace, may I urge my well-trained Scottish colleagues to have a clear understanding with the Scottish Council on this point? From what I can gather from friends in Scotland, the nurses are so unorganised that they are not sufficiently forceful to impress the Scottish Board of Health and Nursing Council. The discourteous treatment of a communication from the Professional Union of Trained Nurses (Glasgow) by the General Nursing Council in allowing it 'to lie on the table'—in other words, refusing it consideration and reply—shows the autocratic attitude of Captain Balfour's Council towards the nurses *before* registration. One wonders what it will be *afterwards*, and how many nurses will hesitate to register and be governed by it. *Once bitten, twice shy.*"

[We hope members of Scottish Nurses' Societies, including the "College" members, will express their determination that for the future their letters to their General Nursing Council shall not



"lie upon the table." Much better begin as they mean to go on. Parliament is responsible for setting up the General Nursing Councils, and to members of Parliament trained nurses must appeal if Departmental Boards treat them with lack of common courtesy.—ED.]

#### PROFESSIONAL OPINION APPARENTLY SUBMERGED.

*Miss Ella Mason, Manchester.*—"May I ask whether it is contemplated that trained nurses will have an opportunity of having the rules explained to them before the Register is open, otherwise how are we to decide if we shall register or not? If Cottage Nurses are to become "registered" nurses, we three year certificated women had better remain outside the Act. The lay element is far too strong on the Scottish Council, and professional opinion apparently submerged."

[As soon as the rules are approved, a clear explanation of their effect will be published in this journal, and each nurse before filling in an Application Form for Registration should procure a copy of the Rules from the Registrar. It is proposed to publish them at a shilling. It is to be regretted that the lay element is so strong on the Scottish Council. The Chair, Vice-Chair and Registrar are all members of the laity, and the Chair of the Education Committee a medical man. The English Council has recognised the value of professional experts. Miss Lloyd Still, the Matron of St. Thomas' Hospital and Nightingale Training School for Nurses, is Chairman of the Education and Examination Committee. Mrs. Bedford Fenwick, of the Registration Committee. The Registrar, Registrar's Assistant, and Registration Clerk, are all highly qualified nurses.—ED.]

#### THE RIGHT SPIRIT.

*Miss S. O'Brian, Dublin.*—"I for one Irish nurse, have no wish to pay less than an English nurse to have my name placed on the English Register. The Irish Nurses' Association, which stood for State Registration from the first, agreed to a fee of £2 2s. in the Bill it helped to draft and nurses would have paid it willingly. All this controversy about a twopenny fee and "cross registration" is most undignified, and belittles the whole scheme. Personally, I do not care to be registered by a Council which has no power of selection, or responsibility, to keep up the standard of either qualifications or conduct. Nice company I might have to keep. No use at all."

#### A LIVING WAGE NECESSARY.

*Ward Sister.*—"We are always reading in the 'College' Press that it is owing to its efforts that nurses now receive higher salaries. Considering the College managers and Consultative Board are the men who employ the majority of nurses, they are primarily to blame for the starvation conditions before the war. But are we receiving higher

salaries? I doubt it. You say the £1 1s. is now worth about 9s. As a Sister I am receiving £50 instead of £35 salary; I ought to have at least £75 to make it even equal. My sister, a private nurse, gets £3 3s. a week, instead of £2 2s., so the value of her weekly fee is 27s., 15s. less than before the war. The truth is, salaries are of less value in spite of all the delusions the 'College' members swallow; but we do cost very much more in food, uniform, laundry, and housing, paid for, as our salaries are, by the charitable public or out of the rates. Nurses must live, or hospitals be shut up, that is all there is to it."

#### AN ACT UNSUITED TO PROFESSIONAL NURSES.

*Queen's Nurse.*—"Can you tell me if Queen's Nurses will have to insure and pay more money under the Unemployment Insurance Act? We nurses seem to be "done for" by politicians after industrial votes, without the slightest consideration. What would happen if we refused to pay?"

[In reply to a question in the House of Commons by Major Hamilton, the Minister of Labour stated that Queen's Nurses are insurable under the Unemployment Insurance Act, as are also candidates in training under the Q.V.J.I. who are in receipt of pocket money and are regarded as apprentices.

The Act secures the cash by ignoring the employee and making the employer responsible for stamping the forms and recovering the employee's contribution. If the employer fails to obey he can be very heavily fined by being made to pay up all arrears. It is a most arbitrary Act so far as the nursing profession is concerned, as its provisions do not meet their needs in any particular, and nurses will not as a class conform to its arrangements. They will go without the weekly dole rather than attend daily at an Employment Exchange and sign the unemployment register.—ED.]

#### REPLY TO CORRESPONDENTS.

*To Miss Davis, Swansea, Miss Taylor, Manchester, and Miss Grey, York.*—The Rules for Registration are not yet approved by Minister of Health. Each candidate will be required to fill up an Application Form. As soon as these are procurable we shall announce it in B.J.N. The term of grace for existing nurses will be two years from the date the Register is opened, but to be on the first published Register nurses should make early application to have their names inserted.

#### OUR PRIZE COMPETITIONS.

*January 8th.*—What are the principal affections of the skin met with in young children, and what are their underlying causes, or origin?

*January 15th.*—State in detail what precautions must be taken when nursing a case of typhoid fever: (a) to guard against self-infection, (b) to prevent the spread of infection to others.



# The Midwife.

## MIDWIFERY IN 1920.

During the year that is past the new constitution of the Central Midwives' Board, in accordance with the Midwives Act, 1918, under which the Central Midwives may make recommendations for additions to the Board, or for the discontinuance of representatives of certain bodies, have been under the consideration of the Minister of Health. So far the new constitution of the Board has not been made public.

An effort, which has been liberally subsidised by the Board of Education, has been made by the Midwives' Institute to provide a week's course of instruction for Approved Teachers. Most advances, whether educational or otherwise, are usually made as the result of private initiative, but it is certain that eventually the Central Midwives' Board should itself define a curriculum for approved teachers, and satisfy itself by examination, and observation of the methods of teaching employed by candidates for approval, that they have the knowledge and ability to instruct pupils.

We are beginning to realise that the duty of the midwife to her patient does not begin with the labour and terminate in ten days' time, but stretches both backwards and forwards. The midwife should receive the confidence of the patient early in pregnancy, should watch over her during the fateful months that follow, advising, if she discovers any symptoms which suggest its expediency, that a doctor should be consulted, and generally watching over the welfare of her future patient.

During the first year of the infant's life, to whom does a mother turn naturally for help in her perplexities? Surely to the midwife whom she has proved to be a true and faithful friend, who has been with her in her hour of trial, brought her baby (perhaps several babies) into the world, on whom she has learned, and not in vain, to lean.

The same principle applies to the relations of trained nurses to their patients. They have been down into the depths with them, have watched with them at the bedsides of their nearest and dearest, have rejoiced with them over renewed health, and sorrowed with and consoled them in bereavement. That is why nurses and midwives who undertake the duties of health visitors have a hold on the people, and command a docility and interest when they lay down the laws of health which a woman who has not had these experiences can never hope to attain, though she may be learned in the latest hygienic methods, and possess every known certificate as a sanitary and hygienic expert.

Midwives also are realising more and more the satisfying nature of the work they have adopted.

They see that the thing of supreme importance is the continuance of the Race, and that it rests greatly in their hands whether it shall be strong and virile, pure and noble, or weak, degenerate and base, and they see, moreover, that no trouble is too great to ensure that as far as in them lies the Race shall be well born. There is no higher patriotism than that of the midwife, who, forgetful of self, and conscientious in her work, strives always for the betterment and uplift of those amongst whom her life is spent.

## CENTRAL MIDWIVES' BOARD.

### PENAL CASES.

A special meeting of the Central Midwives Board to consider the charges alleged against seven certified midwives, was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on Tuesday, December 21st at 10.30 a.m. with the following results:—

*Struck off the Roll and Certificate Cancelled.*—Ellen Clay (No. 677), Mary Morgan (No. 22286), Mary Till (No. 34807), Olive Walker (No. 1524).

*Report of L.S.A. to be asked for in Three and Six Months' Time.*—Sarah Maria Beesley (No. 38101), Rose Ann Borrowdale (No. 49601).

Consideration of the seventh case was postponed.

## TWO NOTABLE BOOKS.

Two books recently received from Mr. Henry Kimpton, 263, High Holborn, W.C.1, are the second edition of "Infant Education," by Dr. Eric Pritchard, revised and enlarged, price 6s. net, and the seventh edition of a "Practical Text Book of Midwifery for Nurses," by Dr. Robert Jardine, Professor of Midwifery in St. Mungo's College, Glasgow, and Consulting Obstetric Physician to the Glasgow Royal Maternity and Women's Hospital, Glasgow. Concerning the seventh edition of this valuable and standard work the author tells us that very few alterations have been found necessary in this edition, but the text has been brought up to date, and three new illustrations have been added. The price is 7s. 6d. net, and the title page is inscribed with the following words: "To the Matron of the Glasgow Royal Maternity and Women's Hospital, and to the Nurses of that Institution I dedicate this book, in recognition of the zeal and devotion with which they perform their duties.—ROBERT JARDINE."

We hope to review "Infant Education" in an early issue. It is a notable book, which should be in the hands of every mother, and of every nurse or midwife concerned with the rearing of young children. We most cordially recommend it.



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## EDITORIAL.

### THE HOSPITAL PROBLEM A VITAL NATIONAL QUESTION.

The hospital problem has reached an acute stage—and who can wonder? Everyone connected with preventive and curative medicine is involved in it. Conferences are being held of hospital managers and secretaries, honorary and resident physicians and surgeons, and matrons and nurses are also chipping in. It is quite useless to assume a *non possumus* attitude and vainly hope this great scientific question will settle itself. It will do no such thing. The future standard of national health is widely involved in it. To guide evolution, not only wise counsels, but first class organisation is necessary, and must be enforced. The whole question resolves itself into one of pounds, shillings and pence. Where is the money to come from, and who is to administer it—and to whom are administrators to be responsible?

The wage earners who use the voluntary hospitals must pay as they go. For the destitute the State provides. By good organisation huge sums of money can be contributed weekly in small contributions, and every county can maintain its own hospitals. The industrial class, whose earning capacity is now enormous, through co-operation and insurance need no longer be a charitable charge in sickness. We learn from a Sister of one of the large London hospitals that the patients in her ward were surfeited at Christmas with costly cakes, sweets, fruit and other dainties supplied by their well-off relations, and the latter appear quite willing to pay towards their treatment and hospital care. Without solicitation one

father handed her £5 when removing his little daughter after operation, and, as she states, "money is just pouring in to the hospital in this way—there will be no need to shut up voluntary hospitals if a reasonable scale of charges is invited."

But this brings us to the scientific and medical aspect of the case, and how long the "honorary" staff can continue to treat paying hospital patients and deprive their "general practitioner" colleagues of their source of income will have to be faced. There is still great diversity of opinion in medical circles on this knotty point, as medical education is involved in it, and facilities for medical education are a matter of paramount importance to the whole community—much more so than even the educated classes realise. In our opinion it is the most vital national question we have to tackle at the present time. Sound health spells mental and physical vigour, and generates the energy without which no nation can take first rank. The British are a dominating race, and as soon as they realise the asset of science in preserving such power in world competition, they will pay any money for a clean bill of health.

It is therefore the duty of every statesman to treat the scientific aspect of the national health as a fundamental problem of the highest social and political importance in which the very existence of Britain as a world power is involved. The pursuit of science is costly, but its neglect spells ruin. Our medical and nursing schools are a national asset, and every citizen may justly be called upon to contribute towards their support.

Let the patients, through insurance, keep up the hospitals—and the State support the schools.



### ADMINISTRATION OF SALINES.

For the administration of a saline per rectum by (1) a single injection the following apparatus is required:—Glass funnel, catheter (size varying with age of patient), vaseline, swabs, measure containing a few ounces over the required quantity of sterile saline solution (sodium chloride  $\bar{3}i$ , water  $\bar{0}i$ ) at a temperature of  $105^{\circ}$  F. The catheter and funnel should be carefully sterilised by boiling before use.

If the patient is in a fit condition, the foot of the bed should be raised and the patient turned on to the left side with knees drawn up a little, a mackintosh and towel being placed under the buttocks to prevent soiling the bed.

A small quantity of saline must first be run through the tube, this being clipped before the complete amount has run through, thus expelling all air. Grease the catheter with vaseline at least half its length, and holding the funnel on a slightly higher level than the patient, insert the catheter well into the rectum with a firm movement, unclip the tube and allow saline to flow slowly in; at least half an hour should be taken to administer a saline of  $\bar{3}v$ . When almost all the saline has entered, the tube must again be clipped to prevent entrance of air, and the catheter gently withdrawn. Should the patient seem inclined to reject the saline, as is often the case in young children, a folded towel firmly pressed against the rectum for a few minutes is often satisfactory.

2. For the administration of a continuous irrigation, many methods may be used; where a "thermos" continuous saline apparatus is available this should be used, as the solution never loses heat and a catheter and Y-glass connection with two tubes can quickly be fitted up in place of the subcutaneous needles with which it is usually supplied.

Where no fixed apparatus is to be got, a catheter, glass connection, rubber tubing, funnel wrapped in cotton wool to keep saline warm, and attached to a chair back, makes an excellent substitute. The method of administration is similar to that of a single injection; great care must be taken to see that the saline is running very slowly, and that the funnel is never allowed to run empty.

In some cases a Higginson's Enema Syringe is used in place of the funnel, the nozzle being connected with the rubber tubing and the suction end placed in the solution in a measure, all being on a higher level than the patient.

#### GENERAL REMARKS.

In giving either saline injection, the patient must be kept quiet and exposed as little as possible.

The usual quantity of saline given in a single injection ranges from  $\bar{3}iv$  to  $\bar{0}i$ , consideration for age being made. For a continuous irrigation, given very slowly, as much as will be absorbed, up to  $\bar{0}ii$  or more, can be given; when signs of returning saline are noticed the catheter can be removed for a short time and the injection continued later. When an "open" method of continuous irrigation is in use, such as a funnel, gauze or some other substance must be placed over the mouth of the holder or funnel, so as to prevent contamination of the solution by dust.

### "SNOW-BLINDNESS."

A paper by Lieutenant-Commander E. L. Atkinson, read before the War Section of the Royal Society of Medicine, and reported in the *Lancet*, throws some fresh light on this subject, gained partly during service with Scott's Antarctic Expedition, 1911-1913, and partly in North Russia in 1919. As is well known, the ordinary symptoms are photophobia, lacrymation, and chemosis, coming on after an interval of several hours. In Commander Atkinson's experience the symptoms came on more rapidly, especially on entering a tent where a primus stove was burning. They also included slight hyperæmia of the retina, and later small corneal ulcers. Recovery, however, was the rule. The rays which cause "snow-blindness" are generally admitted to be the ultra-violet ones, which, being absorbed almost entirely by the cornea and lens, can in themselves have no direct action on the retina. Their action, however, was intensified by the excessive illumination of the Antarctic region, due to the countless ice crystals reflecting light into the eye from all directions. Exposure of the eyes for as little as fifteen minutes to these conditions was enough to cause the symptoms. In certain cases another symptom followed—namely, diplopia. This was probably due to the excessive strain on the external ocular muscles caused by the unusual diffusion of light, resulting in the absence of any stimulus making for the fixation of the two eyes on a single point. Prevention is easily attained by the use of glasses, which cut off some of the light rays and all of the ultra-violet ones. Probably the most effective are Crookes's glasses No. 2, and for long expeditions they should be provided with side-pieces to cut off the lateral light. For ordinary holiday-makers, such as the fortunate people who are about to spend a few weeks in the Swiss ski-ing and skating resorts, ordinary smoked glasses will be generally found to answer the purpose sufficiently well.



## NURSING ECHOES.

Miss Lavinia L. Dock, from U.S.A., sends the "Lady Dynamo" of the *B.J.N.* hearty good wishes for a happy Christmas—"a somewhat belated wish just as the prospect itself of Peace on Earth, goodwill to men seems rather an irony as yet . . . Nothing cheerful to note except that Miss MacCallum has won her suit—plucky, admirable girl!" Miss Dock notes with great pleasure that "Australia is ready to join the International . . . Miss Lyons is indeed a woman of fine and broad mind."

Miss Dock proposes to invite "internationals" to Seattle informally in 1922. Fancy a Nursing Congress in Alaska! It appears far away to us, but is easy of access for Canada, and may tempt our colleagues from the other side of the Pacific. What we really do need are travelling scholarships in the Nursing World, so that enterprising nurses may be able to attend far-away conferences, and see and learn all that is new in nursing outside these dear, narrow, little islands. We have a beginning in the Isla Stewart memorial, but in these days of costly travel, very little can be done if we cross the Atlantic, for less than £200. More than one nurse has told us "had it not been for the Great War I should have died without seeing anything beyond the Channel of this magnificent world, now—mixed with heart-rending memories—there are all sorts of glorious mental pictures, never to be forgotten."

In reply to a communication we learn that the Prison Commission of the Home Office has under consideration the whole scheme of nursing in prisons, and that it will be pleased to give information when the matter has been decided.

The chief point on which we are anxious for information is, whether trained nurses are enrolled as members of a Prison Nursing Service as they should be, or whether they have the rank and perform the duties of wardresses.

We hope the Commission will give careful consideration to this important distinction, as otherwise nursing in prisons will make but little headway—and will not meet the crying need for psychological observation and care by trained specialists of all classes of criminals. We have long advocated this reform.

Miss S. Margery Fry, speaking on "The Community and the Criminal" recently urged that every great prison should have a specialist to advise about the mental condition of prisoners.

Big increases of salaries are to be paid to the Nursing Staff at the London Hospital from January 1st. It is good to note the Matron of the Hospital advocating in the *London Hospital Gazette* "the right status and adequate salary" for trained nurses. We presume the nurses on the private staff will enjoy the same advance in salary as their colleagues employed in the wards, especially as they earn so largely in support of the hospital.

Lord Knutsford, Chairman of the London Hospital, gives an amusing account, in a letter to the press, of the way in which the nurses circumvented the Committee, and secured turkeys for the patients' Christmas Dinner. The Committee decided that, owing to the financial straits of the hospital the patients could have no turkeys, equally they decided that the nurses were not to forego theirs. First a polite request came to the Committee, "Might the nurses give up their turkeys to the patients?" Answer, "No." Then came an innocent letter: "Was it correct that if a turkey were given to one of the wards on a floor the Committee had decided that a turkey should be purchased for the other ward on the same floor as the Committee did not wish that patients who were within sight of each other should have different dietary on Christmas Day. Was that so?" Lord Knutsford replied that was so. Another innocent request followed: "Could a ward to which a turkey had been given be credited with the value of the meat and fish that was saved to the hospital on account of the gift of the turkey?" The Committee replied that would be fair. The rest was easy. Some one was persuaded to give a turkey to Ward A. This produced a turkey in Ward B on the same floor under Resolution 1. Ward B turkey saved the cost of meat there, so this was spent on a turkey for Ward C by Resolution 2. Ward C having got its turkey, Ward D on the same floor had to have one, and so on round all the wards.

We do not wonder that the 750 nurses of the London Hospital disliked being compelled to eat turkey while the patients went turkey-less. It is against all nursing tradition, and we congratulate them on their victory. We gather from Lord Knutsford's letter that he chuckles over it too.

An all round rise of salaries for the Nursing Staff at the Camberwell Infirmary has been recommended by the Finance Committee to the Guardians. Assistant Matron, £130; Junior Assistant Matron, £100; Superintendent Night



Nurses, £92 to £97; Sisters, £85 to £90; Staff Nurses, £70 to £75. With board, lodging, laundry, uniform and medical attendance. Such salaries compare very favourably with the remuneration of clerical workers.

A ball has been arranged for February 8th, in the Philharmonic Hall, Liverpool, the proceeds of the occasion to be devoted towards the fund for the new Nurses' Home in connection with the Royal Infirmary. The scheme for such a home was launched in the early part of 1914, but the great war caused it to be laid aside. Since the Armistice an effort has been made to revive it, and already some handsome donations have been given, but the amount received, especially in view of the cost of building nowadays, is totally inadequate to the requirements. That the new Nurses' Home is urgently needed admits of no doubt; the present arrangements are quite inadequate, and hamper efficient administration. The ball is the prelude to a much more extensive appeal for support of the Nurses' Home project which will be made when times are more propitious.

Those members of the Nursing Profession who attended the Conference convened by the International Council of Nurses in Paris in 1907 and remember the great kindness and interest shown by M. Mesureur, the director of the *Assistance Publique* at that time, will wish him long enjoyment of the leisure which will result on his recent retirement from this important and honourable position. He is succeeded by M. Mourier, one of whose duties will be to consider how the enormous wastage of life caused by the war can be best counteracted.

At his first appearance at the General Council of the Seine, M. Mourier (states the *Times* correspondent) earnestly defended the need for expenditure on children who are the wards of the Department. The population of the country has diminished by 4,000,000 during the war, and M. Mourier considers that outlay on the children preserves indispensable vital forces. The Council has voted premiums to the mothers of all children born in wedlock, or recognised legally, who have lived for three years in the Department, and who have at least two children living at the time that the third is born. The premiums consist of 300 francs for the third child and 50 francs for each subsequent child.

For her services, Major Julia Stimson has received the Distinguished Service Medal, U.S.A., and the British R.R.C.; and has, since her return to the United States of America, been made Superintendent of the Army Nurse Corps.

## LONDON'S FILLEUL IN FRANCE.

Those whose privilege it has been to visit the fortress of Verdun, ever glorious, will learn with pleasure and pride that the City and County of London Executive Committee of the League of Help, 346, Strand, W.C.2, decided at its first meeting at the Mansion House that the City of London should concentrate on raising a minimum sum of £100,000 for Verdun, and that London has adopted Verdun as its godchild.

It was on a perfect September day—one of those unforgettable days which abide in one's memory—that a little party of three left Reims at 6 a.m. for Verdun. The early start proved part of the pleasure of the expedition, as the country through which we passed was gradually flooded with golden sunshine. It was rather surprising after the absolute ruin of Reims that the country nearer Verdun seemed comparatively immune from devastation.

The town, which is most picturesque, is on the banks of the beautiful Meuse, it dates back to A.D. 140, and has six gates, one of which still has its drawbridge. The town itself, though it suffered from the German bombardment, is by no means irretrievably ruined, the devastating firing having been concentrated on the forts of Vaux and Douamont, several miles distant, and the surrounding villages. Thus we passed through all that is left of the village of Fleury, now represented by the post of a house, and a few stones. No, not quite all, for on the other side of the road is a large graveyard, mute evidence of the fury of the struggle at that point. Silence falls on the occupants of the motor char-a-banc, and the men raise their hats as we pass.

It was on the forts that the whole fury of the German onslaught was expended, and it was here that the heroism of the French rose to levels transcending human understanding. Here, too, over 30,000 Americans received their baptism of fire and laid down their lives in the titanic struggle for the freedom of the world.

At the Fort of Douamont one can descend into the subterranean galleries, and realise the monotony of the life of the defenders of Verdun, to show themselves outside—to take a breath of the sweet life-giving air and to feast the eyes for a moment on the glorious rolling landscape—meant certain death.

### ON NE PASSE PAS.

Close by is the Trench of the Bayonets, where 170 Frenchmen, waiting for the order to attack with rifles raised and bayonets fixed, were first stupefied with gas and then subjected to such fierce shelling that the trench fell in, and they were buried alive as they stood there. But still above the ground are to be seen the rifles gripped by the dead hands just beneath the soil, raised ready for the attack. In death, as in life, faithful to the slogan of Verdun, renowned throughout the world, "On ne passe pas." There is a tempor-



ary monument, surmounted by a cross erected to the memory of these brave men of the 137th Regiment of Infantry, and inside the rail which surrounds it some of the bayonets are now stacked, for incredible as it seems, some have been removed as souvenirs.

Another evidence of the violence of the sanguinary struggle which took place around the forts is to be found in the beautiful little "Ossuaire" pictured on this page. Many of those who fell have never been identified—can never be identified—for they were blown up into fragments and have disappeared. Here a few pieces of bone, there an identification disc, are all that remain to testify that theirs is the supreme glory of sepulture on the heights of Verdun.

So the "Ossuaire," which is also a chapel, has

forty great engagements fought around the town, and will include Roman Catholic and Protestant chapels, a Jewish synagogue and a Mohammedan mosque, but it can never exceed in beauty the simple "Ossuaire," where little groups of people listen with tears streaming down their faces as the good priest-in-charge speaks to them from the altar steps, words of comfort, and of explanation of the purpose of the "Ossuaire." Then they move on and others take their place.

The town has been decorated by President Poincaré with the knighthood of the Legion of Honour, and surely never was decoration better deserved. It is an honour which carries with it definite privileges, including free education for the children of deceased soldiers who are natives of the town.



THE OSSUAIRE, HEIGHTS OF DOUAMONT, VERDUN.

been erected, and unknown remains, fragments of bones, are reverently collected and deposited here. It will be noted that it has almost the appearance of a hospital ward, because of the long boxes on either side, in which the bones are deposited, covered by white sheets, on which are laid wreaths of palms and flowers. The picture, however, gives no idea of the brightness, the beauty, the peacefulness of the little chapel which is most sympathetically served and cared for by a priest who was with the troops at the Fort throughout the bombardment. By and by there is to be a permanent structure, the first stone of which was laid in August last by Marshal Pétain. It will contain forty large tombs representing the

The City of London may well be proud that it has been granted the honour of adopting a town with so glorious a record, not only at the present time, but in its historic past.

M. B.

#### A GREAT BENEFACTOR,

Sir Jesse Boot, who has been a great benefactor to the beautiful City of Nottingham, has offered to give £200,000 for the construction of a boulevard, nearly two miles in length, between Nottingham and Beeston. The scheme includes a pleasure park with a bandstand, and a large lake, and will be started at once in order to provide employment.



## THE FAR VISION.

How many of us have need of it! and how many of us has it saved! The concentration required for our work alone tends to make us morally and physically "near sighted." During those awful days in October, 1914, when we worked eighteen to twenty hours per day, never finishing, never beginning, just carrying on, I used to scratch up ten minutes saved from the tea half-hour and stand at the top of the Palace steps at Versailles and gaze into the distance; down the steps, across the silent fountain-pond, over the green sward flanked with mellowing trees touched already by October frosts, then beyond to the long stretch of water, which in turn melted into the far horizon. Such a view restored one's mental balance, rested a tired brain and fagged limbs, and one returned to work realising there was a "To-morrow." In the deadly days in Flanders, one longed for a hillock from which to gain a vantage point, and how delighted we were to reach Bailleul, or the French H.Q. at Capel.

After a tiring day nothing is more soothing to jagged nerves or ruffled temper than to watch, from a hill-top, the sun playing on the surrounding country—here a shadow, there clear light, building the chalky boulders into mediæval castles and enhancing the dark pine woods till they look like primæval forests. Thus did South Poland seek to refresh her anti-typhus workers.

I will remember Dr. Truby King's first question when he rejoined me in Warsaw. Not, "Where is the nearest children's hospital?" of which I had ready the fullest details—but, "Where is a hill from which to get the lie of the city?" Warsaw is built on the hill and there is no other, yet he sought as assiduously for his view point as he sought for the truth regarding child welfare, and eventually the dome of the *Evangälische Kirche*, on the summit of the hill, afforded us a view which stopped little short of Danzig in the north and *Czestohova* in the south. Then, having gained his prospective, his real work began.

In these days of evolution in the nursing profession, one has need of this far vision to convince those who concentrate too closely that we now have a Profession, and that the Profession has a To-morrow, and we must one and all subscribe towards it before we pass on; then morally, if not financially, will we be the richer.

J. B. N. P.

## ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

On Saturday, 15th, at 3 p.m., Miss Evelyn Cancellor will lecture on "Methods of Combating Venereal Disease," at the Offices of the Royal British Nurses' Association, 10, Orchard Street, W. Miss Cancellor is a very well-known lecturer on this subject and her address is sure to be most interesting.

## CHRISTMAS FESTIVITIES.

### AT THE ST. MARYLEBONE INFIRMARY.

On December 30th, on the invitation of Miss M. E. Broadbent, Chairman of the Infirmity Committee, the friends of the St. Marylebone Infirmity had an opportunity of visiting it under specially delightful conditions. There was first a reception in the Board Room, followed by tea in A3 Ward, where there was plenty of space, and parties of friends foregathered at little tables set with the daintiest of cakes, a very pleasant meal, during which the Medical Superintendent Dr. Basil Hood, the Matron, Miss S. J. Cockrell, R.R.C., and members of the nursing staff were indefatigable in making everyone feel welcome and at home.

The wards looked very fresh and bright, most of them in fresh coats of enamel paint, a warm tone of cream being the prevailing colour. It formed an admirable background for the decorations which the cunning hands of Ward Sisters know so well how to arrange to the best advantage. Favourite wards were, of course, the children's and the mothers' and babies wards. The Infirmity is not a training school for midwives, this being at the workhouse wards in Northumberland Street, Marylebone. It was interesting to learn from the Sister in the mothers' and babies' ward that the cases of specific disease received have considerably decreased, which she considers must be the result of the active propaganda carried on through antenatal and other agencies in the Borough.

Patients in the wards expressed themselves enthusiastically as to the enjoyment of their Christmas in the Infirmity. One said she had never spent a Christmas in hospital before and wanted to go home, but she had enjoyed every minute of it, everybody had.

Both Dr. Hood and Miss Cockrell spoke with great satisfaction of the appointment of a Consultant Staff to the Infirmity, and it is a great privilege for the nursing staff to have the advantage of listening to clinical lectures from eminent medical men. The Nursing Staff are certainly well off from the point of view of theoretical instruction, and one nurse was heard to reply in answer to a question as to whether she was going to a certain lecture, "No, I've been to six this week; I am not going to any more." Do coming events cast their shadows before?

The Nursing Staff gave a delightful entertainment in an empty ward at 6 p.m., which was immensely enjoyed. The "troupe" were most effectively grouped, and in their parti-coloured costumes and holding floating coloured airballs looked extremely well. Most amusing was the monologue "A Clean Sweep," by Nurse Martin, and very clever the Whistling Solo of Nurse Greenwood. "Memories," by Nurse Kelland, well deserved the great encore it received. The little sketch relating to "Our Sue" acted by the Sisters, was very well played, and everyone was sorry when the final chorus by the "troupe" and the National Anthem brought a most enjoyable entertainment to a close.



## PRACTICAL POINTS.

### THE PLACING OF PILLOWS.

"Smoothing pillows and soothing the fevered brow" have often been considered the sum total of nursing by the gifted amateur, but, writing in *The Australian Nurses' Journal*, Miss M. F. Sanders impresses us with the importance of pillows in advancing the comfort of the patient.

"The placing of pillows," she writes, "is one of the most important factors for the comfort of the sick folk—the misery of the feeling of a broken back, the twisted neck, and strained muscles, is very hard to put up with.

All these may be relieved by an understanding way of placing the pillows.

Would you like to know how I learned to fix pillows in a comfortable way? When I was a probationer I slept in a room with two other nurses. I borrowed from them and got into my bed with six pillows—when I got out of that bed I had learned all the weak spots in our make up!

Tidy pillows are seldom comfortable; pillows placed one on top of the other, straight up, are quite hopeless for comfort or rest.

That part of our anatomy between the ribs and sacrum is a very troublesome and tired spot, and support there is most comforting.

Sometimes a rolled-up drawsheet, small blanket, or small pillow, will give relief.

When patients are turned upon their sides the top of the shoulders often presses upon the underneath pillow, and makes rest impossible. When the patient is sitting up in bed, the elbows hang heavily; then pillows placed at the sides of the patient, for the arms and hands to rest upon, are such a comfort.

The constant slipping down of the patient, and the heavy lifting up again that is so trying to the nurse, may all be done away with by correctly placing a pillow under the knees.

The pillows should be fastened round half a broom handle or a walking stick, a strong holder should be fastened to each end of the stick and fastened to each head post of the bedstead.

It is most simple to manage, and then with pillows under the arms it is like sitting up in a comfortable armchair, and all the slipping is over. A little pillow should be placed between the knees and one at the feet to prevent pressure—toes get very sensitive if pressed upon over-long.

A chair or table at the side of the bed, with a couple of pillows for the patient to rest upon, and a box for the feet to rest upon at the same time, gives relief and rest.

A table and pillow at the sides of the bed so that the patient may rest his arms out quite straight, or a bed-table piled up with pillows in front of the patient, will give rest very often.

A strong bandage fastened to the front of the bed and within reach of the patient often enables him to change his position.

A bell, or a stick to knock with, should be within reach of the patient at all times.

## AN INCENTIVE TO THOSE RESPONSIBLE FOR NURSING EDUCATION.

The Education Committee of the General Nursing Council will have an interesting question before it when it comes to consider reciprocal curricula to qualify for registration, and no doubt it will avail itself of the practical experience of those engaged in various branches of nursing. We hope, of course, that in the future the nursing of sick children, infectious diseases, and maternity nursing, will form part of the curriculum for the General part of the Register, but that will take time, as any violent disruption of existing methods would only produce confusion.

In the meanwhile we are entirely in agreement with the *Lancet* in its expression of opinion when writing recently on the new nursing scheme for municipal nursing in Manchester:—"The importance of providing well-trained women for this work cannot be over-estimated and the success of the scheme must depend largely upon high standards of qualification being adopted and just salaries being paid; also on a rigid limit to the number of patients allocated to each nurse. The scheme should prove an incentive to those responsible for nursing education to evolve a course of training which shall produce women specially suited for municipal nursing, since the field of service is eminently broader than that of a hospital or private institution. The municipal nurse must know something more than the hospital nurse knows at present of the industrial, social, and economic conditions of the people, and must continually bear in mind that her work is not only to tend the sick but to teach the people how to combat sickness. Until special endowments are made for the education of nurses or a system of payment is established, the nursing service cannot be expected to realise its enormous possibilities, and it is for universities and educational authorities to supplement the limited instruction received by nurses in hospital for work in the field of public health."

### THE INTRODUCTION OF PUBLIC HEALTH NURSING INTO THE TRAINING OF THE STUDENT NURSE.

Now that the Education and Examination Committee appointed by the General Nursing Council is getting to work, the following suggestion made by that very experienced health worker, Miss Edna L. Foley, R.N., in the *American Journal of Nursing*, is of value. It is an abstract of her valuable paper read at the Atlanta Conference last spring:—

#### A PUBLIC HEALTH POINT OF VIEW.

"Training schools are realising a growing need for giving their students the benefit of their experience with public health agencies. The essentials for introducing this into training are a teaching district where the pupils may practice, and a sufficient staff of visiting nurses to carry on the



work and give stability to the teaching districts. This would be necessary to offset the shifting staff of student nurses and to obviate any feeling on the part of the people attended against always having new nurses. The staff nurses, as a rule, like the teaching work and enjoy having the student nurses with them.

"The shortage of nurses, of course, troubles the superintendents of training schools and public health nurses should not leave it entirely to the superintendents, but should do all in their power to help recruit student material. Public health nurses should also lend their interest and support to the schools and not stay outside waiting for them to send out the finished product. In return they may ask and hope to have certain points emphasised—the work with children, not only sick but well children, particularly in the matter of diet; increased training in obstetrics, a sufficient and thorough training which the nurse can carry over even into the home with no facilities; and more training in contagious, tuberculous, and mental cases.

"This public health work should not be regarded as material added to the nurse's training, which might equally well be postgraduate work, but something interwoven in the fabric of her training, which she cannot afford to leave out. She will be a better hospital nurse for it, a better nurse on private duty. The training is not expected to make public health nurses of the pupils but to give them a public health point of view, which we need, no matter what kind of nursing we do. The training must be looked upon as part of a whole and not merely for the purpose of obtaining nurses for the field of public health work. The real attraction of public work lies in the way it keeps in touch with human lives. Every nurse may be a protector of the public health, no matter what her particular case is, if she learns to look upon her work from that point of view."

### LECTURES ON INFANT CARE.

The following courses of lectures have been arranged by the National Association for the Prevention of Infant Mortality, and for the Welfare of Infancy, 4 and 5, Tavistock Square, W.C.1. :—

Advanced Course on Infant Care for Infant Welfare Workers, Teachers, Mothers, &c., Morley Hall, George Street, Hanover Square, W.1: Mondays from January 17th to April 11th, 6 to 7 p.m.

Elementary Lectures on Infant Care, especially intended for Crèche Nurses and Probationers. Essex Hall, Essex Street, Strand, W.C.2. Thursdays, from January 20th to April 14th, 7.30 to 8.30 p.m.

Lectures on Infant Care, in the Lecture Theatre, Victoria Institute, Worcester, February 12th to March 12th, inclusive, 2 to 3 p.m. and 4 to 5 p.m. each day.

For further information apply to the Secretary of the Association.

### THE HOSPITAL WORLD.

In commemoration of the Prince of Wales's mission overseas there is to be a great effort to raise £250,000 for the extension of the Prince of Wales General Hospital which bears his name. The appeal is to the Empire at large—to the great democracies overseas no less than to the Mother country—and Viscount Gladstone, who has undertaken the role of organiser, will have the assistance of one of his Majesty's financial advisers—Sir George Murray. It is to be a special effort without prejudice to the interests of voluntary hospitals generally—a tribute to the Prince and a recognition of the urgent necessities of "his" hospital at Tottenham, N.

The unexpected and hasty visit of H.R.H. the Prince of Wales to the Northampton General Hospital in Christmas week—to see Mr. C. A. Smith (second horseman to Captain G. H. Drummond, of Pitsford Hall), who sustained a broken leg in an accident in the hunting field—was naturally an event, and everyone down to the youngest "pro." wanted a peep at him. The Matron met the Prince in the corridor (captivated, of course, by his charming smile), and with Mr. C. S. Risbee, Secretary-Superintendent, escorted him to the accident ward. Here His Royal Highness shook hands with the patient he had come to see, and wished him a speedy recovery. The House Surgeons at the Hospital were presented to His Royal Highness, and also Miss Rendell and Miss Innes (who is in charge of Mr. Smith's case). As the Prince was leaving the hospital, he saluted a happy group of nurses who congregated in the corridor to see him. His Royal Highness apologised to the officials for the necessary brevity of his visit; he expressed a very sincere desire to look over the hospital one day, and, of course, everyone hopes this second visit will not be long deferred.

The "Peace Year Commemoration Appeal" of St. Bartholomew's Hospital has, states the Treasurer, Lord Sandhurst, brought in £132,000. This has enabled the hospital to pay off its debt to the bankers, and left a balance in hand to meet expenses to the end of last year.

There has, however, been no adequate increase in the assured income, and as the expenditure which before the war averaged £90,000, has now risen to £160,000, and the assured income has not risen, it is evident that the friends of the hospital must not relax their efforts on its behalf.

An extraordinary record was created at the Chelsea Hospital for Women in the first half of 1920. The major operations numbered 259; the minor, 156; and there was only one death. It is to be noted that, owing to the part occupation only of the hospital by patients and the consequent long waiting list, priority has to be given to the more urgent and critical cases. This makes the above result even more wonderful. Over the



whole year the rate of mortality on all cases was under  $1\frac{1}{4}$  per cent., which cannot be far from a record for twelve months' work of a similar nature. The Convalescent Home at St. Leonards-on-Sea has been of inestimable service in restoring patients to health and strength.

Craig-y-Nos Castle, in the Swansea Valley, the home for many years of Madame Patti (Baroness Cederström), has been acquired by the King Edward VII Welsh National Memorial Association from the trustees of the estate for conversion into a hospital for the treatment of patients suffering from tuberculosis. The castle, together with forty-eight acres of land, has been purchased for £19,000.

The Subscriptions Committee of the Royal Victoria Infirmary, Newcastle, is issuing an appeal for £25,000 additional annual income, which is urgently needed. The appeal enumerates ten reasons why the public should provide the additional amount; and, if further reasons are necessary, then there is an interesting statement by Mr. A. Fletcher to show the growth of the Infirmary since it was established in 1751. In this statement, Mr. Fletcher says: "The part played by the Newcastle Infirmary in the struggle with disease is a long record of heroic endeavour and valiant self-sacrifice."

The Royal South Hants Hospital, Southampton, has enjoyed a red-letter day, inasmuch as the presentation of Southampton's bumper Christmas gift to the Management Committee—a cheque of the value of £10,500—was presented in Christmas week. This was on behalf of the Special Appeal Fund, and represented not only the measure of the townspeople's generosity, but the wonderful enthusiasm and splendid work of all those to whom the magnificent result is attributable.

### INDISPENSABLE IN EVERY HOUSEHOLD.

We have received from Messrs. J. & J. Colman, Ltd. (with which is incorporated Keen, Robinson & Co., Ltd.), Carrow Works, Norwich, a number of their specialities—all of which are to be commended as of the highest purity and standard. Thus we have Colman's Medical Mustard Bran, for poultices and footbaths; Colman's Mustard Oil, for outward application; Colman's Mustard, for table use; and cartons of Colman's Bath Mustard. Those who are in any doubt as to the value and refreshment of mustard in the bath should read an admirable little brochure by Raymond Blathwayt.

Then Robinson's "Patent" Barley for diluting the milk given to infants and for making barley water for invalids should be stocked in every household; and Robinson's "Patent" Groats for preparing gruel and porridge are also indispensable.

It should be noted that Messrs. J. & J. Colman Ltd., are Purveyors of Mustard to the King.

## APPOINTMENTS.

### MATRON.

**Borough Isolation Hospital, Dover.**—Miss M. Savery has been appointed Matron. She was trained at the Infirmary, Burnley, and at the City Hospital, Leeds, and has been Sister at the Bagthorpe Infirmary, Nottingham, Night Sister at the Royal Hospital for Sick Children, Glasgow, Sister at the East Ham Isolation Hospital, and at the Queen's Hospital for Children, Hackney Road, N.E., Home Sister and Assistant Matron, Home of Recovery, Golder's Green, and Sister Tutor and Third Assistant Matron at Whipp's Cross Hospital, Leytonstone. She has had experience of War Service, and is a certified midwife.

**Kainshill Sanatorium, Kilmarnock.**—Miss Marion J. MacAlister has been appointed Matron. She was trained at the Belvidere Fever Hospital, Glasgow, and at the Glasgow Royal Infirmary, and has been Sister-in-Charge of the X-Ray Department of the Scottish Women's Hospital at Royaumont, France, in 1918, and Sister in the Stewartry Infectious Diseases Hospital, Castle Douglas, Kirkcudbrightshire.

### ASSISTANT MATRON.

**Enham Village Centre for Disabled Service Men, Andover.**—Miss A. M. Logan has been appointed Assistant Matron. She was trained at the Royal Infirmary, Sunderland, where she has held the position of Sister. She has also held the position of Sister in Queen Alexandra's Royal Naval Nursing Service.

### SISTER.

**Children's Hospital, Southampton.**—Miss Ellen Ede has been appointed Sister. She was trained at the Camberwell Infirmary.

**General Hospital, Tunbridge Wells.**—Miss Catherine M. Speed has been appointed Sister. She was trained at the Royal Infirmary, Leicester, and has held the position there of Theatre Charge Nurse.

### SCHOOL NURSE.

**Education Committee, Reigate.**—Miss Alice Clifton has been appointed School Nurse. She was trained at Guy's Hospital. She has been Matron of the London Missionary Hospital for Men at Shanghai, Sister in the Outpatient's Department at the Royal South Hants Hospital, Southampton, and Sister at the Memorial Hospital, Mildmay Park. She did war work as a member of Queen Alexandra's Imperial Military Nursing Service Reserve, and is a certified midwife.

### KING EDWARD VII. ORDER OF NURSES.

Miss Jeane H. Macdonald has been appointed a Member of the Order. She was trained in fever nursing at the City Hospital, Edinburgh, and general nursing at the Royal Infirmary, Sunderland, and in maternity nursing at the Royal Maternity Hospital, Edinburgh. She also holds the Certificate of the Central Midwives Board. Miss Macdonald has recently been on the staff of the Registered Nurses' Society, London, so that she has wide experience which should qualify her for every emergency in her new sphere of work.

### QUEEN VICTORIA'S JUBILEE INSTITUTE

#### TRANSFERS AND APPOINTMENTS.

Miss Alice Meldrum is appointed to Derbyshire, as Assistant County Superintendent; Miss Emma Bickerdike, to Swinton; Miss Beatrice Hackford, to Grimsby, as Senior Nurse; Miss Lucy E. Haines, to Exning; Miss Mary E. Hooper, to Coventry; Miss Florence R. Keeble, to St. Austell; Miss Louisa Longford, to



Droylsden; Miss Ellen J. Morey, to Droylsden; Miss Catherine O'Connor, to Brownhills; Miss Annice Orme, to Heath and Williamthorpe; Miss Ada G. Revell, to Rotherhithe; Miss Kathleen H. Snell, to Histon; Miss Jennie Younger, to Carlisle.

### NEW YEAR'S HONOURS.

Women received very little recognition in the New Year's Honours this year, but there have been such showers of Royal Red Crosses and Orders during and since the war that very few war workers remain undecorated.

On January 1st the following honours were announced:—

#### ROYAL RED CROSS.

The King has awarded the Royal Red Cross to the following:—

*Bar to the Royal Red Cross.*—Miss Dorothea Matilda Taylor, R.R.C., Acting Principal Matron, Q.A.I.M.N.S.

*Royal Red Cross, Second Class.*—Miss Lizzie Parrish Dixon, Matron, Military Families' Hospital Staff.

#### KAISAR-I-HIND MEDAL.

The King has been pleased to make the following award of the Kaisar-i-Hind Medal for Public Services in India of the First Class:—

Miss Annette Matilda Benson, M.D., B.Sc., formerly Senior Physician, Cama and Alless Hospitals, Bombay.

Amongst the hundreds of honours bestowed on men we note and congratulate the Editors of the *British Medical Journal* and the *Lancet*, Dr. Dawson Williams and Dr. Samuel Squire Sprigge, on having knighthoods conferred upon them.

Dr. Edward Coey Bigger, Chairman of the Public Health Council, Ireland, and of the General Nursing Council for Ireland, has also received the honour of knighthood, and will no doubt be warmly congratulated by Irish nurses.

### THE ROYAL SANITARY INSTITUTE.

#### LECTURES AND DEMONSTRATIONS: SPRING TERM.

The prospectus of lectures and demonstrations of the Royal Sanitary Institute for Sanitary Officers, Health Visitors and School Nurses, and Maternity and Child Welfare Workers is now published, and can be obtained from the Director and Secretary, Mr. E. White Wallis, F.S.S., 90, Buckingham Palace Road, S.W.1. The training not only includes lectures but practical demonstrations in the Museum of Sanitary Appliances, visits to public works and other places of sanitary interest, and the use of a Reference Library, Lending Library, and Reading Room. The Course for Sanitary Officers begins on Monday, February 7th, at 6 p.m., and the course for Women Health Visitors and Child Welfare Workers on Friday, February 11th, at 6 p.m. The Lectures are followed by the Standard Examinations of the Institute, which are recognised in all parts of the British Empire.

The Right Hon. the Earl of Radnor has consented to accept the office of President of the Thirty-Second Congress of the Royal Sanitary Institute, to be held at Folkestone from June 20th to 25th.

### THE BOOK OF THE WEEK.

#### "THE BREATHLESS MOMENT."\*

Miss Muriel Hine's latest novel deals with the right to motherhood problem, and deals with it, we venture to think, from the right point of view.

Sabine Fane, the orphan daughter of a handsome man of good position and affluence, found herself at his death penniless, and to all intents and purposes friendless, except for her faithful maid and former nurse, Dillon.

She had led a wandering life with her father, staying at expensive hotels, and dressed as her fancy, governed by her good taste, led her. She had been, in fact, the spoilt child of luxury.

She was not a girl to sit down in the ashes of her former glories, but when she first realised her change of fortune she set herself to face her outlook. She finally decided to undertake the post of secretary to an old lady—a Miss Vallance—who lived in the West country with her nephew. Sabine was at once attracted by the old lady and her charmingly appointed house, and very soon found herself an indispensable member of the household.

A charming girl and a handsome man under one roof quite naturally became attracted one towards the other; it came as a great shock to Sabine when she learnt that Mark Vallance was a married man living apart from his wife.

Mark was an honourable, clean-living man, and it was with real distress that he realised his feeling for Sabine.

On the first passage of love between them, Sabine tells him—

"You must listen to me; it's not our fault—it was something outside us, a force beyond. We've done our best to avoid this; we've played fair. But now it's happened, we can't pretend. It's too childish. You love me and I know it. I love you with all my heart. And I can't see that it's wrong. So, if you think I regret"—for a moment her quick speech faltered, but her eyes never left his face and she went on inexorably—"that moment of happiness, I don't. It's mine—no one can take it from me."

It was Sabine who proposed that, before he "joined up," they should spend "one unforgettable month together."

"You're afraid!" Her face was defiant. "If you *really* loved me, you'd understand it's the only way—the only proof a woman can give—the last proof." As she saw the longing and pain in his eyes, her brief anger died out. Her hand clutched at his sleeve, the words poured out tempestuously—

"You'd never suggest such a thing yourself—you couldn't. It would be an insult. I can and I dare. I can't let you go like this, cheated—to your death. O Mark!" She held out her

\* John Lane, "Bodley Head."





**B**OOTS THE CHEMISTS make every provision for the surgical requirements of the medical profession and the general public; and the comprehensive scale upon which appliances are stocked at their branches is a service of real value. At some of their larger branches special surgical departments have been established, at which a feature of great usefulness is the constant attendance of a trained nurse ready to render advice and assistance when needed. All requirements of a special nature which are entrusted to **BOOTS THE CHEMISTS** are carried out with the utmost precision and promptitude.

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arms, her whole attitude a prayer. "I can't." The tears poured down.

Sabine had laid her plans carefully and no one suspected that she was other than she gave herself out to be—a war widow, married in haste to an Australian met on a brief holiday. In due time her child was born.

In the meanwhile old Miss Vallance had died and Sabine assumed the position of bailiff to the property during Mark's absence at the front.

Then followed the news of his wife's death. At last he was free to marry Sabine.

"The only fly in Sabine's honey pot of deep content was the postponement of Mark's leave, overdue and so deeply desired."

Then followed a disturbing wire from Mark to his old aunt, whom he knew to be dead some time since—and Sabine's visit to him in a hospital at Exeter, where, to her consternation, he did not recognise her, and his mind was blank so far as the last few years were concerned.

His home-coming is well described—his courteous treatment of Sabine whose position in the house somewhat bewildered him—his final succumbing afresh to her charming personality—his utter disbelief and horror of Sabine's story of their former love—the operation on his head which gradually restores his lost memory—all convincingly told.

But what should have proved perfect happiness was marred, as Mark points out, when he frankly owned regret for himself and her.

"It was wrong, we should have waited; it was Anthony's birth that opened my eyes. It's to Anthony we must look for judgment. We can never undo that wrong, Sabine. The responsibility was mine, but I longed for some sign from you of the same feeling. It altered my opinion of you—of the serious side of your character."

For the first time he owned Anthony as his flesh and blood, but behind the pride in his face was the pain he strove to disguise. A lump rose in the mother's throat. Never could Anthony call him father, and if marriage should result in further children, the first-born must be prepared to renounce his inheritance.

This was what "the breathless moment had brought to the pair she loved best."

We cannot, however, agree that it was a "breathless moment," as the situation was carefully thought out and deliberately planned by Sabine.

H. H.

### COMING EVENTS.

*January 15th.*—Association of Trained Nurses in Public Health. Lecture by Miss Evelyn Cancellor on "Methods of Combating Venereal Disease," 10, Orchard Street, Portman Square, W. 3 p.m.

*January 29th.*—The Matrons' Council Annual Meeting. By kind invitation of Miss Marsters, Superintendent Q.V.J.I., Paddington and Marylebone District Nursing Association, 117, Sutherland Avenue, Maida Vale.

### THE TALE OF THE YEARS.

Summer and winter and spring,

Heat and cold and the rain—

This is the tale the years bring,

Blessing and bane.

Labour and reaping that's sweet,

Twilight and day and the night,

Seed and the soil and the wheat,

Darkness and light.

God made His earth for man,

Home for a little span.

Sowing and gleaming and rest,

Sorrow and mirth and a smile,

Glow in the east—in the west,

Day for a while.

Flowers to garland the earth,

Flowers to lay o'er the dead,

Tears and some sighs and some mirth,

Earth for a bed.

God gives His call to man,

After a little span.

A. McGillicuddy, *The Canadian Nurse.*

### LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

#### PRIVATE NURSES AND THE HOURS OF EMPLOYMENT BILL.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I am glad that Miss MacCallum insists on the need for protection for private nurses. Although I am now a district nurse, I was "one of them" before the war, and I was amazed at the demands on one's time and good nature. A 12 hours' night duty usually stretched on till mid-day, waiting for the doctor by the relatives' request. But it is the time when a nurse is not on a case that is most often squandered by the Matron of the home. I was in a first-class Co-operative Association and when in from a case, no matter how heavy, a day off was unheard of, even when a number of nurses were in, one hour to go out in the day was the usual concession. My last case (after which I returned to war work) was a heart case and the wife was hopelessly drunk and pouring whisky into the poor patient. I was sent to *help* the lady nurse her husband. After struggling on for 36 hours, the lady (who was recovering) said I must ring up for a nurse and the Matron said there was no need as the lady arranged to relieve me. However, I got help and we had twelve solid hours on duty. At the end of a fortnight, a male nurse had to be got as things were impossible. I arrived at the home at 9 p.m. on a Saturday, and told Matron I was not fit for a case till Monday and would like to go home to sleep. There was no other nurse in, and of course we disagreed on the point of a needed rest.

"AULD REEKIE."

[Private nursing should be organised on the co-operative principle with nurses on the committee.—ED.]



**THE ECONOMIC POSITION OF NURSES.**

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is surprising to find there are still nurses who, like the ostrich, think there is "nothing doing" because they themselves are not cognisant of what is going on. If the correspondent who made such sweeping assertions about the different nursing associations in your last issue had paused to verify her statements, she would have found that they are doing a good deal more than she thinks. She asserts "the economic position of working nurses is persistently ignored." Not so, however. The Professional Union of Trained Nurses has, during the last six months, devoted a very great deal of time to drawing up schedules of hours and salaries, and moreover has taken care that they were brought to the notice of the right people. Some hundreds of copies of schedules have been sent to public health authorities alone. I can even assure her that the chairmen and secretaries she considers so supine had to give up two days of their hard-earned Christmas holidays to attend conferences on these very matters.

You, Madam, have struck the true note when you say that nurses' troubles are largely their own fault. Too long they have expected "something for nothing," and when they wake up to the fact that they get "nothing," they are surprised and annoyed.

If they would follow the advice you have so long given them, and show a little independence of spirit, and work *and pay* for their own organisation there would be a different tale to tell. "Who would be free themselves must strike the blow."

Yours faithfully,

MAUDE MACCALLUM, *Hon. Sec. P.U.T.N.*

**KERNELS FROM CORRESPONDENCE.**

"COVERING" THE AMATEUR NURSE.

Member P.U.T.N.—"I read with interest your note on the report of the Cornwall Joint County Committee of the Order of St. John and the British Red Cross Society at Truro. It is interesting to know that they have agreed to allow their semi-trained members to take the place of the trained woman. You say 'it remains to be seen whether registered nurses intend to "cover" the practice of these workers!' There is a certain district not far from the sound of 'Bow Bells,' where a Sanitary Inspector (not a trained nurse) receives a salary of about £400 per annum as a Tuberculosis Visitor, while in the same district a fully trained and experienced nurse doing the same work receives £200. It is not only First Aid and Home Nursing we have to fear.

"'Ere they hewed the Sphinx's visage  
Favouritism governed kissage  
Even as it does in this age."

Queen's Nurses' Superintendent.—"I shall certainly invite an expression of professional opinion

from the General Nursing Council, after I am 'registered' as to the ethical conduct of 'covering' V.A.D.'s at Maternity centres, in district nursing, and in tuberculosis nursing. As to their services in voluntary hospitals and in nursing homes, and in the practice of massage in orthopaedic clinics, with that the Queen's Superintendents have nothing to do. The whole proposal of the Cornwall Joint County Committee of the Order of St. John and the British Red Cross (presumably all members of the laity), as reported in the last issue of THE BRITISH JOURNAL OF NURSING, appears to me, and such Queen's Nurses as I have consulted, to be a professional outrage."

[We entirely agree, and it is high time the profession awoke to the true significance of the danger to nursing efficiency which the scheme of the Joint Council British Red Cross and Order of St. John has in preparation, if put in practice. Once trained nurses are "registered" by Act of Parliament they will stand on solid ground as to professional conduct, and they cannot do better than follow the example of the medical profession as to "covering" and call upon the medical faculty to support them.—Ed.]

**EQUIVALENT STANDARDS IMPERATIVE.**

Miss Amy Summers.—"I feel sure the General Nursing Council for England and Wales have the whole nursing profession with them on the "equivalent standards for registration" question, and Scottish and Irish nurses will rue the day if they do not insist on their Councils adopting such a standard as will exclude Cottage Midwife Nurses and V.A.D.'s from the general registers. The matrons on the Councils must stand firm—as you say, "the lay vote is sure to be cast for the employers' point of view."

**THE BEST WORTH PAYING FOR.**

Sister Mary.—"We hear constant clamour for more money, and far too seldom a demand that by better training we nurses should be worth more money."

**OUR PRIZE COMPETITIONS.**

January 8th.—What are the principal affections of the skin met with in young children, and what are their underlying causes or origin?

January 15th.—State in detail what precautions must be taken when nursing a case of typhoid fever: (a) to guard against self-infection, (b) to prevent the spread of infection to others.

January 22nd.—What do you know of shingles? What is the meaning of the term, and what is the usual treatment?

January 29th.—What are the points of difference between epilepsy, chorea, and hysteria? Give the treatment and management suitable for each.



# The Midwife.

## CENTRAL MIDWIVES' BOARD. NEW EDITION OF RULES.

The most recent edition of the Rules framed by the Central Midwives Board, under the Midwives Acts, 1902 and 1918, was published on Monday last.

The Minister of Health has approved an alteration in the rule of the Central Midwives Board, which makes Section 14 (1) of the Midwives Act, 1918, applicable to all cases in which a midwife calls in a doctor under the C.M.B. Rules.

### CONDITIONS UNDER WHICH MEDICAL HELP MUST BE SENT FOR.

Rule E. 20 runs :—

" In all cases of illness of the patient or child, or of any abnormality occurring during pregnancy, labour, or lying-in, a midwife, as soon as she becomes aware thereof, must call in to her assistance a registered medical practitioner, using for this purpose the form of sending for medical help (see Rule 23 (a)), properly filled up and signed by her. The conditions referred to in this rule shall be deemed to be emergencies for the purpose of Section 14 of the Midwives Act, 1918."

### NOTIFICATION TO THE LOCAL SUPERVISING AUTHORITY.

Rule 22 (1) (a) is as follows :—

" The midwife must, as soon as possible, send notice on the prescribed form to the Local Supervising Authority, in accordance with Rule 23, in the following cases :—

" (a) *Medical Help*.—Whenever the advice of a registered medical practitioner has been sought."

### FORM OF SENDING FOR MEDICAL HELP.

The form of sending for Medical Help is then printed. Its use is compulsory and includes the No. of Form, the date of filling in, the name and address of the patient, the reason for which medical help is sought, whether or not the case is urgent, the name and address of the doctor or institution to whom the form is sent, the time of sending the message, whether by messenger or telephone, and the signature of the certified midwife sending for help.

The Rule further prescribes :—

" The midwife shall make two copies of the above making, with the original document, three forms in all. The original she shall keep, the second she shall send to the doctor, and the third she shall send to the Local Supervising Authority as soon as possible, but within twenty-four hours at the latest.

" The medical practitioner responding to this call will be paid by the Local Supervising Authority for his attendance in this case until the case is completed or until the Local Supervising Authority gives notice of terminating its liability (whichever shall first happen) according to the following scale :—

### SCALE OF FEES FOR DOCTORS CALLED IN BY MIDWIVES.

1. Fee for all attendances of a doctor at parturition (*i.e.*, from the commencement of labour until the child is born) whether operative assistance or not is involved, including all subsequent visits during the first ten days, inclusive of the day of birth, £2 2s.

2. Fee for attendance of a second doctor to give an anaesthetic, whether on account of abortion or miscarriage, at parturition or subsequently, £1 1s.

3. Fee for suturing the perinæum, for the removal of adherent or retained placenta, for exploration of the uterus, for the treatment of postpartum hæmorrhage, or for any operative emergency arising directly from parturition including all subsequent necessary visits during the first ten days, inclusive of the day of birth, £1 1s.

This fee not to be payable when the fee under No. 1 is payable.

4. Fee for attendance at or in connection with an abortion or miscarriage, including all subsequent visits during the ten days after, and including the first visit, £1 1s.

5. Fee for visits to mother and child not included under 1—4. Day (9 a.m. to 8 p.m.), 5s. Night (8 p.m. to 9 a.m.), 10s.

6. The usual mileage fee of the district to be paid for all attendance under Nos. 1—5 of this scale.

7. No fee shall be payable by the Local Supervising Authority :—

(1) Where the doctor has agreed to attend the patient under arrangement made by or on behalf of the patient or by any club, medical institute, or other association of which the patient or her husband is a member.

(2) Where the doctor receives or agrees to receive a fee from the patient or her representative.

(3) In respect of any services performed by the doctor after the expiry of one month after the day of birth.

Midwives should procure a copy of these rules, which may be obtained through any bookseller, price 6d.

### ORDER FOR YOUR LIBRARY.

When ordering books for the library for your midwifery training school, do not forget *Midwifery*, by Archibald Donald, M.A., M.D.; price, 6s.; published by Messrs. Griffin & Co., Ltd., Exeter Street, Strand, W.C. 2.

### NESTLÉ'S MILK.

NESTLÉ'S MILK, 6 and 8, Eastcheap, E.C.3, is a valuable stand-by when fresh milk cannot be obtained, or when any doubt as to its purity exists. It is of a high standard quality, and both for infants and others can be used with confidence.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE SALARIES OF NURSES.

The Council of the College of Nursing, Ltd., has circularised the chairmen of hospitals in regard to the salaries of nurses trained and in training, and has submitted, with a covering letter from its Secretary, the minimum scale recommended, which we print below.

We are glad to see the proposals for a general rise of salaries, because, unless they are raised, there is little doubt that the present shortage of nurses will continue. Due consideration must, however, be given to the fact that the burden of taxation on the rate-payers, who finance poor law infirmaries and other public institutions, is already a crushing one, and that the financial position of the voluntary hospitals is most precarious.

We consider, in connection with the scale proposed, that the disparity between the salaries of the Matron and Assistant Matron is too great. The latter is usually a very hard worked official, and it would be equitable that her salary should be half that of the Matron.

We note it is proposed that probationers should receive moderate salaries, and this we

endorse for the first three years; probationers cost, and will cost, the hospitals more than they have done in the past, and it is not fair that they should receive high salaries during their pupilage; but we are of opinion that a nurse in her fourth year, who, when the Registration standard comes into force, will be a State Registered Nurse, should receive a minimum of £60 per annum.

In regard to private nurses, we consider 3½ guineas per week a fair minimum fee for nurses working on the co-operative system, if they are thoroughly qualified and competent, and this scale has been adopted by the Registered Nurses' Society, and is in force for all new patients attended from January 1st, 1921.

Of course, in the future, after the curriculum of training has been defined by the General Nursing Councils, and their examinations are established and must be passed before a nurse's name is entered on the State Register, the public will have a guarantee of technical knowledge. At present it is often asked, and pays fees for which it does not receive an equivalent in skilled nursing.

We await with interest the result of the College circular.

### SCALE OF MINIMUM SALARIES RECOMMENDED BY THE COLLEGE OF NURSING, LTD.

Average Number of Beds in daily occupation.	Matron. (Annual increment, £25.)	Assistant Matron. (Annual increment, £15.)	Home Sister. (Annual increment, £10.)	Night Superintendent. (Annual increment, £10.)	Ward Sister. (Annual increment, £5.)	Staff Nurses. After termination of agreement. (Annual increment, £5.)
Above 500 .. ..	£500	£150-£255	£120-£160	£120-£150	£85-£120	£60-£70
300-500 .. ..	£400	£140-£245	£110-£150	do.	do.	do.
200-300 .. ..	£350	£120-£225	£100-£140	do.	do.	do.
100-200 .. ..	£300	£100-£160	do.	£100-£140	do.	do.
50-100 .. ..	£200	£85-£130	—	£85-£125	£80-£90	do.
25-50 .. ..	£200	do.	—	do.	do.	do.
Under 25 .. ..	£150	—	—	—	do.	do.

Probationers.—  
1st Year, £18.  
2nd Year, £22.  
3rd Year, £30.  
4th Year, £40

Sister Tutors.—  
£150 (annual increment, £15) to £255, if certificated King's College for Women, or other approved College. <sup>1</sup> <sub>2</sub>  
£120 (annual increment, £15) to £225, if not holding a Special Certificate.

Non-Resident Posts.—  
Minimum £250 for fully certificated Nurse, £10 extra for every required special qualification.  
Private Nurses.—Fully certificated, 3½ guineas per week.  
Resident District Nurses.—£85 to £120.

December, 1920.

In every case uniform to be provided, or monetary equivalent.



## OUR PRIZE COMPETITION.

STATE IN DETAIL WHAT PRECAUTIONS MUST BE TAKEN WHEN NURSING A CASE OF TYPHOID FEVER: (a) TO GUARD AGAINST SELF-INFECTION; (b) TO PREVENT THE SPREAD OF INFECTION TO OTHERS.

We have pleasure in awarding the prize this week to Miss S. F. Rossiter, Sisters' Quarters, Royal Naval Hospital, Haslar.

### PRIZE PAPER.

Typhoid or Enteric Fever is one of the contagious diseases where the infection can be classed as "controllable," and if nursed under average hygienic conditions, with due regard to the simplest details of self-protection, it should not be easily contracted by those in contact.

It is, however, in the simplicity of detail that the danger lies, for, in one thoughtless omission of attention to detail, much elaborate care may be completely frustrated.

The active virus of the disease—the bacillus typhosus—is present at all stages of the attack, in the emanations of the alimentary tract, the urine, blood and sweat; therefore, disinfection of any discharges must be the first aim; failure in this may not only result in self-contamination, but may prove a danger to the community.

Stools and urine should be mixed with a solution of carbolic acid, 1-20, covered with lid or cloth wrung out in same, and left for at least one hour before emptying. The handle of bed-pan (if an open one) should be plugged with tow or rubber plug to prevent escape of contents. The bed-pan and urinal *must* be kept apart for the exclusive use of patient. If it is not possible to reserve a sluice or lavatory for the sole use of the patient, the greatest possible care must be taken after emptying of discharges.

It is imperative that a good flush of water is obtained, and where there is a lid to pan that can be lifted, this must be observed. After flushing pan with water, pour in disinfectant and wipe away any unavoidable splashing with cloth soaked in disinfectant.

Soiling of bed linen with the discharges must be avoided; should it occur it must be immediately changed and kept covered with disinfectant until such time that it can be removed for boiling or stoving.

The receptacle for holding linen should have well-fitting lid—in private houses where equipment has to be improvised, the galvanised zinc sanitary bins can be used, and are easily and cheaply obtained from local health department. Feeding utensils, &c., must be distinctly marked and reserved for patient's sole use,

washed and dried apart, and cloth used for drying treated as infected. Swabs, tow and rags used must be burned or kept moist with disinfectant until burning can take place. Fomites must be treated in the same manner.

Now we come to the most important detail of self-protection, *i.e.*, care of the hands. Before commencing her duties, the nurse must see that her nails are closely cut and her sleeves rolled back; after treating patient, or contact with the discharges, the hands and nails must be thoroughly scrubbed with soap and water, and rinsed in disinfectant. Meals must never be taken with patient, and always before taking her meals the apron or gown worn at the bedside should be removed and hands disinfected.

It is difficult to draw the line between (a) self-protection and (b) spread of infection to others, for much of the second is embodied in the first. The main factor is careful disinfection of all the discharges; failure in this may infect drainage over a large area, the presence of infection in oysters and other shell-fish being evidence of this. The food, milk, and water supply must be guarded against contamination, being excellent media for germ growth. Pen or pencil used by patient in convalescence must be destroyed, for often the dangerous habit of biting same is unconsciously indulged in.

When patient is pronounced free from infection a disinfecting bath should be given, and complete change of clothing and bedding.

All utensils should be immersed in disinfectant, and, where possible, boiled. Rubber apparatus should be destroyed, and bedstead carbolised. Bedding should be disinfected.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss F. M. Coller, Miss Linda M. Smith, Miss Margaret Hurley, Miss P. Thomson.

Miss Margaret Hurley writes: "The great danger of infection lies in contamination of the stools and urine—these teem with typhoid germs—also in a lesser degree from the patient's breath. Absolute cleanliness is essential. The patient should be sponged frequently and thoroughly; apart from the value of such treatment as reducing a high bodily temperature. Linen should be changed as soon as it is soiled, as any faecal matter which is allowed to dry on the sheets is a most fertile source of infection."

### QUESTION FOR NEXT WEEK.

What do you know of shingles? What is the meaning of the term, and what is the usual treatment?



## NURSING ECHOES.

We learn that the foundation stone of the new Nurses' Home at St. Bartholomew's Hospital (Queen Mary's Home) is to be laid next month, and that the details of the ceremony are now being arranged. The day will be one of great rejoicing to the members of the Nursing School, and all concerned in its welfare, for the Training School has been conducted under the greatest difficulties for the last forty years, owing to the inadequacy of the Nurses' Home. None will rejoice more than former nurses of the School who built up its fine reputation under difficult conditions, and who have shown their deep interest in its welfare by raising, through the Nurses' League, some £3,000, which is to be devoted to the Library, and which will bear the name of Isla Stewart, the late Matron, who served the hospital for twenty-three years—a name revered all over the world wherever trained nursing is organised.

The statement made in a lay-edited nursing paper, that building operations have begun, is, we are officially informed, incorrect.

Princess Marie Louise will open a bazaar on February 7th, in the Hoare Memorial Hall, Church House, Westminster, in aid of the Guild of St. Barnabas for Nurses. The bazaar is being organised by Lady Henry Somerset.

We offered to take the names of any nurses who were prepared to pay an annual subscription of £1 towards professional organisation, now that legal status has been won, as a correspondent apparently failed to realise that the Nurses' organisations do not receive sufficient financial support from members to do their work effectively. We regret that so far very few have responded to the suggestion. We again remind those who think nothing is being done that legal status has been won for them at the cost of many thousands of pounds, to which those who criticise most have given little or nothing. In these days nothing can be done without money, even if there is still a little army of devoted voluntary workers spending their whole lives for the benefit of their colleagues.

Take the following little bill and scan it. The terrible ignorance of women of what organisation costs makes one long to enlighten them, and it is their duty to realise it.

To maintaining, by voluntary effort, a professional organ in the press in support of legal status for nurses (State Registration) for twenty-seven years, from 1893-1920, has cost

the Hon. Editor and the Hon. Assistant Editor the following sums:—

To Editor, value of salary, £500 per annum ... ..	£13,500
Editorial office ... ..	2,700
Money expended, as audited ...	10,000
	<hr/>
	£26,200
To Assistant Editor, value of salary, £300 per annum for 24 years ... ..	7,200
Money expended ... ..	2,400
	<hr/>
	£9,600

Making £35,800 without adding incidental expenses, or calculating the value of the voluntary, literary and clerical work contributed by half a dozen generous women.

We may set down that the value of £40,000 has been voluntarily given with the best will in the world to organising, and winning, the State Registration campaign through the press and the founding of the Nursing Profession on a legal basis.

Then there are a few other little accounts which might be rendered to the profession just by way of a reminder. The cost of the Royal Charter to the Royal British Nurses' Association, after strenuous opposition for two whole days before the Privy Council.

For the legal work of the Society for the State Registration of Trained Nurses, which drafted the first Bill, and advocated it by political propaganda for fourteen years!

For the personal expenses of Scottish and Irish delegates to attend meetings of the Central Committee in London for ten years—whose Bill provided the basis of the Government's Registration Acts.

To say nothing of the Nurses' International Movement, which has been financed by the individual delegates.

Let us hope that the Registered Nurse of a future generation will know something of political economy, and repay by devotion to duty the privileges won for her by the voluntary work and contributions in hard cash of her predecessors.

For the future the financial burden of organisation must be borne by the many and not by the few, and the parasite spirit severely discouraged.

Miss Crowther, who has been Superintendent of the South Wales Nursing Association since its inception ten years ago, has retired on her marriage to Mr. Ernest J. Martin, which took place on the 4th inst. Many nurses who have been associated with her during her connection with the Queen Victoria's Jubilee Institute will wish her all happiness in her married life.



The Ball to be held in Liverpool in support of the new Nurses' Home so greatly needed at the Royal Infirmary, takes place on April 8th, not on February 8th as announced. It is hoped that it may be a great financial success.

A V.A.D. tells the story that at a hospital at which she worked during the war, new laid eggs sent to the patients were inscribed with texts. Those on which "Justified by Faith" was written naturally aroused suspicion.

The Industrial Court has granted the application by the National Poor Law Officers' Association (Incorporated) against the Hammer-smith Board of Guardians for the application of the Civil Service scale of war bonus to the Board's officers. The decision in all cases is retrospective to October 1, 1920.

We are constantly noting in the press "Charge Against Nurse," and then reading of disgraceful criminal conduct. Are all these abortionists nurses? We very much doubt it, especially as so many of them have foreign names, but the discredit is all lumped on to the nursing profession. It makes us very impatient to see our Trained Nurses' Register in print, and available in Courts of Law.

Mrs. Lincoln, the wife of a foreman wool sorter at Bradford, was committed for trial at the Central Criminal Court at the Marylebone Police Court on Monday, on the charge of murder. She was further charged with performing illegal operations on women at Bradford, and in one case had given a receipt as follows:—"Received from Miss Peel the sum of £50 for professional services rendered.—Nurse Hodgson."

Nurse, indeed—how many crimes are committed in thy name!

New Year's Day was observed with all honour at the Royal Infirmary, Glasgow, when the annual meeting of the Managers with the nursing staff took place under the presidency of Lord Provost Paxton, who was accompanied by Mrs. Paxton. The Chairman of the Board of Managers, Mr. James Macfarlane, and a large company of friends of the institution, were present, as well as Dr. J. Maxtone Thom, the Superintendent, and the Matron, Miss Melrose. At the outset the honours won by the nurses during the year were announced, and received with much applause. *Gold Medal*, Nurse Marion Jardine; *Silver Medal*, Nurse Mary L. Johnstone; *Bronze Medal*, Nurse Lilius M'Millan. During the year 110 new probationers and

other members have been admitted on to the nursing staff, and 93 have resigned to take up other work. The Assistant Matron, Miss Mackenzie, has retired after a long period of faithful service, and has been succeeded by Miss Williamson.

The Lord Provost, in wishing those present the compliments of the season, said that in the year which had just closed an extraordinary amount of work was done by the doctors and nurses of the institution for the relief and alleviation of distress and suffering. He was afraid many of the citizens of Glasgow had not the slightest idea of it, or of the services rendered by the staff generally. They deserved the best thanks of the whole community.

Mr. James Macfarlane, Chairman, in expressing the thanks of the Managers to the Staff for their services, said that last year their principal difficulty was that of finance; this year it was a different but equally important one—the supply of nurses. It was impossible to carry on an institution of that description, under conditions acceptable to the staff, without an adequate supply of nurses, and at the present time they were experiencing difficulty in obtaining a sufficient number.

During the last seven years the whole outlook had changed. There were more hospitals to be staffed, and employers of labour were showing a deep interest in the social and physical welfare of their employees; thus, in most of the large factories, good appointments were open to nurses under very congenial conditions. He emphasised the opportunities afforded by nursing for a useful and pleasant career.

## THE MATRONS' COUNCIL.

The Annual Meeting of the Matrons' Council will be held, by the kind invitation of Miss Marsters, Superintendent of the Marylebone and Paddington District Nursing Association, at its beautiful new Home, 117, Sutherland Avenue, Maida Vale, on Saturday, January 29th, at 3 p.m. Miss Marsters will address the meeting on "District Nursing and Social Welfare," and has most kindly invited the members to tea after the meeting. Now that the pioneers of Nursing Organisation no longer meet in ardent pursuit of a Nurses' Registration Act, they specially value the quarterly meetings of the Matrons' Council, where they have the happiness of meeting old friends.



## NURSING EDUCATION.

### SISTER TUTORS AND EXAMINERS.

We have on many occasions advocated the necessity of travelling scholarships for nurses, and only last week our first Echo referred again to this most beneficent method of education. We were, therefore, charmed to read, on the first page of October's *Kai Tiaki*, the official organ of the Nurses of New Zealand:—

"In order to widen the experience of nurses and to render them suitable for the very responsible work of sister-tutors, it has been suggested that certain nurses should be selected for a travelling scholarship, which would enable them to study methods in other countries, and generally to broaden their outlook and give them the confidence as well as the knowledge necessary for such a position.

"In Christchurch, the Medical Superintendent of the Hospital has offered a sum of money for this purpose, and has laid down certain conditions for the selection and appointment of a nurse for such a scholarship. The nurse is to be one trained in that hospital, and nominations are to be received from the qualified nursing staff and the Lady Superintendent. The trustees of the fund are to make a final choice. A Government subsidy is asked for on this donation, and will probably be given, and it should naturally follow that the approval of the Public Health Department should endorse the choice of the committee.

"Details are not yet completed as to the countries to be visited, but it is probable that America will be one. This is one opportunity for an ambitious nurse eager to help on her profession by training the young nurses for the future.

"Another is the scholarship offered by the Red Cross Society for a course of training in Public Health work at King's College, London.

"Nurses taking up the work of instruction should be acquainted with the various forms of service possible after training, both in hospital and outside, so as to arouse interest in the students, and to encourage them to specially qualify themselves for the branch of nursing they ultimately desire to take up."

We wonder if a sufficient number of experienced Matrons and Sisters used to teaching and examining are thinking seriously of the time, not so far distant, when quite a little army will be required to act as Examiners for the General Nursing Councils, to take place quarterly in various centres throughout the United Kingdom. This special work requires extensive study and experience, and should

become a very well-paid branch of our profession in the future.

### THE ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

Under the auspices of the Association of Trained Nurses in Public Health Work, Miss Evelyn Cancellor will lecture on "Methods of Combating Venereal Disease," at 10, Orchard Street, on Saturday, Jan. 15th, at 3 p.m., when we hope there will be a good attendance of nurses. Miss Cancellor is one of the best-known lecturers on this subject.

### INACCURATE REPORTING OF PROFESSIONAL AFFAIRS.

On December 3rd ult., in purporting to report a Nursing Conference, the *Nursing Times* attributed to the Chairman of the meeting, Mrs. Bedford Fenwick, a considerable part of the speech made by Miss Margaret Breay, Hon. Secretary of the Registered Nurses' Parliamentary Council. Miss Breay therefore wrote to the Editor pointing out the mistake and requesting that her letter might be published, so that the error might be notified to the readers of that paper.

As this request was not complied with, Miss Breay again wrote reiterating the request. She received in reply a letter from the Editor of the *Nursing Times* stating: "The substance of your letter appeared in our issue of December 25th, page 512. We regret we have not space to publish the letter in full."

The letter was as follows:—

REGISTERED NURSES' PARLIAMENTARY COUNCIL,  
To the Editor, "*Nursing Times*,"

MADAM,—My attention has been drawn to the inaccurate account of the Conference, convened by the Royal British Nurses' Association, which appeared in your issue of the 11th inst., in which you attribute to the chairman of the meeting, Mrs. Bedford Fenwick, much of my opening speech on the Resolution proposing that the provisions of the Unemployment Insurance Act, 1920, should not apply to professional nurses, trained and in training, to whose conditions of service it is unsuitable.

I must request that you publish this letter in your forthcoming issue, so that the error may be notified to your readers; and it is to be hoped that when reporting the opinions of professional nurses, greater care will be taken in the future.

I am, Madam,

Yours faithfully,

MARGARET BREAY,

Hon. Secretary, Registered Nurses' Parliamentary Council.

431, Oxford Street,  
London, W.1.

December 20th, 1920.

Journalistic ethics would, we should imagine, necessitate apology for grossly inaccurate information being printed, but as apparently this is not forthcoming from the unprofessional nursing Press to its readers, we can only hope that the *Nursing Times* will fail to find space in future for the insertion of inexcusable blunders when reporting our professional affairs.



# Royal British Nurses' Association.

(Incorporated by  Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

## NEW YEAR'S GREETINGS.

We wish all Members of the Association much good fortune in the New Year. We thank them for all the support which they have given to their Association throughout the past year, both in connection with its work for the profession at large, and that relating to its various benevolent schemes for sick and aged members of the nursing profession. We hope many "Registered Nurses" will join the Royal Chartered Corporation in 1921 and help to make its work increasingly useful to the profession.

## THE SOUTH AUSTRALIAN BRANCH.

We continue to receive very satisfactory reports from our Australian Branch. A good deal of the information incorporated in the official bi-annual report, which has just reached us, has already been referred to in our columns, and we will not recapitulate items of news which have already appeared.

The daughter Association appears to be very sensible of the great loss which it sustains by the departure of Miss Graham, R.R.C., who is leaving for England on giving up the position, which she has held with so much honour, as Matron of the General Hospital, Adelaide. Those in the homeland also feel that their Association owes much to its highly-respected Lady Consul in Adelaide, and we can well imagine how deeply our Australian Members will feel her departure. Miss Graham is sure of a very warm welcome from her fellow-members of the R.B.N.A. when she arrives in London. Misses Hancock, Dart and Dew have married during the course of the past few months, and we offer them our congratulations. The report refers with regret to the death of the Countess of Dudley, Patroness of the Branch Association, and conveys to a number of members, who have been ill during the year, the sympathy of their Association. The Committee of the Home Association learn with regret that Dr. Corbin's health still leaves much to be desired. Dr. Corbin, Chairman of the Committee of the South Australian Branch, is deservedly popular among our friends in Adelaide, and we unite with them in expressing the hope that he will soon enjoy more robust health.

## ADDRESS PRESENTED TO HIS ROYAL HIGHNESS THE PRINCE OF WALES AT ADELAIDE.

We have received from Miss Penrose, Secretary of the South Australian Branch, a photograph of the Address presented to H.R.H. the Prince of Wales at Government House by representatives of the Association on the occasion of the visit of His Royal Highness to Adelaide. Unfortunately it has not been found possible to reproduce the photograph, which is rather small, in such a way as to give legibility to the text, but the address reads as follows:—

### THE ADDRESS.

"To His Royal Highness Edward Albert Christian George Andrew Patrick David Prince of Wales, Earl of Chester in the Peerage of England, Duke of Rothesay, Earl of Carrick and Baron of Renfrew in the Peerage of Scotland, Lord of the Isles, and Great Steward of Scotland, K.G., P.C., G.M.M.G., G.M.B.E., M.C.

"May it please Your Royal Highness,

"We, the Committee of the Royal British Nurses' Association, venture to request that you will be graciously pleased to accept our bounden duty in the form of a heartfelt welcome to Your Royal Highness to South Australia. We have taken this liberty because it pleased Her Most Gracious Majesty, your beloved mother, to be personally interested in the South Australian Branch of the Royal British Nurses' Association in the year 1901 on the occasion of the inauguration of the Branch—the only Branch in existence—during her stay in this State. May it further please Your Royal Highness to convey to Her Majesty the greetings from this Branch, which has flourished and grown stronger yearly since its inauguration, and is now in an excellent position, possessing as it does a splendid house of its own, and a membership of five hundred and ten (510), than whom we venture to say Your Royal Highness will not find a more loyal body in the whole of your Dominions.

"Signed on behalf of the Members of the South Australian Branch of the Royal British Nurses' Association.

"M. B. GRAHAM, R.R.C., Lady Consul.

"CECIL CORBIN, Chairman,  
Lieut.-Col. Austral.A.M.C.

"EVA M. PENROSE, Secretary."



On that section of the Address, whereon are inscribed the titles of the Prince, there is a painting of the delightful new headquarters of the Association in Adelaide, another of a portion of an Australian field hospital and surmounting the upper left-hand corner of the same section is a reproduction of the beautiful crest of the Royal British Nurses' Association. Surmounting the preamble of the Address are the Prince of Wales' Feathers and the Badge of the Association. The grouping and beautiful colouring of the illumination have been greatly admired and members have told us that the Address was quite the finest of any presented to His Royal Highness when he visited Adelaide. It gives our English, Scotch and Irish members great satisfaction to know that their fellow-members in the Island Continent extended to our very popular Heir to the Throne such cordial expressions of welcome and loyalty. The Address was presented by Dr. Corbin (Chairman), Miss Graham, R.R.C. (Lady Consul for South Australia) and Miss Penrose (Secretary).

The Association was represented in the Women War Workers' Section of the Exhibition held in Adelaide during the Prince's visit.

### THE JEWEL INSIDE.

The patient was tired, very tired. Poor little lady, she knew that each day was one less, and that each day the cruel disease was increasing and getting a firmer grip of the frail body. She rarely spoke of it, though, and faced the doctor, nurse, and friends with the bright smile that had won so many hearts, and cheered so many lives during the seventy-eight years of her busy life. But to-day she was tired, and as nurse looked she felt she saw the face thinner, and the eyes dimmer. Why did the patient so wish for a glimpse of herself in the mirror? Was it that she should learn a lesson, or that nurse might have an opportunity of giving some little word of loving comfort? Something not found or learnt from any medical book, but learnt in the school of the Great Physician, the one Great Healer of soul sicknesses.

One look in the mirror and the poor little lady saw the face which had once been pretty, the eyes bright, the cheeks like some lovely June rose, but now—. "Nurse, please don't let any friends come and see me. How awful I look! Don't let anyone come."

A wireless message and the answer and guidance came. On the table lay an old shabby box. Dust and time had done its work, and the old box was certainly no adornment to the sick room. Quickly lifting it, Nurse showed the patient and discussed the worn and shabby case, then dared to suggest it should be removed.

"But, Nurse, how foolish; that is only the case; it contains my precious jewels—some I value so."

A silence. Nurse replaced the box and sweetly smiling, said: "Only the case, and the jewels safe

inside. Your spirit, too, little lady—God's precious jewel—is safe inside the body that has so changed."

"Thank you, Nurse. I see."

Then the little tired patient lay contentedly back, and into her face came peaceful content. How wonderful; too wonderful for words, and yet God's Word says:—

"Though our outward man perish, yet the inward man is renewed day by day." 2 Cor. 4, 16.

"In a moment, in the twinkling of an eye . . . we shall be changed." 1 Cor. 15, 52.

"We look for the Saviour, the Lord Jesus Christ, Who shall change our vile body, that it may be fashioned like unto His glorious body." Phil. 3, 21.

VERITAS.

### CORRESPONDENCE.

#### ANNUITY IN MEMORY OF AN "UNKNOWN" NURSE.

DEAR MISS MACDONALD,—I and several other nurses who knew Miss Good well were so pleased with that little "In Memoriam" notice in our last Supplement. We were glad that you wrote it, for nothing would have pleased her more than to see those words standing over your signature; she was one of your truest supporters and with you all the way in your fight for the nurses and your work to help the old ones.

The part of the notice that mentioned how her name would never stand with ours on the State Register, for which she worked so hard, has touched us very much. Now, I have something to suggest to you as Honorary Secretary of the Annuity Fund and to my fellow members of the R.B.N.A. On the report of the Annuity Fund there are several annuities connected with the names of members of the Royal Family (that of our own gracious President is one) and with the names of other well known people. Would it be possible to have an Annuity named for this little "unknown" nurse, and that it should be given to an aged member of the R.B.N.A.? It would be nice, for you know how much Miss Good loved her Association. I am sure that Mr. Price would think it a good thing to do. We like him because he does not patronise nurses and told us to manage our own benevolent schemes in his speech at the sale.

Do try to see whether you could found an "Amy Elizabeth Good Annuity." The dear little comrade who has died would have liked it we know.

I am,

Yours sincerely,

CECILIA LIDDIATT.

[This is a matter for the R.B.N.A. members to consider, and we shall be glad to have their views. We certainly think the suggestion a very good one.—I. M.]

ISABEL MACDONALD,  
Secretary of the Corporation.



## NURSES UNANIMOUS IN THEIR DESIRE TO BE EXCLUDED FROM THE UNEMPLOYMENT INSURANCE ACT, 1920.

On Wednesday, January 5th, the Inquiry arranged by the Minister of Labour to discuss the inclusion of the various grades of nurses in hospitals in the Unemployment Act was held at 8, Richmond Terrace, S.W. Mr. B. O. Bircham, legal adviser to the Ministry, was in the chair, and amongst others there were present Mr. G. Q. Roberts (House Governor St. Thomas' Hospital), Mr. E. W. Morris (House Governor London Hospital), and Mr. Courtenay Buchanan (Member of the British Hospitals Association), Mrs. Bedford Fenwick and Miss I. Macdonald (Royal British Nurses Association), Miss Cox-Davies and Miss Rundle (College of Nursing, Ltd.), Miss H. L. Pearse and Miss Rimmer (National Union Trained Nurses), Miss Peterkin (Queen Victoria Jubilee Institute), and Miss Hogg (Matron, Guy's Hospital).

Mr. B. O. Bircham, who received the delegates on behalf of the Minister of Labour, explained that the Conference was convened principally that the Minister might have information regarding the position of Sisters, Staff Nurses and Probationers in hospitals in relation to the Unemployment Insurance Act, and although he did not wish to bind the speakers he would be glad if they would confine their remarks as far as possible to those three classes.

Mr. Courtenay Buchanan suggested that Mr. G. Q. Roberts should speak as representing the Governors of the Hospitals, and Miss Cox Davies as representing the Matrons' point of view. Miss Cox Davies proposed that Miss Biggar, who held a Sister's post at St. Thomas' Hospital, should also speak.

Mrs. Bedford Fenwick inquired whether the views of all trained nurses were to be placed before the Conference or only of those in hospitals, and whether it would be out of order to address the Conference in relation to the position of other classes of nurses than those mentioned in the reference, as the Act would affect them and had been passed without nurses being consulted.

The Chairman agreed this might be done.

Miss Cox Davies said that she had understood that it was principally the views of the nurses in hospitals which were desired by the Minister. The question of their position under the Unemployment Insurance Act was a very serious one, and most Matrons had discussed it with the nurses with a view to getting their opinions. Nurses were given no opportunity of being heard before the Act was established. The first point was that the probationers were not liable to unemployment, and they would not benefit in any sense by coming under the Act. Trained Nurses had now been given legal status, they had a defined position, and as professional workers they ought not to be brought under an industrial Act such

as that under discussion. Their conditions of work were entirely unsuited to the provisions of the Act. The only way in which they could be brought under it was as domestic workers, and they should not be placed in that category because domestic service was not recognised as skilled professional work as nursing was.

Miss Biggar said that she agreed with Miss Cox Davies that there was little unemployment among hospital nurses. Most Charge Nurses signed a contract for one or two years with three months' notice. Sisters signed contracts for two years at least. Nurses would never agree to be classed as domestic servants. There was no fear of nurses in hospitals being unemployed.

Miss Cox Davies said that she had attended that day as representing nearly 20,000 nurses grouped in the College of Nursing. The Council of that body had taken a referendum of its members, and 80 per cent. had expressed themselves as against inclusion in the Act, and 4 per cent. as desirous of coming under it.

Mr. Bircham enquired what percentage had replied to the communication.

Miss Rundle, the Secretary of the College, said that up to date 3,000 had replied to the questionnaire, and 80 per cent. of that number were opposed to inclusion in the Act.

Mr. Roberts said that directly the Act came out it came under the consideration of the British Hospitals Association; those responsible for the government of the hospitals felt that it was not necessary for them to take action until they knew the feeling of the nurses themselves. There was a general scheme of training in all the large hospitals for affording nurses the necessary training to fit them for their careers. They entered the hospitals for a three years' training, in many cases one of four years. It was probable that most of the Sisters in the hospitals could claim exemption on the ground that they received remuneration and emoluments equal to £250 per annum. Those nurses who went into private practice either engaged themselves under some independent employers, or joined a co-operation; by far the larger proportion joined co-operations. In view of the fact that all private nurses were paid three or three and a half guineas weekly and received board and lodging, it seemed probable that they would automatically come out of the Act. Thus they would receive no benefit from their previous contributions paid during hospital service. So far as Mr. Roberts knew the governors of hospitals were simply desirous of doing what was best for the nurses in the matter.

Mr. Bircham asked for information as to the contract of service of hospital probationers with regard to remuneration, discipline, &c., to which Mr. Roberts replied.

Mrs. Bedford Fenwick said the Royal British Nurses' Association, which she represented, had very carefully considered the position of trained nurses under the Act, and with the permission of the Chair she read the following Resolution passed



unanimously at a recent Conference of nurses convened by the Association:—

#### RESOLUTION.

That the provisions of the Unemployment Insurance Act, 1920, should not apply to professional nurses, trained and in training, to whose conditions of service it is unsuitable.

In the opinion of Trained Nurses, the result of this new taxation will be to compel them to contribute to a scheme designed to benefit industrial and not professional workers, which is therefore unjust. This meeting of Trained Nurses desires to record its unqualified disapproval of the provisions of the Unemployment Insurance Act as affecting the members of their profession, and expresses its conviction that it will add one more factor to the unpopular conditions which deter many desirable candidates from entering the Nursing Profession.

This meeting respectfully urges the Minister of Labour to formulate a Special Scheme regulating the unemployment insurance of professional nurses.

Mrs. Fenwick said when Nurses received their certificates after three or four years' training they were at liberty to engage in various branches of nursing. Ten Government Departments employed trained nurses, but she wished to emphasise the conditions of private nurses. As Hon. Superintendent of the Registered Nurses' Society, a co-operation of private nurses, she found the members strongly objected to come under the provisions of the Act. They were not suited to their needs. Nurses were compulsorily insured under the National Insurance Act. Many objected to it, and to prove how useless it was to them, the Trained Women Nurses' Friendly Society, of which she was Chairman, had saved cent. per cent. of the subscriptions, because members when sick found the panel system irksome, and failed to apply for benefit. One spirited nurse took the matter into Court, and upon the judgment of a County Court Judge private nurses working on co-operations were pronounced exempt. A few nurses had their cards stamped by patients, and others evaded the Act.

Mrs. Fenwick said it would be most distasteful to highly qualified professional nurses to be required to stand in a queue, report themselves daily, and sign a book at an Employment Centre, and to be compelled to take any work offered to them if suitable or not. They might be compelled to pay, but they would not apply for the subsidy. It was a tyrannical method to which trained nurses would not submit. Private nurses were most anxious to be exempted from the Act. If this was not possible she proposed that another Conference with the Labour Ministry should be called, and a special scheme formulated to regulate the unemployment insurance of professional nurses.

Mr. Bircham enquired as to the economic and disciplinary organisation of Nurses' co-operations, to which Mrs. Fenwick replied.

Mrs. Fenwick enquired if Nurses were exempted if the employer still had to pay the tax, and, if so, who would benefit by it?

To this no satisfactory reply was given.

In concluding her remarks Mrs. Fenwick referred to the very serious shortage of probationers for

training, and urged that nothing should be done to discourage still further well-educated girls from entering the nursing profession. The Labour Ministry was specially interested in the matter as skilled nursing was a necessity for the poor.

Miss Cox-Davies said she wished to strongly support Mrs. Fenwick's remarks on this point. She referred to the numbers of other professions and employments now open to women, and only those who found pleasure in caring for sick humanity should enter the nursing profession. Nothing should be done to discourage such from joining the ranks of the nurses. As Matron of the Royal Free Hospital she now required eighteen probationers to open new wards and had not one on the waiting list.

Miss H. L. Pearse endorsed Mrs. Fenwick's remarks. She enquired whether casual (nursing) workers were exempt from the Act, and on a reply in the negative having been given, she pointed out how both nurses in the various services and the public would suffer thereby, as there were many nurses so placed that they were glad to work occasionally during the year, and she, as Superintendent of a public nursing service (London County Council School Nurses) was equally glad to be able to employ them from time to time, but if they had to be insured for unemployment it would present a very difficult situation, which would militate against their occasional employment.

Miss Peterkin, General Superintendent, speaking on behalf of the Queen Victoria Jubilee Institute, said that all their nurses had begged those in authority to use every effort to get them excluded from the Act.

Mr. Roberts, referring to the National Health Insurance Act, explained how it had not proved of the slightest benefit to the nurses who were always medically treated free of charge and cared for during illness if they belonged to the staff of a hospital. By request, Mr. Roberts explained the duties of a hospital Sister.

Mr. Bircham asked if the nurses had a 48-hours' week, or were paid overtime.

Mr. Roberts replied in the negative so far as the voluntary hospitals were concerned.

Mr. E. W. Morris stated that nurses hated being included in the Act and asked if, when estimating emoluments for exemption, the calculation ought to be based on the actual cost to the hospital, or value to the nurse?

The Chairman replied that the value to the person employed should be the basis.

Mrs. Fenwick presumed it would not be in order to propose a resolution, although apparently it would be passed unanimously (laughter).

A representative of the Ministry of Labour pointed out that the Unemployment Insurance Act provided that the Minister of Labour had power to sanction special schemes by a joint council or association of employers and employees. He suggested that employers and bodies of nurses should draft a special scheme and get the Minister to agree to it.

The Chairman having been accorded a vote of thanks, the meeting terminated.



## APPOINTMENTS.

### MATRON.

**Hospital for Consumption, Armley, Leeds.**—Miss E. T. Read has been appointed Matron. She was trained at Sir Patrick Dun's Hospital, Dublin, and has had experience of military and private nursing.

### SUPERINTENDENT OF HEALTH VISITORS.

**Middle Ward District, County of Lanark.**—Miss Chapman, Matron of the County Fever Hospital, Motherwell, has been appointed Superintendent of Health Visitors and Nurse Inspectors for the Middle Ward District of the County of Lanark. The position is the first of its kind so far as the County of Lanark is concerned. Miss Chapman, who is a native of Banffshire, has had a wide experience in the nursing profession, and during the war acted as Matron for 15 months at the 3rd Scottish Territorial Hospital, Stobhill, Glasgow. On the occasion of her departure from Motherwell, Miss Chapman was met in the Hospital Nurses' Home and presented with a writing table, bronze blotting pad, and letter stand in recognition of her twenty years' services. The gifts were handed over by Dr. Reid, physician-superintendent. Miss Chapman is being succeeded by Miss Thomson, Matron of the County Sanatorium, Stonehouse.

### ASSISTANT MATRON.

**Preston and County of Lancaster, Queen Victoria Royal Infirmary.**—Miss Gertrude Moggoch has been appointed Assistant Matron. She was trained at the Royal Infirmary, Bradford, where she held the positions of Sister and Night Superintendent. She has also been Sister at the West London Hospital, Hammersmith, and Night Superintendent and Assistant Matron at the Royal Hospital for Sick Children, Aberdeen. She is a Certified Midwife.

### SISTER.

**Essex County Hospital, Colchester.**—Miss Winifred Rowe has been appointed Out-patient Sister and Massage Sister. She was trained at the Essex County Hospital, Colchester, and received training in Massage at the National Hospital, Queen Square, W.C., and was also at the Royal Chest Hospital, City Road, E.C.

**Queen's Hospital, Birmingham.**—Miss Ada Jones has been appointed Sister. She was trained at the Queen's Hospital, Birmingham, where she subsequently held the position of Sister. She has also been Sister at the Royal Naval Hospital, Haslar, and has had experience of private nursing in connection with the Registered Nurses Socleey, 431, Oxford Street, W.

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed to Queen Alexandra's Military Nursing Service for India in the grade of Staff Nurse (temporary):—Miss M. L. Harlock, Miss K. O. Smith, Miss I. S. Williams.

## WEDDING BELLS.

Congratulations to Miss Mary E. Owens, trained at the Royal Infirmary, Blackburn, and a late member of the staff of the Registered Nurses' Society, 431, Oxford Street, London, on her marriage with Mr. John Charles Morgan, of Shirlheath, Kingsland, at St. John's Church, Shobdan, on January 1st. Miss Owens was a Sister in the French Flag Nursing Corps from 1918-1919 and we feel sure her colleagues both at home and in France will wish to convey to her their best wishes for her happiness through the medium of this Journal.

## OUR FOREIGN LETTER.

### CHRISTMAS AT THE SCUOLA CONVITTO REGINA ELENA, POLICLINICO, ROMA.

(FROM OUR ROMAN CORRESPONDENT.)

After the quiet Christmases of the war-years, Matron decided to return, to some extent, at least, to former festivities. But the sudden death of the Hon. Pietro Bertolini, brother-in-law to Marchesa Maraini, vice-president of the S.C.R.E., has vetoed, naturally, the large reception which usually followed the nurses' own party.

A real spirit of Christmas gaiety reigned notwithstanding, as preparations for Ward-Sisters' parties went on beside those in the Home. The weather has been ideal, a "moon to read by" at night and brilliant sunshine all day. Shopping was therefore no penance as regards rain, snow or mud, but the prices of everything were simply despairing, and it was decreed that only child patients should have gifts and that dolls for them should be home-manufactured. The results were simply stupendous! A notice brought in gifts of gay materials on all sides, Matron created models and painted faces in character with the rag bodies, so that the long shelf in her office became a miniature carnival: Tripolitan negroes, early Victorian maidens, fashionable modern maidens, mischievous Pucks, side by side with each other, and a most determined Red Cross lady apparently dragging a reluctant and garmentless Ascari to bed or bath!

Christmas Eve saw all decorations completed, and dolls were carried to each ward to rejoice the children on wakening. At midnight, nurses, maids and a few convalescents met in the Hospital Chapel, where the Padre Presidente said the three Masses, the High Altar adorned with flowers and plants all around, whilst a wreath decorated the brass tablet near by, which has been erected in memory of the beloved Princess, Foundress of the School.

Hot coffee and milk in the Home at 1.15, and then all to bed.

On Christmas Day each Ward-Sister held her little party for patients some time between 3 and 7, and the decorations were charming in every ward, though quite simple—mainly ivy and fir branches, with only touches of holly and mistletoe here and there, as they cost money, whilst ivy and fir branches the Hospital grounds supplied.

The gifts were very modest (or not attempted at all, according to decree), but the patients seemed as contented as in the pre-war days of elaborate generosity, and the happy idea of drawing the gifts by lottery prevented any feelings of jealousy.

Meanwhile, in the Home the large dining-hall was undergoing transformation. A long line of tables was formed, crossing the room at an angle, and one table was inserted in the middle, cross-wise, for Matron and senior Sisters. Gifts of glorious red roses from Committee and Professor appeared, and gave a final touch of beauty and colour in a red-gold copper "secchio" (rounded pail) under the centre Japanese lantern, red and



green silk, and muslin, draped the length of table in the centre, whilst dishes of dried fruits and oranges, sprigs of holly and mistletoe, carried out adornment of tables, and lanterns and garlands were lightly poised above. Turkeys—stuffed and with other “accessories”—were promptly served, hot and in overwhelming abundance! Plum pudding being a penance to most Italians as well as prohibitive in price, was replaced by a delicious “zabaglione” (eggs, marsala and sugar, all frothy and hot); this was followed by dessert of figs, nuts, tangerine and other oranges, chocolates and marsala—all gifts of H.M. Queen Elena. After this “healths” were started and most enthusiastically “clapped,” beginning with the Queen and Committee, the Matron and Sisters, followed by the Professors and Doctors, staff-nurses and probationers, whilst the cook and maids with Guiseppa, the gentlemanly old manservant, ended the list.

All “went on wheels,” so to say; the tradition is formed now, both in wards and Home, both in work and play. Miss Snell’s creative gifts have struck roots and thrown out branches which evolve as circumstances—with more or less strain and stress—exact. Here in Italy, as all over the world, workers are growing scarcer where sacrifice is incurred (I hear that many religious Orders also find increasing difficulty in obtaining novices, and perhaps the majority of one’s friends of modest means are servantless), but the S.C.R.E. has always held ground and tided over seemingly desperate crises of shortage of nurses, and this Christmas stands as proof that tradition is formed, and our patients are nursed in the wards, and our nurses can play in the Home, very much as in English Hospitals.

The next gaiety was on the 29th, when each nurse was permitted to invite two guests from nine to midnight. The original plan for acting and music by members of nursing staff had to be abandoned—too much work for necessary rehearsals. Up to the 28th no programme was fixed, but the wife of one of our Professors had promised to hunt, and Matron trusted to Providence that something would turn up; continuing with invitations and food preparations, as well as the most marvellous decoration of passage and staircase leading up to dining-hall. Actual tree trunks and branches were annexed; carpenter, gardener, electrician commandeered. Two patients (man and boy) with deft fingers spent hours in Salone helping nurses create almond trees, rose trees, &c., by fastening paper flowers or little silver balls to various real branches. (Their leaves don’t fall yet, but have only turned autumn tints.)

#### OFF TO FIUME IN EIGHT HOURS.

In the thick of this, at 10 o’clock, Professor Bastianelli walks in and announces departure for Fiume, requesting Matron to send—if anyway possible—three or four of her surgical nurses with him. He had been radio-telegraphed for from Fiume; the need was urgent, and the Red Cross authorities were arranging for journey; train to start in eight hours.

So preparations for party, and departure for Fiume, continued side by side. The Professor’s wife came to announce that she had found a lady who sang and recited in “Roman society,” so the entertainment at party was provided; and three nurses willingly gave up being present at it, for, though most of us lament the megophomy of d’Annunzio, the feeling for Fiume is intense, and the idea of nursing there could but appeal strongly. They started as arranged, in their green war uniform, joining Red Cross contingent at the station.

The party was a great success in every way; relatives, friends and doctors mingled with the nurses in their charming uniform in the vaulted Salone. The singer was warmly applauded, whether gay or serious the songs. But the most enthusiastic clapping ensued when one of the nurses entered with her viola and another sang—the clapping then seemed as if it would never cease!

Refreshments in the dining hall were thoroughly appreciated in an interval of music, and only at 12.30 was request given by Matron for the “Marcia Reale” a sign that the entertainment was over. The singer, after the Italian national march, played one verse of “God save the King”—both being vigorously applauded—whilst one of the nurses played the Fiume march as the guests took leave of their hostesses.

On the last day of the year the staff were permitted a “family fete,” only the few doctors “on guard” being invited to dine with Matron and Sisters, and afterwards enjoying the music of the viola and songstress nurses, after which dancing followed and was carried on with interval for refreshments—till a few minutes before midnight. Everyone then stood with glass of marsala in hand, watching the clock as the last moment of 1920, with its memories of gifts of joy or sorrow became a thing of the past. As the first stroke rang out a doctor exclaimed, “Don’t you see that old man run past?” and everyone clinked glasses and drank to all happiness in 1921.

The cycle of Christmas festivities will be closed on the Epiphany with a Tree in the Home for all the children well enough to be brought from their wards, but rumours were already afloat that for Carnival another “intimate dance” may be hoped for!

#### COMING EVENTS.

*January 15th.*—Association of Trained Nurses in Public Health Work. Lecture by Miss Evelyn Cancellor on “Methods of Combating Venereal Disease,” 10, Orchard Street, Portman Square, W. 3 p.m.

*January 29th.*—The Matrons’ Council Annual Meeting. By kind invitation of Miss Marsters, Superintendent Q.V.J.I., Paddington and Marylebone District Nursing Association, 117, Sutherland Avenue, Maida Vale. 3 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.*

## A CLEAR UNDERSTANDING REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—In your issue of January 1st "A Member of Bart's League" writing about the unorganised condition of nurses in Scotland, classes the Scottish Board of Health and the General Nursing Council in one category.

That nurses are hopelessly unorganised throughout Britain is only too true, as was illustrated by the failure to obtain one Registration Act legislating for the United Kingdom.

In justice to Scottish Nurses' organisation and the Scottish Board of Health, our members wish "A Member of Bart's League" and others interested to know that the Council of the Scottish Board of Health has given the members of the P.U.T.N. (Glasgow) most courteous replies in response to the resolutions forwarded by their members. With regard to the attitude of the G.N.C. concerning these resolutions let it be borne in mind that the *nominated* Council at present in power will not always be in power, and the time will come when Registered Nurses will *elect* their own representatives to this Council. Meantime, let nurses ask themselves if they will support autocracy or democracy.

Believe me, Yours faithfully,  
CHRISTIAN H. McARA,  
Hon. Sec., P.U.T.N., Glasgow.

37, Stobcross Street, Glasgow.

["A Member of Bart's League" alluded to both the Scottish Board of Health and Nursing Council. We cannot agree with our correspondent that nurses are "hopelessly unorganised throughout Britain." Most thoughtful nurses belong to one organisation or another, to suit their personal predilections; we agree they are not *united* either in convictions or aims; thus a certain degree of liberty of thought and action are still reserved to them.

The failure to obtain a United Kingdom Nurses' Registration Act, if traced to its source, is the fault of the Scottish Office, which demanded autonomy when the Health Ministry was established. Thus the Minister of Health for England and Wales has no jurisdiction over the Scottish Board of Health. Moreover, when the United Kingdom's Bill, promoted by the Central Committee, was before the House of Commons, the representatives of the Association for the Promotion of the Registration of Nurses in Scotland, which had seceded, and affiliated with the College of Nursing, Ltd., spent days in the Lobby of the House opposing the Central Committee's Bill. Scottish nurses must, therefore, blame their own organisations for helping to wreck the liberally

framed United Kingdom's Bill. We are glad to learn from Miss McAra that communications from the Professional Union of Trained Nurses (Glasgow Branch) have received courteous replies from the Scottish Board of Health, but she does not inform us if the Board has acceded to the demand that its certificated fever nurses shall not as it proposed, be placed on the General Nurses' Register.

We only hope an effective system of election will be possible when the term of office of the nominated General Nursing Councils expire. Such an election will be exceedingly costly.—ED.]

## KERNELS FROM CORRESPONDENCE.

HEALTH OF NATION TRIFLED WITH LONG ENOUGH.

*Member Nurses' Parliamentary Committee.*—"Of course, there could be no two opinions on the danger to the public and injustice to trained nurses of giving the title 'Registered' to Cottage Nurses, whether certified midwives or not, but I regret no one made the point in this connection at the recent meeting, that if any class should be provided with the best trained nurses, it is the poor. Their illness is usually acute, and it is necessary for their families that, as wage-earners, they should be returned cured to their work as soon as possible. But what the Nursing Council has got to do is to lay down a safe minimum of knowledge and skill for every nurse, and County Nursing Associations and others now permitted to provide cheap and inefficient nurses, to be made to conform to the State standard. The health of the nation has been trifled with long enough."

## AN UNEXPLORED FIELD.

*Miss C. Stow (Liverpool).*—"I read your remarks re the Prison Commission with deep approval. The study of criminology and the nursing of criminals is a vast unexplored field which the Nursing profession should be taught to cultivate. The Prison Commission has a great opportunity—will it avail itself of expert nursing opinion on the right scheme to adopt for nursing in prisons? Presumably there are no trained nurses on the Commission. If trained nurses are to be given the rank and duties of wardresses only, there will be little hope of improvement."

## REPLY TO CORRESPONDENT.

*To Miss C. Munro, Colchester.*—Apply to the Secretary of State for India. General and also C.M.B. Certificates are required. Pay is 250 rupees a month, and outfit allowance of £20 to £25 is allowed. Engagement six months.

## OUR PRIZE COMPETITIONS.

*January 22nd.*—What do you know of shingles? What is the meaning of the term, and what is the usual treatment?

*January 29th.*—What are the points of difference between epilepsy, chorea, and hysteria? Give the treatment and management suitable for each.



# The Midwife.

## INFANT EDUCATION.

Dr. Eric Pritchard's book on "Infant Education," of which the second edition (price 6s. net) has just been published by Mr. Henry Kimpton, 263, High Holborn, W.C.1, is extraordinarily interesting, and further, we venture to think, an important, and in some ways unique contribution to current literature dealing with the care of infants.

### AUTOMATIC SELF-HELP.

Dr. Alex. Wynter Blyth, M.R.C.S., late Medical Officer of Health, St. Marylebone, points out in his introduction to the first edition that "it is not enough, from an hygienic point of view, to preserve infantile life; this might be accomplished by means giving as a result an army of sickly weaklings, likely to add in the future to the burdens of the community; the infants must not only live their lives but must be healthy and vigorous; their internal organs, muscular systems, and senses must be trained to resist ordinary influences detrimental to health—they must acquire the power themselves of helping themselves. Dr. Pritchard, in the following pages, teaches this lesson in forcible language, the lesson of automatic self-help."

Dr. Pritchard discusses the question of Infant Education under the following headings:—"Ante-Natal Hygiene, or The Mother's Duties to the Unborn Child"; "The Education at Birth and Care of the New-Born Child"; "The Feeding of Infants (1) Certain General Principles, (2) Certain Practical Details"; "Principles and Details of Feeding at and after Weaning"; "The Formation of Habits, Good and Bad"; "Rickets: Its Causation, Symptoms, and Treatment"; and "The Examination of the Infant in the Home."

### EARLY FOUNDATIONS.

The author emphasises the fact that the correct feeding of infants is much more important than the correct feeding of older children or grown-up individuals, because during infancy you are adding to the foundations on which the permanence and durability of the whole superstructure depends. But further, that even before infancy a very considerable part and a very important part of the foundations have been already prepared, partly during the development or the growth of the embryo in its mother's womb, and partly even before that time.

He points out also that "no indiscretion or breach of the laws of hygiene which operates adversely on our own health can be committed with impunity to the health of those germs within us on which depend the perpetuation and survival of our future representatives.

"Some of us who ponder on these questions and presume to question why, may well ask what right have our parents to jeopardise our health and happiness by selfish indulgence, and by the contravention of the laws of hygiene? In its ultimate effects it would have been a far greater sin against you or me if your mother, or my mother, had indulged in alcoholic excesses or drug habits during the period immediately preceding our birth than if she had given us gin or opium immediately afterwards to keep us quiet and insure her own repose; for the younger the child, or the more immature the stage of development of the fœtus, the more far-reaching are the consequences of nerve poisons or other factors in the environment which interfere with normal growth and nutrition."

### THE DIET OF THE EXPECTANT MOTHER.

Dr. Pritchard gives the following reason why the expectant mother should avoid stimulating beverages and highly seasoned and spiced dishes. "If the fœtus has been accustomed to a stimulating dietary during its term of intra-uterine development, if it has been nourished on a blood loaded with the products of rich living, the change to a simple bland diet of milk and water, such as is usually supplied after birth, is acutely felt."

### CONCERNING EDUCATION.

Education, the author tells us, has been defined as "the provision of an environment, the function of which is to prepare for complete living," a definition which applies accurately to the education of the stomach or gastric education. It requires no small skill to teach an infant which has lived a protected life *in utero*, to adjust its methods of living to the outer world. Success in this direction proves the competence of the teacher.

### HABITS.

Concerning habits, we read: "Habits, though frequently so described, are not, strictly speaking, man's second nature; they are his essential nature. Some habits are so firmly engrafted in our organic constitution that we do not usually regard them in the light of habits at all. They constitute, in fact, man's first nature. Others, not absolutely indispensable for life but more or less essential for a complete and healthy life, have to be learned, and acquired independently by every new-born infant. These constitute man's so-called second nature. The problem of infant education is to discover how to surround the infant with the best possible environment, and thus produce the best possible habits."

Study Dr. Pritchard's book on "Infant Education." It will go far towards putting your feet on the right road.



## AN APPRECIATION.

DR. TRUBY KING, C.M.G.

*(Director of the State Bureau of Infant Welfare,  
New Zealand)*

By A FORMER STUDENT.

Dr. King came to England, in 1916, at the invitation of a Committee of which the late Lord Plunket (formerly Governor of New Zealand) was the President; and, under the auspices of the Babies of the Empire Society, started the Mothercraft Training Centre at 29, Trebovir Road, Earl's Court. He remained in this country till 1919, when he returned to New Zealand; on the way, at the invitation of the Australian Government, Dr. King made an extended tour, lecturing in different towns. During the last few months of his stay in London, Dr. King was appointed by the Australian and New Zealand Governments to make arrangements for the proper feeding of returning soldiers' children going to that country. Many medical officers and nurses, who were to accompany the transports, were sent to the Centre to study his methods of feeding. The staff of the Centre manufactured hundreds of pounds of special emulsion used on the voyage by children who, unfortunately had to be artificially fed, and all artificial feeding was properly graded, according to the requirements of the child, and the percentage necessary to render artificial feeding as nearly natural as possible.

Some years ago, the New Zealand Ministry of Health officially published Dr. King's book, "The Expectant Mother and Baby's First Month." It is to be hoped the British Ministry will ere long follow this example, and put a cheap standard work in the hands of the mothers and public health workers.

The culmination of years of work was reached lately when this champion of infants was made Director of the Bureau of Infant Welfare recently established by the New Zealand Government.

Already in England many nurses who were students under Dr. King in London are working as Health Visitors, for example, in Durham, Isle of Wight, Derby and Greenwich; while others are Superintendents of Infant Clinics, as at the Middlesex Hospital; and yet more are using this priceless knowledge in their midwifery practice, private nursing or district work, like the Plunket nurses in New Zealand.

It is to be hoped that those responsible for the training of nursery nurses will realise the value of this training, so that such nurses may be able intelligently to carry on the work begun in the early weeks by the nurse or midwife trained in Dr. Truby King's methods of the feeding of children.

And so the truth spreads; within a few weeks of the arrival of Dr. Truby King, health visitors, nurses and medical men visited the Earl's Court Centre to hear more of the methods whose chief charm is their simplicity and accuracy. The Charts and Records to be seen at the Centre testify to the results; those of special interest being the Breast-

feeding Charts, demonstrating the successful management of almost every kind of difficulty in this connection—namely, overfeeding, underfeeding, "depressed" nipples, milk of supposed wrong quality, the premature baby, &c.

## CENTRAL MIDWIVES' BOARD.

## REPORT.

The Report on the work of the Central Midwives' Board for the year ended March 31st, 1920, and presented to Parliament by command of His Majesty, has just been published by His Majesty's Stationery Office, and may be obtained through any bookseller, price 2d.

On March 31st, 1920, the Midwives' Roll contained the names of 45,960 women, a nett increase for the year of 1,794 on the total number appearing on the Roll. There is an increase of 380 in the new names added to the Roll after Examination, as compared with the corresponding figures of last year. The trained midwives are 37,056 in number, and the untrained 8,904. The percentage of trained midwives who practise as such is relatively small.

## THE INDIGENOUS DAI AT WORK.

The current issue of *Nurses Near and Far*, the organ of the Nurses' Missionary League, contains many interesting articles, amongst them one signed "A.R.S." writing from Multan, Panjab, on "The Indigenous Dai at Work." The writer was called to a case in the Bazar where she found the maternity patient sitting on the mud floor on a piece of dry cow-dung, and a heap of dirt brought in for the occasion. A relative was supporting her from the back, and a *Dai* (who, by the way, was a woman who had attended a course of instruction on midwifery) was sitting on a low stool, in front of the patient, conducting the case. The only garment she was wearing was a piece of fine butter muslin draped round the waist, not nearly reaching her knees, her hair dyed red, in imitation of the prophet's beard, and wearing long gold ear-rings and bracelets—no sign of soap, brush, lotion, or even water to be seen.

When the baby came the mother was told to raise herself; the child was received by the relative sitting behind her. She was then dragged along the ground a little further back and the child laid on the earth floor in front of her. It was then left to itself and the *Dai* and relatives turned their attention to the mother, rubbing the poor unfortunate woman's abdomen with all the strength they possessed. In vain she cried for mercy; neither the mother nor the placenta was to have any peace until it was expelled, and eventually they took the patient's hair, which she was wearing in a long plait, and put as much as possible of it into her mouth, and then gave her one mouthful of sugar, after another, for the same purpose. Hours had been spent in teaching those *dais* how to conduct a case, and this particular one was supposed to be one of the best and most intelligent!



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## EDITORIAL.

### THE ONE PORTAL SYSTEM.

The importance of the establishment under the authority of Parliament of the General Nursing Councils, which are charged with the duty of regulating the formation, maintenance and publication of the State Registers of Nurses, and the conditions of admission thereto, is evident in the continual attempts made to depreciate standards of nursing education. First there was the suggestion for the establishment of Supplementary Registers of Cottage Nurses under State authority, a proposition which found no favour with the General Nursing Councils. Then there is the suggestion made in the lay nursing press to revert to two grades of nurses. Such a method of organisation would be a direct attack on the one portal system of admission to the nursing profession, for which nurses have so long striven, and which is to them one of the great benefits conferred by State Registration.

To claim that there should be one standard for those who are to be the future trainers of nurses, and another for the rank and file is entirely unsound. No such distinction can be made. All nurses must attain to a defined standard, and although the position of Superintendent of a training school, or a teacher of nurses, is very important and demands specialised training, it must not be forgotten that great responsibilities devolve upon other classes of nurses. The public health nurse is a teacher, not of nurses, but of members of the community, and needs not only to be an experienced member of her profession, but to know how to deal tactfully with, and to teach skilfully, persons who are ignorant of the subject which she desires to impress upon them.

Again, nurses who go to the outposts of the Empire, and have to deal alone with critical and dangerous emergencies, and to maintain standards of hygiene amongst people having little knowledge of their meaning, must be as proficient, if not more so, as those working at home under easier conditions.

The method of dealing with pupils in training of varying mental abilities is not by a levelling down of standards to meet the requirements of the least proficient, but a levelling up by wisely regulated instruction. To take the example of undergraduates at a university, those who are weak in a special subject, or in general subjects, do not hope that an examination will be made easier to suit their ignorance; such a hope would indeed be vain. They obtain a coach, and endeavour by every means in their power to work up to the required standard.

Why should not the same principle be applied to the more backward probationers, by special individual attention in the training schools, or by an outside coach? The days of 14 hours on duty are over, and, with an 8-hours day in the wards in view, a backward probationer has time for extra instruction on lines advised—if not provided for—by her Matron and training school teachers.

In the Oxford and Cambridge Local Examinations there are certain subjects in which a candidate must pass. The less brilliant concentrate on these subjects. Others with greater talents, take additional voluntary subjects and, by securing additional marks for these papers, may obtain admission to the Honours List. Some such method might easily be adopted in regard to nursing students. But one thing must be maintained, the one portal of admission to the State Register, at the expiration of the term of grace, through a minimum standard examination passed by all.



## OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF SHINGLES? WHAT IS THE MEANING OF THE TERM, AND WHAT IS THE USUAL TREATMENT?

We have pleasure in awarding the prize this week to Mrs. Jean M. Jepson, 22, Philbeach Gardens, Earls Court, S.W.5.

### PRIZE PAPER.

The name "Herpes" is derived from the Greek (creep), "Zoster" means a girdle. This name was originally applied to the form in which this skin affection spreads from the spine round the trunk; the popular name "Shingles" owes its derivation to the Latin "cingulum," a girdle. Herpes Zoster is an acute inflammatory condition of the skin, characterised by the formation of vesicles on an inflammatory base; the lesions are distributed in relation to the course of a cutaneous nerve. Though usually seen in the line of the intercostal nerves, they may follow the course of any nerve, e.g., Herpes Frontalis, following the supra-orbital nerve on the forehead and scalp; Herpes Cervicalis, over the neck, clavicle and deltoid; Herpes Brachialis follows the nerves of the arm.

General opinion favours the view that Herpes is an affection of the nervous system. Some dermatologists regard it as a specific fever, the rash being the physical sign. Statistics show that the disease occurs in small epidemics, and that one attack almost certainly protects from subsequent ones. Post-mortem examinations show destruction of the ganglion cells and fibres, and degeneration in the peripheral nerves.

Both sexes suffer equally; it is common among children and young adults; in the aged it may become a dangerous complaint.

Herpes is rarely contracted by the robust, but usually by persons recovering from some acute disease, or suffering from some debilitating condition, e.g., phthisis.

The presence of herpes may help in the diagnosis of pleurisy, which is not causing sufficient pain to attract attention, or it may be a symptom of disease of the spinal cord.

*Symptoms and Course.*—The early symptoms are similar to those of any feverish attack, vague pains are felt which finally settle in a certain part, the rash appearing in about three days, which consists of crops of vesicles on an erythematous base; these enlarge, while new ones appear in advance of them. This linear distribution may form a complete girdle round the trunk, but it is usually unilateral. In normal cases the vesicles dry up in about ten days, the

scabs separate, and the patient recovers; however, in the aged the pain is often excruciating before, during, and after an attack.

Owing to there being a considerable thickness of epidermis below the vesicle, there should be no resultant scarring, unless sepsis has occurred, when serious ulcers may form. In supra-orbital herpes scarring is the rule; the conjunctiva, cornea or iris may be attacked and loss of sight may follow.

*Treatment.*—Any known cause should be treated, e.g., tonics are necessary if the patient is in poor health. In the early stages the application of cocaine and atropine ointment allays the pain and prevents, to a certain extent, the outbreak of the eruption. Liniments of aconite and belladonna are useful; these should not be used when the skin is broken. The aim is to allay pain and promote asepsis. Some recommend free powdering of the parts. Zinc oxide, starch and bismuth subnitrate are a good combination. Boracic is apt to increase the pain when the vesicles have broken. Applications of Unna's or menthol paste, or a layer of collodion may be painted on locally, and the part kept warm with a dressing of cotton wool. Opiates or hypodermic injections of morphia may be necessary. A prolonged course of tonics must be given for the persistent neuralgias. Quinine, bromide of potassium and arsenic are valuable remedies; aperients should be freely given; in obstinate cases the use of the constant current may afford relief.

To prevent the deep scarring in the supra-orbital form, the scabs should be carefully removed, as their pressure helps to deepen the resulting scar, the parts should then be kept soft by the application of ointment.

Especially in the weak or aged, the strength must be kept up; warmth and rest and a nourishing diet are essential, as the malady may become serious and life be endangered.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James, Miss P. Thomson, Miss M. Robinson.

Miss M. James writes: "Shingles is not a disease very frequently met with in hospital wards, as it is usually considered one of the minor ailments; but it is a very painful one, and requires good nursing, which can do much to relieve it."

### QUESTION FOR NEXT WEEK.

What are the points of difference between epilepsy, chorea and hysteria? Give the treatment and management suitable for each.



## NURSING ECHOES.

By invitation of the Matron (Miss S. A. Villiers) Miss F. Waters, in charge of the group of International Nurse Students now taking the Public Health Course at King's College for Women, N.W., and ten of the students representing Greece, Roumania, Belgium, Poland, Venezuela, Sweden, Czecho-Slovakia, Italy, Serbia and France, last Saturday visited the South-Western Hospital, Stockwell. They were much impressed with the beautiful cleanliness of the wards, and interested in the glass cubicles and in the cases, especially in two cases of sleeping sickness, both of which are now recovering.

The Sister explained that when these patients are admitted lumbar-puncture is done, as there is some similarity between them and cases of cerebro-spinal-meningitis. If this is excluded, and a diagnosis of sleeping sickness made, the treatment consists chiefly of nursing and feeding. Unless the illness is very acute, sleeping-sickness patients will do what they are told; for instance, if told to swallow they swallow, though they may go to sleep between each mouthful; if told to raise a hand they do so; but they seem to have no power of initiative, and never attempt to move a hand themselves.

It was interesting to learn from Miss Villiers that enteric fever appears to be decreasing, which she attributes to the decrease in the slums, and consequently the healthier conditions of life.

Tea was served in the nurses' sitting-room, at little tables, decorated with lovely flowers, and the Sisters dispensed tea, and a profusion of dainty cakes, sandwiches, and other good things. What mattered the fog and the damp outside, when inside there was a glowing fire, the best of good fellowship, and charming hostesses?

The Islington Board of Guardians, on Saturday last, had before them the copy of a report by Miss Wamsley, an Inspector under the Ministry of Health, made after her recent visit to the Board's Infirmary, together with a request that the Minister of Health might be furnished with the observations of the Guardians upon it.

Miss Wamsley reported that the nursing in some of the wards was unsatisfactory, and supported the idea "that many of the nurses now think of little else but off duty time, and money, of which there is no lack . . . They come on duty tired and jaded, after late hours and constant excitement. . . . Many nurses seem to have no regard for the inconvenience and

extra work caused when they fail to return to work at the appointed time."

The Chairman of the Infirmary Committee informed the Board that it had no knowledge of the unsatisfactory nursing arrangements to which Miss Wamsley had drawn attention, and the Report was referred to that Committee to investigate, and report upon to the Board.

Miss Wamsley is to be congratulated upon her courageous Report. In the past nurses have often been overworked and underpaid, but longer hours off duty fail in their intention if they are not spent in a way which will result in greater fitness for work. The nurse really imbued with a high sense of her duty to suffering humanity, not to mention of honourable dealing with her employers, in giving a fair day's work for a fair day's wage, will be careful to indulge only in such recreation as results in mental and bodily refreshment.

From all over the country comes an appeal to our healthy young womanhood to choose Nursing as their career. Those who enter now will have far finer prospects, as the profession is being organised through the Nursing Acts, and the "Registered Nurse" of the future will stand on firm ground, and we hope will not only be recognised as a member of a highly skilled profession (which she is) but receive emoluments as such. Unless trained nurses are paid at a rate at which they can save for old age the prospect is not very pleasing.

Complimentary vouchers are being sent by the Secretary of the Moon's Club (a dancing centre) inviting Matrons to encourage their nurses to join as student members, 10s. subscription and 2s. 6d. floor fee. To quote the communication: "It is a club where a man may safely take his wife or sister, and where whole families frequently foregather for an afternoon or evening's amusement."

As it sounded so thoroughly respectable, a Matron handed the vouchers to one of her nurses.

"Thanks, Matron," was the reply, "but I prefer not to kick up my heels *en famille*."

Lambeth Health Committee recommends that only single or widowed women shall in future be appointed as health visitors.

Through their General Inspectors, the Ministry of Health have issued a communication stating that the Ministries of Health and Labour have been in communication with regard to the effect of the Unemployment Insur-



ance Act, 1920, on Poor Law officers. It is understood that an application for exception will be favourably considered by the Ministry of Labour if it is supported by a statement that it has not been the practice of the Guardians to dismiss employees except for misconduct or neglect in the performance of, or unfitness to perform their duties, and that they propose to continue this practice.

We congratulate the Victoria and Bournemouth Nurses' League. Miss Forrest has received notification from the executor of the late Nurse Magee's will, that after the liabilities and one or two legacies have been paid, the balance of her savings has been willed to the League, for the benefit of sick and disabled members principally.

Invalids requiring the care and comfort obtainable in a good nursing home should write to Miss Annie Firth, Devonian, Dane Hill, Torquay, for her terms and particulars of accommodation. Miss Firth can take permanent as well as temporary patients, and it means much to those who are seeking such a home that it should be in congenial surroundings, and there is no lovelier place in the kingdom than Torquay. Devonian is excellently situated, with sea views, and the sea is a brilliant blue, while the warm, red rocks and the lovely foliage of the coastline are a constant delight. Miss Firth is a trained and experienced nurse, who will do her utmost to make her guests comfortable.

Miss Helen Inglis, Matron of the State Maternity Hospital, Wellington, and President of the New Zealand Trained Nurses' Association, Wellington Branch, has been spending some months in Britain. Miss Inglis was trained at the Royal Infirmary, Edinburgh, under Miss Spencer, of whose system she is a warm admirer.

Miss Inglis does not speak with whole-hearted approval of the eight-hour day for nurses, of which she has experience in New Zealand—evidently it is not all to the good.

At a meeting of the Durban Branch of the South African Trained Nurses' Association, a resolution was carried unanimously that the Executive approach H.R.H. Princess Arthur of Connaught requesting her to accept the office of Hon. President of the Association. Her Royal Highness is a Vice-President of the Royal British Nurses' Association, and has had prolonged practical training in nursing both at St. Mary's Hospital, Paddington, and Queen Charlotte's Hospital, London.

## THE NATION'S FUND FOR NURSES, 1917-1921.

### NO BALANCE-SHEET OR STATEMENT OF ACCOUNTS YET AVAILABLE.

A Friend of Nurses, who is of opinion that many appeals in the press for the Nation's Fund for Nurses were made in the name of all Nurses, and that the expenditure of money thus obtained from paid advertisements, by a Society registered by the London County Council under the War Charities Act, 1916, should present annually an audited Balance Sheet and Statement of Accounts, recently took much trouble to inquire into the whole question of the management of the Fund—which he has embodied in the following short Report which he permits us to publish:—

#### THE REPORT. BY AN INQUIRER.

##### LONDON COUNTY COUNCIL INTERVIEWED

Sir James Bird (Clerk of L.C.C.) was interviewed and the following particulars were obtained:—

The Clerk of the Local Government Committee, who deals with these questions, was also in attendance, and all necessary books, references, &c., were available.

The Fund emanated from the College of Nursing, Ltd. The *Daily Telegraph* was one of the media by which publicity was given and a public appeal made, but, beyond this, the *Daily Telegraph* is not responsible in any way for the Fund and its application, or any statements made in support of the appeal, the whole responsibility resting with the College of Nursing, Ltd.\*

The L.C.C. is the Registration Authority.

The Fund is registered as a War Charity.

The L.C.C. cannot intervene unless—

- (1) Mismanagement is alleged and proved.
- (2) Mis-application or diversion of the funds in directions not specified in the objects of the Fund when registered or after amendment.
- (3) Fraud.
- (4) Failing to meet the requirements of the War Charities Act in any way financial or otherwise.

The Fund is bound to supply or issue periodical financial statements, and in the case of the Nation's Fund for Nurses, application had been made and granted for a six months' extension, so that the financial statement will not be submitted till February, 1921.

The financial statement need not contain detailed items of application—a summary of the work in tabulated form and certified is sufficient.

The L.C.C. cannot insist on details if above clause is carried out, but if any specific point is raised *re* any item, the complaint can be inquired into.

\* How about Nurse Juliet ?



The L.C.C. cannot interfere as to the claim of certain sections or influences claiming to represent the National Nursing Profession—this is an internal matter for the profession. So long as the objects registered are carried out, their position is met.

There would be no difficulty in arranging for a deputation of nurses to be received by the Local Government Committee, if desired, but it would be improbable for the position to be elaborated more than as above.

The primary position and question as to any section of any Profession, claiming to act on behalf of the whole Profession, in the case of the Nation's Fund for Nurses might be referred to the Charity Commissioners, but doubted any action on the part of the latter—the question was quite internal.

#### CHARITY COMMISSIONERS INTERVIEWED.

The Charity Commissioners were interviewed, and the question was fully discussed, and all files, documents and books relative were placed at disposal

These showed—

(1) The Fund emanated from the College of Nursing, Ltd., July, 1917, for the following objects:—

(a) To provide endowment funds and benevolent funds for the College of Nursing, Ltd., and for educational purposes thereto.

#### AN EXTENDED OBJECT.

On January 3rd, 1920, an extended "object" was registered as follows:—

"The Benevolent Fund to be administered by a special Committee for the benefit of all fully trained nurses, whether Members of the College or not."

This Committee has been called the Tribute Committee, and has been constituted by six members of same selected by the Committee of the Nation's Fund for Nurses, and six members selected by the College of Nursing, Ltd. The present members are as follows: Viscountess Cowdray (Treasurer), Winifred Countess of Arran, Dame Sidney Browne, Mrs. Louis Duveen, Miss Gibson, Miss Haldane, Miss Hogg, Miss Montgomery, Lady Rothschild, Dame Sarah Swift, Dame May Whitty (ex-Chairman), Sir Arthur Stanley (Chairman since 1920), Mrs. Smeaton Douglas (Secretary), 32, North Audley Street.

Correspondence showed that 60 to 70 grants were made to nurses weekly in sums from 10s. to £5 and also of institutional (sanatoria) benefits to nurses requiring such treatment.

#### BRITISH RED CROSS SOCIETY ALLOCATES £50,000.

Recently (July 20th, 1920) the sum of £50,000 has been allocated by the British Red Cross Society, the interest of which is to be vested in trustees, for the purpose of assisting nurses whose position has been affected by the war, and

The Trustees of this Special Fund are to be recognised as the members who form the Committee of the Benevolent Fund of the Nation's Fund for Nurses for each successive year of application, and

at the present time the foregoing list of names form the Trustees who administer the Red Cross Society's allocation of £50,000, and automatically, as time evolves, this Committee (whatever its membership may consist of) will be permanently regarded as the Trustees.

Amongst the Regulations of the Nation's Fund for Nurses are (1) Subscriptions may be earmarked for either purely benevolent purposes, or for direct purposes of the College of Nursing, Ltd.; which, in addition to its general work and cost, may provide educational facilities and scholarships, and eight King's College Scholarships are already, or being, so provided for.

At the inception of the Nation's Fund for Nurses, many press advertisements were published, but the general tone of them did not indicate that the Fund was not in the interest of the Nursing Profession as a whole, although the only object then registered was "to obtain funds for the College of Nursing, Ltd."

Later on, when the extended application of the Fund was promulgated for more general application to College and non-College nurses, the tone of the advertisements was made more inclusive, and reference was then more freely made to the College of Nursing.

#### APPEAL MADE ON BEHALF OF THE NURSING PROFESSION AS A WHOLE.

The general evidence seems to show that the appeal was made on behalf of the Nursing Profession as a whole, when the only object then registered for the Charity was "to provide funds for the College of Nursing, Ltd."; but from reasons which are very apparent, it was thought advisable to extend the "objects" in order to making the "objects" more typical of the representations made in the appeal of the *Daily Telegraph*.

The foregoing are statements of fact recorded, and opinions are not given as they can best develop in discussion.

#### QUESTIONS TO WHICH THE PUBLIC AND THE NATION'S NURSES HAVE A RIGHT TO A REPLY.

We gather from this investigation (1) That the London County Council, which is responsible for carrying out the provisions of the War Charities Act, has permitted the Nation's Fund for Nurses' Appeal to carry on for three and a half years without publishing its audited accounts and balance sheet. Naturally we want to know why the self-elected promoters of this appeal have been granted such licence?

(2) Why no public announcement was issued to the press when the Committee realised, what we have always contended, that the appeal, having been made in the name of the Nation's Nurses, the money was not a monopoly of the College of Nursing, Ltd.?

(3) Why, when the British Red Cross Society allocated £50,000 of money (we contend subscribed for the sick and wounded) to the



Nation's Fund for Nurses, this huge donation of public money was not made public?

(4) How many thousands of pounds have been transferred by the Tribute Fund Committee to the College of Nursing, Ltd.?

The Hon. Sir Arthur Stanley is Chairman of the British Red Cross Society, of the Tribute Fund Committee, and of the College of Nursing, Ltd.

### FEVER NURSES' ASSOCIATION.

The Council of the Fever Nurses' Association recommend the following Scale of Salaries for the Nursing Staffs of Fever Hospitals, and the reasons for their conclusions are:—

(1) That the professional work of nurses has hitherto never been adequately remunerated, and the recommendations made are the minimum necessary for comfort in life, and recognition of the work performed.

(2) That nurses holding qualifications similar to those held by Sisters are, as Health Visitors, receiving from Public Health Authorities from £175-£300 per annum.

(3) That in view of the facts outlined in (2) it has been practically impossible for some time to obtain the services of women adequately qualified professionally and personally for posts on nursing staffs of fever hospitals. This is a matter of the gravest concern to those responsible for such Institutions and, in our opinion, can only be met by making the conditions more nearly approaching those pertaining in the ordinary outside world.

(4) That the staff run risks which they do not in other hospitals, and that they suffer a considerable degree of social ostracism from the nature of their work and from the fear of infection on the part of their friends and the general public.

That the *Minimum* Salaries paid to the following Classes be as under:—

(1) PROBATIONERS AND JUNIOR ASSISTANT NURSES: First year, £45; second year, £50.

(2) STAFF NURSES: £60 per annum, rising by annual increments of £5. to £80.

N.B.—If a General trained nurse obtain a Fever Certificate she shall receive an increase of £10 per annum.

(3) SISTERS: (a) General trained and holding a recognised Fever Certificate, £90, rising by annual increments of £10 to £120. (b) General trained, but not holding a Fever Certificate, £80, rising by increments of £5 per annum to £100.

N.B.—On obtaining their Fever Certificates, Sisters should automatically pass into Class (a).

(4) NIGHT SUPERINTENDENTS AND HOME SISTERS:—£100 per annum, rising by £10 annually to £150.

N.B.—A Sister on the maximum salary in Class (a), who takes a position as Night Superintendent or Home Sister, is to be paid an additional salary at the rate of £20 per annum.

(5) ASSISTANT MATRONS: £120-£170 per annum, by £10 annually.

(6) MATRONS of a Hospital containing:—

Up to 25 Beds	£100 per annum.		
25 " 50 "	£120 " "		
50 " 100 "	£150 " "		
100 " 200 "	£200 to £250 per annum	} by £10 annually.	
200 " 300 "	£225 " £275 " "		
300 " 400 "	£250 " £300 " "		
400 " 500 "	£300 " £350 " "		
Above 500 "	£350 " £450 " "		

When the maximum salary has been obtained in Clauses 3, 4 and 5, a Long Service increase of pay should be given of:—

£10 after 5 years' service.
£20 " " " "

### NURSES' DAY AT THE ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

The Royal Southern Hospital, Liverpool, on Tuesday, 11th inst., had its annual ceremony for the presentation of the awards to the Nursing Staff. The President, members of the Committee and a large number of friends were entertained to tea by the Matron (Miss Bagnall) and Nursing Staff, and afterwards witnessed a varied programme consisting of songs, dances and sketches, presented by members of the Nursing Staff as produced by them for the entertainment of the patients at Christmas. All the items were well rendered and greatly enjoyed.

The President (Mr. Thomas Woodsend) in opening the proceedings, said he had two very pleasant surprises to announce—two anonymous donors had befriended the hospital—one by a gift of two Victory Bonds of £5,000 each, and the other by a gift of X-Ray apparatus costing upwards of £600. Although no binding conditions were attached to the gift of £10,000 Victory Bonds, the donor favoured the use of the income therefrom for the social and educational benefit of the nurses, and he (the President) knew of no more fitting occasion for the announcement of this handsome and noble gift. It was with equal pleasure that the Committee acknowledged the anonymous donation of X-Ray apparatus, given as a token of gratitude for services rendered by a member of the Honorary Staff to members of the donor's family.

Another duty he had to perform was to declare open the new Nurses' Home Extension, which had been so generously subscribed for by the public, to enable the Committee to accommodate a larger staff, and thereby to alleviate the working hours and conditions of life of the nurses.

Mrs. Woodsend (wife of the President) made the presentations. Nurse M. S. Freeborn, wearing the Silver Medal which she had previously won, was decorated with the much-coveted Gold Medal for which she had been the first to qualify for a period of five years. Her well-deserved success was greeted with enthusiastic applause.

Nurse E. S. J. Tracy, winner of the Silver Medal, and Nurse J. F. Wall, winner of the Matron's Book Prize for first year Nurses, were also heartily received, Mrs. Woodsend having also announced the results of the Cookery Awards, upon a motion put by Mr. Lyon H. Maxwell, Honorary Treasurer, was accorded a hearty vote of thanks for presiding, and Nurse Freeborn presented her with a bouquet as an expression of gratitude of the Nursing Staff for her many kindnesses.

The visitors then witnessed a demonstration of the new X-Ray apparatus and inspected the Nurses' Home Extension.



## THE HOSPITAL WORLD.

King Edward's Hospital Fund for London has received from the League of Mercy its contribution for the year of £16,000.

His Royal Highness the Prince of Wales is to honour the Royal College of Surgeons of England with his presence at the Hunterian Festival dinner on February 14th, to receive the diploma of honorary fellowship to which His Royal Highness was elected on July 24th, 1919.

The Lord Mayor is supporting an appeal for £100,000 for St. Thomas' Hospital. After St. Bartholomew's Hospital (1123) St. Thomas' is the oldest royal hospital in England and was founded in 1213 by Peter de Rupibus in the reign of King John. These two ancient and splendid hospitals should be the special care of the City of London as both were formerly within its boundary, so we may feel sure that its wealthy citizens will come forward and face the serious financial crisis of St. Thomas' Hospital, so wisely rebuilt on one of the most lovely and invigorating sites in London.

Splendid bequests to hospitals have been announced during the week.

Mr. David Martin Currie, of Kensington, left an estate of the value of £996,492, and bequeathed about £270,000 to hospitals as follows:—£25,000 to the Greenock Infirmary; £20,000 each to the Poplar Hospital, St. Thomas's Hospital, St. George's Hospital, St. Bartholomew's Hospital, Westminster Hospital, Middlesex Hospital, London Hospital, Guy's Hospital, and the Royal Caledonian Schools, Bushey; £10,000 to the Liverpool Royal Infirmary; £5,000 each to Liverpool Royal Southern Hospital, Belfast Infirmary, King's College Hospital, St. Mary's Hospital, London, and King Edward's Fund, London (all above in Canada, India, or New Zealand stock); £1,000 each to the Seamen's Hospital Dreadnought, Greenwich, Somerset Hospital at Cape Town, and Kimberley Hospital, Kimberley; and £500 to the Women's Hospital, Shaw Street, Liverpool. He stated that he had made these charitable bequests of £5,000 and upwards in confidence that they would not be expended on building operations, but that the income would be used for the benefit of the patients.

After the payment of a number of legacies to relatives and others, one-half is to be divided between Greenock Infirmary and other institutions.

Mr. Dhunjilhoj Bomanji, of The Willows, Windsor, has forwarded a cheque for £5,000 to King Edward VII Hospital, Windsor. There are no conditions attached.

Dr. Addison, Minister of Health, has appointed a Departmental Committee to consider the present financial positions of voluntary hospitals and to

make recommendations as to any action which should be taken to assist them. The *personnel* will be as follows:—

Lord Cave, chairman; Sir Clarendon Hyde, Mr. R. C. Norman, L.C.C., and Mr. Vernon Hartshorn.

A representative for Scotland will be added, and also a chartered accountant of high standing.

The secretary is Mr. L. G. Brock, C.B., and all communications should be addressed to him at the Ministry of Health, Whitehall, S.W.1.

It will be for Lord Cave and his colleagues to survey all the possibilities as the public cannot possibly afford to see the voluntary hospitals collapse. The report will be eagerly awaited.

Dr. Addison has also appointed a committee to inquire and report as to the reasons for the present high cost of building working class dwellings and to make recommendations as to any practicable measures for reducing it.

## WEEDING OUT THE UNDESIRABLES.

Before licensing regulations, registration, and strict supervision were enforced, on the first of the year, there were no fewer than 208 massage establishments in the West End of London. Now there are but 32, whose operations are conducted generally to the satisfaction of the London County Council and the police.

Many of the less reputable places tried a last-moment wriggle by changing their descriptive signs to "Chiropody," "Beauty Parlour," "Manicure," but second thoughts and a reference to the wording of the licensing rules persuaded their proprietors that it would be better to close down entirely.

Just after the armistice there were fifteen massage establishments in the length of Oxford Street alone. To-day there are but five. Regent Street, which once boasted five, has now only two, so much have the new regulations enforced legitimate business.

The proprietors of the remaining establishments welcome the salutary effect of the new rules as tending to guarantee the genuineness of their establishments.

## MILTON.

We have pleasure in directing the attention of our readers to the many valuable qualities of "Milton" as an antiseptic. It is quite unnecessary in these days to use poisonous antiseptics when a non-poisonous, non-irritating one such as "Milton," which is also an efficient deodorant, can be had. If you are not acquainted with it, and its virtues, if you send your professional card to the Milton Manufacturing Co., Ltd., 125, Bunhill Row, London, E.C., you will receive a sample bottle.



## APPOINTMENTS.

### MATRON.

**Kent and Canterbury Hospital, Canterbury.**—Miss Annie F. Purchas has been appointed Matron. She was trained at the Royal Devon and Exeter Hospital and was for three years Matron of No. 4 War Hospital in that city, and then of the Clopton War Hospital, Stratford-on-Avon. For the last year she has been Assistant Matron at the Kent and Canterbury Hospital.

**District Hospital, West Bromwich.**—Miss Annie Charlesworth has been appointed Matron. She was trained at the Royal Infirmary, Huddersfield, where she subsequently held the position of Night Superintendent. She has held the positions of Sister at the General Hospital, Yarmouth, and Assistant Matron at the Royal Infirmary, Preston. As a member of the Territorial Force Nursing Service she was called up for duty in September, 1914, and served in France and Italy, and was twice mentioned in despatches.

### SISTER.

**Royal Inst. for the Blind, Edgbaston, Birmingham.**—Miss J. S. Miller has been appointed Sister. She was trained at the Royal Infirmary, Liverpool, the Eye Hospital, Shrewsbury, and the County Asylum, Chester. She has also been Senior Sister at the Ear and Throat Hospital, Birmingham, and has done surgical nursing in Serbia and Greece, and medical nursing in France; and in Poland.

**Maternity and Children's Hospital, Springfield, Rochdale.**—Miss Ellen Hollinshead has been appointed Sister. She was trained at the General Infirmary, Burton-on-Trent, and has been Sister at the Royal Portsmouth Hospital, the Milton Hospital, Portsmouth, and Health Visitor under the Nottinghamshire Urban District Council. She is a certified midwife.

## QUEENVICTORIA'S JUBILEE INSTITUTE.

### TRANSFERS AND APPOINTMENTS.

Miss Betsy Fulcher is appointed to Cheshire C.N.A. as Superintendent; Miss Priscilla Simpson, to Durham C.N.A., as Superintendent; Miss Lucy Ratcliffe, to Widnes, as Superintendent; Miss Mary E. Adcock, to Stamford; Miss Annie Goodyear, to Lytham; Miss Grace Haigh, to Birmingham (Moseley Road); Miss Nancy B. Lowe, to West Sussex C.N.A., as Health Visitor and School Nurse; Miss Florence Poole, to Felixstowe; Miss Emma Pritchett, to Kent C.N.A., as Emergency Nurse.

## WEDDING BELLS.

The engagement is announced of the Rev. J. K. Wood, of Church Farm, East Barnet, and Miss Winifred A. Todd, Matron of the Wellhouse Hospital, Barnet, and elder daughter of the late Mr. Robert Todd, of The Limes, Hadley Green, and Mrs. Todd, of South Grove, Highgate. Many members of the nursing profession, both in this country and in Ireland, in which the bride-elect is well-known, will wish to congratulate her and convey to her their good wishes. Miss Todd was trained at Guy's Hospital, gaining the Cazenove Silver Medal, is a certified midwife and certificated masseuse. Before taking up her present appointment last autumn Miss Todd was Matron of the Rotunda Hospital, Dublin.

An interesting wedding took place on January 12th, at Gillygaer Parish Church, Glamorgan, when Dr.

Daniel J. Thomas, M.R.C.S., D.P.H. (Oxon.), J.P. Glamorgan, was married to Miss Mabel Hughes, daughter of Mr. and Mrs. W. H. Hughes, of Southsea, the officiating clergy being Canon T. Jesse Jones, M.A., R.D., and the Rev. T. H. Pountney. Miss Hughes was Assistant Matron at the Hospital for Sick Children, Great Ormond Street, W.C., and was previously Sister Alexandra in the same institution. She had the honour of instructing Princess Mary, who worked in the hospital during the war, in nursing duties, and at the reception which followed the wedding a letter was read from Lady Joan Mulholland, Lady-in-Waiting to the Princess, conveying Her Royal Highness' congratulations, and her intention of sending the bride a present on her return to London. Dr. and Mrs. Thomas will live at Bargoed, Glamorganshire.

## HONOURS FOR NURSES.

Miss Muriel Norah Travers, of St. Leonards-on-Sea, has received from the French "Service de Santé" the gold *Insigne* in recognition of her service with the Women's Emergency Service Corps in Calais and Lourdes, and later with the French Flag Nursing Corps at Caen.

Many honours which have been conferred upon Sisters of the F.F.N.C. have not yet been awarded. We have no doubt, however, that they will receive them in time—but it is a long time.

## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

### EXAMINATION FOR THE ROLL OF QUEEN'S NURSES. DEC. 16th, 1920.

1. Mention diseases which are frequently conveyed by (a) milk, (b) water. Suggest any precautions which can be taken to prevent such infection.

2. What parts of the body are usually infected by tuberculosis, (a) in children, (b) in adults? What are the most common predisposing causes? In dealing with such cases what advice would you give to the patient and friends? What precautions would you take?

3. What symptoms would lead you to suspect a woman was suffering from (a) gonorrhœa, (b) syphilis? What special steps and precautions would you advise her to take?

What is your practice in the district in regard to bed-sores? What advice and teaching do you give the patients' friends in regard to prevention? What do you consider the best way to deal with bed-sores when they exist?

What can be used as substitutes for (1) mackintosh, (2) a cradle, (3) a feeding cup, (4) a bed-rest, (5) blankets?

5. What special equipment should a nurse take with her when attending a case of measles? Give details (1) for the prevention of complications for the patient, and (2) for the safety of others?

6. (a) What observations and notes would you make in visiting homes as Health Visitor? How would you deal with marked insanitary conditions? or (b) Give some illustrations of the work of Charitable Agencies for the relief of poverty and distress with which you are familiar.



## THE PROFESSIONAL UNION OF TRAINED NURSES.

At a meeting of the Public Health Section of the Professional Union of Trained Nurses, held at 17, Evelyn House, 62, Oxford Street, W. 1, the following resolution was carried unanimously, and the Secretary was instructed to forward a copy to the different authorities:—

That all three year trained and certificated Nurses employed in Public Health work, appointed either as Health Visitors, School Nurses, Infant Welfare and Creche Workers, Tuberculosis Visitors, or any other branch of work usually allotted to Health Visitors, should receive a salary of not less than—

	Minimum Bonus as per		Total.
	Basic Salary.	Civil Service Scale.	
Commencing salary, ..	£260	£210 17 6	£470 17 6
rising by £25 per annum to maximum of ..	£325	£240 2 6	£565 2 6
Chief Health Visitors and Superintendents, minimum ..	£350	£251 7 6	£601 7 6

These salaries are based on present economic conditions.

A copy of the Resolution has been sent to the Minister of Health and all the Public Health Authorities.

### A MISTAKEN POLICY.

The following correspondence has taken place between Mr. Minet, Treasurer, Nightingale Training School for Nurses, St. Thomas's Hospital, and Miss Maude MacCallum, Hon. Secretary of the Professional Union of Trained Nurses:—

7th January, 1921.

DEAR SIR,—I read, with much interest, in THE BRITISH JOURNAL OF NURSING, the Address you gave to the nurses at St. Thomas's Hospital on November 17th, 1920, when you made out a case against Trade Unionism for Nurses.

I quite agree with you that it is a burning topic, and one that every member of the Nursing Profession will have to decide on for herself, but do you think it quite fair to put only one aspect of the matter before the nurses? Will you allow representatives of this Union to put their point of view also before them?

Yours faithfully,

MAUDE MACCALLUM.

11th January, 1921.

DEAR MADAM,—My talk to our Nightingale School came in the ordinary course of our yearly meeting for the presentation of the medals. This gathering is a purely family one at which none but those directly connected with the School assist. It would be quite outside our usual practice to allow anyone not so connected to address our nurses on any topic, nor indeed is any Address on subjects outside the curriculum ever made to them except on that occasion.

Were this allowed, we should risk making our School a debating society, and so fall away from our true aim, which is, of course, purely training.

I am, yours truly,

WILLIAM MINET.

### MEMBERS PLEASE NOTE!

The Monthly Meeting of the Public Health Section of the Professional Union of Trained Nurses will be held at 17, Evelyn House, 62, Oxford Street, W. 1, on Friday, January 28th, at 6 p.m.

## THE "ECLIPSE" HOT-WATER BOTTLE.

Why is it that nurses are almost always, chilly people, and few go to bed at this season without a hot-water bottle? Miss M. Loane has put it on record that nurses for some unexplained reason require an extra blanket. We think the explanation is probably to be found in the drain on the nervous system entailed by nursing. Be that as it may, a hot-water bottle is part of the equipment of most nurses, and it follows that they will be wise to exercise care in its selection.

The india-rubber hot-water bottles manufactured by Messrs. J. G. Ingram & Son, Ltd., have several points worthy of attention, which cannot fail to recommend them to intending purchasers. As all nurses know, the weak point in rubber hot-water bottles is usually at the neck where, in course of time, the action of water permeates between the brass washer and rubber, causing leakage. This weakness has been overcome in the "Eclipse" Hot-water Bottle by a patent constructed neck in which the brass socket is embedded in rubber, thus rendering it impossible for leakage to occur.

Again, the new patent socket facilitates the filling of the bottle; but perhaps the most important special feature is the "Patent Rubber-covered Screw Stopper." The loss of washers is a fruitful source of annoyance and trouble. The rubber-covered screw stopper completely eliminates that trouble, and when the stopper is screwed into position the bottle is absolutely watertight.

Lastly, remember that Ingram's "Eclipse" Hot-water Bottles, which can be obtained through all chemists or stores, are British-made at the London India-rubber Works, Hackney Wick, E.7.

## SALE ECONOMIES AT MESSRS. GAYLER & POPE'S.

We have pleasure in drawing the attention of Superintendents of Nursing Homes, and others, to the advantageous terms upon which they can obtain household linens during the Sale now proceeding at the well-known establishment of Messrs. Gayler & Pope, 112-117, High Street, Marylebone, W. 1. Specially to be commended are the Admiralty Bath Towels as supplied to the Government, at 3s. each, and some bleached damask supper cloths, 50 inches square, reduced from 5s. 6d. to 3s. 11½d. But the Sale ends on Saturday, January 22nd, so there is no time to be lost in securing bargains.



## “VENEREAL DISEASE: ITS PREVENTION, SYMPTOMS AND TREATMENT.”

A valuable and concise text-book on Venereal Disease, written by Mr. Hugh Wansey Bayly, M.C., is published by Messrs. J. & A. Churchill at a cost of 10s. 6d.

Though written primarily for “the student and general practitioner who have neither time nor opportunity to devote to the study of venereal disease,” this book should not be missed by the trained nurse, who should consider her equipment incomplete unless she has made a study of this most important subject.

The information is given in simple language which should make it easily grasped even by those who have very little or no previous knowledge of the subject. In addition, the book is well illustrated, and a study of the diagrams should prove most informative.

In the opening chapter on Prevention, the author says, “It is an intolerable and illogical anachronism that the most easily controlled and most wide-spread and, with the exception of tuberculosis, probably the most deadly of chronic infectious diseases, should be specially selected for exemption from regulations as to notification, segregation and enforced treatment.”

In this chapter the problem of prophylactic outfit is thoroughly discussed, and the author is of opinion that so far from its possession giving a false sense of security, it will be a continual reminder that irregular connections are a grave danger, and will be an ever-present danger signal. This is, of course, a debatable point.

The chapter on Syphilis in its three stages deals exhaustively with the characteristic symptoms incidental to each, and it is important for the student to closely study the admirable and lucid tabulation of these many and varied manifestations.

The author points out that it is incorrect to group all lesions of the later stages as tertiary, as the secondary and tertiary stages frequently overlap and merge one into the other. The secondary stage, show the symptoms that are common to so many specific fevers—fever, headache, &c., and a succession of rashes. The tertiary lesions are degenerative rather than irritative in origin. Every organ and tissue in the body can be attacked in this stage. Minute directions are given as to the intravenous and intramuscular injections.

Gonorrhœa is described and dealt with in the same thorough and systematic manner. The author speaks strongly on the infection of young wives by their husbands.

He says: “It is a shame to our profession that so many men are told they are free from infection and are given permission to marry before any systematic, thorough and scientific examination has been made on which an opinion can be logically based. I consider, therefore, that the responsibility of the prevalence of inflammatory pelvic conditions in young married women is shared

equally between the doctor and the husband—indeed, in many cases, the doctor is the more to blame.”

The treatment of gonorrhœa for both sexes is described at length. The author comments on the fact that urethral-vesical irrigation and urethral dilatation are not nearly so frequently practised in women as in men, though equally important.

“Energetic treatment of urethra, cervix and Bartolin’s glands, when infected, is absolutely essential to cure, and vaginal douches alone are entirely valueless.”

A careful study of the text and diagrams of this volume should prove of immense value to nurses, who, without exception, should inform themselves as fully as opportunity presents of the physiology and treatment of these fell diseases. H. H.

## OUTSIDE THE GATES.

The Queen and Princess Mary are to pay a visit to Oxford on the last Friday of the term.

The first object of Her Majesty’s visit is to make a tour of the Women’s Colleges, in the welfare of which she is known to take a lively interest.

The Chancellor is expected to be at Oxford for the occasion, and the Vice-Chancellor hopes to present Her Majesty for the degree of D.C.L.

The “Occasional Paper” issued by the National Council of Women contains the following:—

From a School-Girl’s Essay on Man: “Man is what woman has to marry. He smokes and drinks, and never goes to Church. They both sprang from monkeys, but woman sprang the farthest.”

## COMING EVENTS.

January 20th.—Meeting Central Midwives’ Board (Penal Cases), 1, Queen Anne’s Gate Buildings. 10.30 a.m. Monthly Meeting follows Finance Committee.

January 29th.—The Matrons’ Council Annual Meeting. By kind invitation of Miss Marsters, Superintendent Q.V.J.I., Paddington and Marylebone District Nursing Association, 117, Sutherland Avenue, Maida Vale. 3 p.m.

## A DONEGAL SONG.

My love goes singing  
By Glenties river,  
And all the blue west is athrob with his song;  
The joy of his singing  
Like dawn-dew is clinging  
To harebell and heather while shadows lie long.

My love goes singing  
Where curlews are calling  
And solitude wanders by Maghera strand;  
'Tis the joy of his singing  
The wild sea is flinging  
Where white flies the spindrift at th’ edge of the land.  
From “An Elfin Quest,”

By *Adina Green.*



## 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.*

## KERNELS FROM CORRESPONDENCE.

## WHERE IS THE MONEY TO COME FROM?

*Grateful Assistant Matron:* "I note your expression of opinion in last week's editorial that Assistant Matrons should have a salary at least half that paid to their Matrons. In these days we are a very hard-worked class, owing to absence of Matrons on public duty, and also to having to do all the less interesting jobs and having so little to do with nursing. I know of a case in a leading hospital where every member of the Nursing Staff from Matron downwards had a rise after the war *excepting the Assistant Matron*. It is not too much to expect that the Matron's understudy should be paid £250, instead of £150, as recommended by the College Council, where the senior official gets £500. I agree also that certificated Staff Nurses should receive £60, and not £40, in their fourth year's service. Here again the Staff Nurse is Sister's understudy, with much responsibility in her absence. Where the money is to come from (like Lord Knutsford) I do not know."

*Hospital Secretary:* "I think the Nursing Staffs in most hospitals will agree that great advances have been made in providing for their comfort of late years, also to a certain extent salaries have risen. It would be interesting to know if all the hospitals whose Matrons compose the College Council pay at the rate recommended in the circular recently issued by it, and if so, what the additional cost to each hospital will be. This institution is at present deeply in debt, and we await eagerly the conclusions of the Departmental Committee just appointed by the Minister of Health to inquire into the position of voluntary hospitals, until which time it would appear unwise to pledge the hospitals to further expenditure for which they have no funds."

## SHORTER HOURS FOR PRIVATE NURSES.

*One of Them:* "I see in a paper of the commercial Nursing Press that the troubles through which the Nurses' Co-operation have passed are waking them up a little, and that one of their members, Miss Geraldine Bremner, is following the example of Miss Maude MacCallum, who so long has urged that shorter hours for Private Nurses are necessary. I think I read in THE BRITISH JOURNAL OF NURSING a little while ago, that Miss MacCallum spoke very strongly on this matter in the General Nursing Council.

## A UNION THE ONLY THING.

*A Private Nurse:* "I see in an Editorial Note to a letter in THE BRITISH JOURNAL OF NURSING, of January 8th, that you say Private Nursing should

be organised on the co-operative principle, with Nurses on the Committee. Surely it was proved lately in a Court of Law how very little use this would be to Nurses, when certain of them were not only turned off the Committee, but were deprived of their means of livelihood because they did what they were elected to do, namely, try to safeguard the Nurses' interests. Much as many of us may dislike the idea, it would really seem that a Union is the only thing that will be of use to the Nursing Profession, because while Co-operations can behave in this way in secret, it was the Professional Union of Trained Nurses which brought the matter out into public."

[We have often explained to Private Nurses that "The Nurses' Co-operation" 22, Langham Street, W., is *not* a co-operation of Nurses. 'The Co-operation' is composed of the incorporated persons lay and otherwise, who founded the Society. The nurses are not *members*.—ED.]

*Miss M. T. Watson, R.N. (Greenwich Conn.), Belfast:* "If each nurse were entitled to be known and styled as a "registered nurse" after being found duly qualified, and given a Certificate of efficiency, I do not think any fully-trained nurse would mind paying £2 2s. entrance fee and £1 1s. per year afterwards."

[We quite agree as to £2 2s. registration fee, but £1 1s. annually should not be necessary, the annual due of 2s. 6d. provided in the Acts will cover cost after initial fee. In the future, after term of grace, an examination fee will be necessary, as the nurses will desire that their examiners, both medical and nursing, shall be experts with the highest professional qualifications.—ED.]

## OUR JEW-CONTROLLED PRESS.

*Friend of France.*—I have enjoyed immensely Miss Brey's most interesting papers on her visit to the devastated districts in France, and learning of what British and Americans are doing to help to re-establish the health and welfare of the greatly injured people. The organisation of the "Cards" appears admirable. How is it that we see so much in our Jew-controlled press of Germany's sufferings and so little of the brutal devastation of France? I am glad we Londoners have adopted Verdun (that's where my few spare pennies will go), not to cosset barbarians and thus help them to prepare their revenge."

## NOTICE.

The Editor will be obliged if the writer of the article on the "Administration of Salines," published on page 16 of our issue of January 8th, will communicate with her at 20, Upper Wimpole Street, London, W. 1.

## OUR PRIZE COMPETITIONS.

*February 5th.*—What do you understand by a disinfectant? What methods would you recommend for the disinfection of (a) sheets, (b) mattresses, (c) boots, and (d) furs.



## The Midwife.

### ON THE CAUSES OF INABILITY TO SUCK IN THE NEWLY-BORN INFANT.

The translation of a very interesting article on the above subject, by Dr. Paul Balard, which appeared in a French contemporary has been published by *Maternity and Child Welfare*. Dr. Balard gives the result of his long experience in the obstetrical clinic at Bordeaux of new-born infants who do not take readily to the breast, and begins by saying that when, apart from malformations of the nipple, this capacity is delayed, impaired or abolished, the explanation is usually found in local lesions, or in a pathological condition of the infant.

#### LOCAL AND PATHOLOGICAL HINDRANCES.

"Locally there may be ulcers, an abnormally short frænum, facial paralysis, or a buccal malformation (hare-lip, perforated palate, or sublingual swelling) to account for the inability to suck. Sometimes the cause must be looked for in a general condition of debility in the child—indeed, it is a common complication of this condition, but as the child is able to swallow, nasal or spoon-feeding may be resorted to, the power to suck developing later.

Anorexia (absence of appetite) is another cause of such inability, frequently the result of incomplete elimination of meconium. In these cases it is necessary to administer a purge of castor oil, after which the movements of suction are generally spontaneously initiated. Occasionally an absolute anorexia is present, which suggests a cerebral abnormality.

Apart from these conditions, there are less well established causes of temporary or permanent inability to suck, among the causes of temporary difficulty being an abnormally low body temperature in the infant, and chloroform absorption by the mother; while permanent disability may be caused by incorrect or incoordinated movements of suction, in spite of perfect health in the infant.

There are a certain number of children, apparently in perfectly good health, who have no desire to suck; if the nipple or teat is actually placed in the mouth they either do not take hold of it at all, or else they release it after having taken an insignificant quantity of milk. Such cases are not infrequent after abnormally prolonged, or even after a normal labour, and are usually treated by mustard baths, or by friction, there being apparently no pathological condition involved; in any case, the ability to suck is only slightly delayed.

The author believes that this "sluggishness" is closely related to an abnormally low temperature in the new-born infant. In the first hours of extra-uterine life there is a lowering of temperature which is constant, and which may reach 35 deg.

Centigrade, without hindering physiological developments. This lowering of body temperature is accompanied by a correspondingly diminished frequency of pulse rate. When the temperature is lowered still further it involves more or less serious consequences, from generalised muscular atony, resulting locally in inability to suck, to the jaundice so often seen in winter. . . .

Obstetrical trauma, so frequently invoked as a cause in similar cases, seems to the author of comparatively slight significance in comparison with the harmful effect of chilling; and he states that in his practice the sucking disability was especially frequent when the room in which confinements had taken place was inadequately heated. . . .

#### INJURIOUS RESULTS OF CHLOROFORM ABSORPTION.

An equally potent cause in the opinion of the author is chloroform absorption by the mother. The passage of chloroform into the foetal circulation is to-day an incontrovertible fact, traces having been found in the body, the blood and the urine of the newly-born infant. The conclusions arrived at by Dutertre as to the comparative innocuousness to the fetus of the maternal absorption of chloroform are only accepted by the author with important reservations. He believes that chloroform has a direct bearing on the occurrence of icterus neonatorum (so far, presumably, as this is due to hæmolytic changes in the liver and other organs, and not to more serious lesions); and states that the condition is commonly found in infants delivered with forceps under chloroform anaesthesia."

### LEGAL MATTERS.

On January 11th the circumstances attending the death in the Wellhouse Hospital, Barnet, of Miss Caroline Scarborough, a domestic servant, on December 25th, were investigated by Mr. T. Ottaway, Coroner, and a jury, and resulted in the committal of Mrs. Annie Klapproth, of 33, Phillimore Mews, Kensington, alias Nurse Phipps, described as a "Nurse-Masseuse," to the Herts Assizes on a charge of murder, and of Mr. Edmund James Pratt, a local tailor, of being an accessory.

The woman had been previously charged at the Marlborough Street Police Court with performing an illegal operation on the deceased at 169, Piccadilly, registered under the London County Council as an electrical massage establishment.

The jury found that the deceased died from syncope due to blood poisoning set up by an instrument, used on December 3rd by Nurse Phipps. They considered that the London County Council ought to have their attention drawn to this house in Piccadilly, as they were of opinion it was not used, as intended by the L.C.C., as an electrical massage establishment only.



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## EDITORIAL.

### THE FLORENCE NIGHTINGALE CALENDAR.

The Committee on Education of the National League for Nursing Education in the United States of America have done world-wide service to trained nurses in arranging and publishing a calendar commemorating the Centennial of Florence Nightingale, composed entirely of extracts selected from her writings. It is to be feared that the modern nurse is not familiar with the writings of the great law-giver of her profession, who for her wisdom, her breadth and diversity of outlook, her enunciation of principles applicable not only to her own time but to all time is comparable to England's greatest genius—the immortal Shakespeare. There is no nurse who will not be both a better nurse, and a better woman, for assimilating and practising the precepts contained in this calendar.

We detach a few pearls from the string and present them to our readers:—

“Nursing is an art; and if it is to be made an art, requires as exclusive a devotion, as hard a preparation, as any painter's work, for what is the having to do with dead canvas or cold marble, compared with having to do with the living body—the temple of God's spirit?”

“There is no such thing as amateur art; there is no such thing as amateur nursing.”

“I give a quarter of a century's European experience when I say that the happiest people, the fondest of their occupation, the most thankful for their lives are those engaged in sick nursing.”

“What is sickness? Sickness or disease is nature's way of getting rid of the effects of conditions which have interfered with health. It is nature's attempt to cure. We have to help her.”

“The very alphabet of a nurse is to be able

to read every change which comes over a patient's countenance, without causing him the exertion of saying what he feels.”

“Observation may always be improved by training—to look is not always to see.”

“The first rule of nursing, the first and last thing upon which a nurse's attention must be fixed, the first essential to the patient, without which all the rest you can do for him is as nothing, with which I had almost said you may leave all the rest alone, is this: *To keep the air he breathes as pure as the external air, without chilling him.*”

“The fear of dirt is the beginning of good nursing.”

“Remember that sick cookery should do half the work of your poor patient's weak digestion.”

“It would be a noble beginning of the new order of things to use hygiene as the handmaid of civilisation.”

“Nursing the well is even more important than nursing the sick—preventive hygiene, than curative medicine.”

“The matron must be one whose desire is that the probationers shall learn; a rarer thing than is usually apparent.”

“It seems to me that the greatest want among nurses is *devotion*. I use the word in a very wide sense, meaning that state of mind in which the current desire is flowing toward one high end. This does not presuppose knowledge, but soon attains it.”

“There is no impudence like that of ignorance.”

“Never to know that you are beaten is the way to victory.”

The calendars cost one dollar each, and are to be obtained from Miss Albaugh, National Nursing Headquarters, 156, Fifth Avenue, New York, U.S.A.



## OUR PRIZE COMPETITION.

WHAT ARE THE POINTS OF DIFFERENCE BETWEEN EPILEPSY, CHOREA AND HYSTERIA? GIVE THE TREATMENT AND MANAGEMENT SUITABLE FOR EACH.

We have pleasure in awarding the prize this week to Miss Eliza Noble, St. George's in the East Infirmary, Wapping, London, E.1.

### PRIZE PAPER.

EPILEPSY is a disease which shows itself by sudden periodic disturbances of the brain functions, causing the patient to fall. It may assume two forms: (1) minor epilepsy, (2) major epilepsy. In the former there is only momentary loss of consciousness. In the latter the patient becomes unconscious, after which respiration is arrested and the muscles become rigid. The next stage is that of clonic spasm when respiration returns in a jerky manner and the muscles of both body and limbs twitch convulsively. The tongue may be bitten, there is frothing at the mouth, and urine and fæces may be passed involuntarily. The patient then passes into a comatose condition, but sometimes this stage is replaced by intense violence and excitement.

*Treatment:* (1) The Fits; (2) The Interval between them.—(a) During a fit prevent patient from hurting himself. Clear mouth if necessary, and place something between teeth to protect tongue. Loosen the clothing about the neck and waist. Place a pillow under the head and remove any furniture near patient and carefully watch him until consciousness returns.

(b) Epileptics require to be under constant supervision. Climbing should be prevented, or standing near open fire-places. The bedstead should be low and any false teeth removed. The bowels should be kept freely open, and nitrogenous foods given sparingly.

CHOREA is characterised by irregular involuntary movements of different parts of the body. It is chiefly a disease of childhood, and occurs most often in girls. It is rarely hereditary, but children whose parents are neurotic or rheumatic are ready victims.

*Symptoms.*—The child is in a constant state of movement, whether lying, sitting or standing. There may be mere restlessness and an inability to keep still, slight twitching of the face, and an involuntary tendency to protrude the tongue and make grimaces. These movements are exaggerated when the patient attempts to feed herself. The child is emotional, irritable, subject to fits of crying, and there may be much pain in the limbs.

*Treatment.*—Rest in bed is essential, and the bed screened off. Sometimes it is necessary to pad the bed to prevent patient from hurting herself. The diet should be nourishing and ample. A warm bath given daily, and before removal from bath, a cold wet sponge should be quickly passed down the spine and patient be briskly rubbed with hot towels. Massage is often very efficacious. Drugs which act both as a tonic and a nerve sedative are sometimes ordered, so as to allay the irritability and procure sleep, as the latter is a most important factor in preventing the wasting of the muscles.

HYSTERIA is a definite disorder, occurring chiefly in neurotic females. The symptoms include mental as well as bodily changes. The bodily symptoms consist of exaggeration, diminution or perversion of sensation. There may be loss of sensation of one limb, or the whole side of the body may be affected; or there may be paralysis of one or more limbs. The various systems of the body may undergo changes. There may be vomiting after food, retention of urine, high temperature, and loss of weight. The patient may have a fit, which at first resembles an epileptic fit, only she does not fall so suddenly, and seldom injures herself. The various stages of the fit are not so marked, and there is more design in the movement. The eyes are closed, the eyelids tremulous, and the eyeballs may be turned inwards or outwards. The tongue is not bitten. There is no definite clonic stage, and the fit lasts longer, and instead of the coma, the patient has wild outbursts of laughing or crying.

*Treatment.*—The patient requires to be firmly but kindly treated. A regular life is essential, and plenty of rest. The diet should be liberal and nourishing. Exercise should be taken in the strictest moderation. Special attention paid to the bowels, and any retention of urine reported.

### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Linda M. Smith, Miss M. James, Miss P. Thomson, Miss R. Ross.

Miss Linda M. Smith writes concerning the nursing of chorea:—Bed or cot rails should be well padded, and a mattress on the floor is in many cases advisable.

### QUESTION FOR NEXT WEEK.

What do you understand by a disinfectant? What methods would you recommend for the disinfection of (a) sheets, (b) mattresses, (c) boots, and (d) furs?



## MEDICAL MATTERS.

## VITAMINES IN VIROL.

A Report from the Biochemical Laboratory of the University of Cambridge, where most of the important work on Vitamines has been done, has recently been published in regard to investigations carried out in order to determine whether the various Vitamines, known to be present in the articles from which Virol is prepared, are fully present in the preparation as it is sold to the public.

Few people know much about Vitamines, yet the Report tells us that "perhaps the most striking amongst the recent advances in the science of nutrition is the discovery that natural foods contain substances which, while they do not belong to any previously recognised category among foodstuffs, and are in every case present in very small amount, are yet of profound importance to the nutrition of animals and man. . . .

"So far three of them have become known, each having qualities and functions of a special kind. The first is the anti-scorbutic Vitamine. When this is completely absent from the diet of any individual, scurvy rapidly results. The second is the anti-neuritic substance, known also as the Water Soluble Vitamine, or 'Water Soluble B.' In its absence the disease beriberi supervenes. The third Vitamine is especially—though not exclusively—associated with fats, and has become known as the 'Fat Soluble A.' When it is not supplied in the food, normal nutrition fails. If complete absence of such necessary food constituents can result in actual disease, it is sure that only a relative deficiency in any one of them may lead to malnutrition."

The result of the investigations made in the Biochemical Laboratory of the University of Cambridge proves that both "Fat Soluble A" and "Water Soluble B" are present in Virol as it is supplied to the public; and an interesting comparative chart shows the average change in body-weight during a period of ten weeks of twenty animals upon a basal dietary wholly free from Vitamines but given Virol, and another twenty fed on the same dietary but without Virol. The result proved conclusively the value of Virol.

Virol, Ltd., of 148-166, Old Street, London, E.C., have done well to publish this Report in pamphlet form. It is impossible to imagine any more striking proof of the body-building powers of Virol, and of its consequent value both in Public Health work and in that of Maternity and Infant Welfare Centres, where it is so largely used, and also to the public.

## NURSING ECHOES.

Past and present members of the Nursing Staff of St. Bartholomew's Hospital will be delighted to know not only that, at long last, the Foundation Stone of the new Nurses' Home is to be laid on February 17th, at 3 p.m., but that the ceremony will be performed by Her Majesty the Queen, whose name it will bear, as Queen Mary's Home for St. Bartholomew's Nurses.

Invitations for this interesting function will no doubt be eagerly sought for.

Nothing will aid more materially in attracting the right type of woman to enter the Nurse Training School than the provision of a Nurses' Home worthy of the traditions of this grand old Hospital, and comparable with those at the sister institutions of St. Thomas's, Guy's and the London Hospitals, which are really, as such Homes in connection with our great training schools should be, organised on collegiate lines.

The Bazaar and Café Chantant on behalf of the Guild of St. Barnabas for Nurses, on Monday and Tuesday, February 7th and 8th, will be held at 46, Upper Grosvenor Street, W.1 (kindly lent by Mrs. Hartog). On February 7th H.H. the Princess Marie Louise will open the Bazaar at 12 o'clock, and it will remain open till 6 p.m. On February 8th it will be open from 2.30 to 8 p.m. Admission 1s. 3d. (including tax). All information can be obtained from the Lady Henry Somerset, 4, Gray's Inn Square, W.C., Mrs. Gardner, 37, Blomfield Terrace, S.W., the Organising Secretary, the Social Bureau, 30, New Bond Street, W.1, and Mrs. Morris Wood, 1, Elm Park Mansions, Chelsea.

In the old days trained nurses adopted private nursing as their branch of work because it gave scope for independent individual effort, change of environment and better pay than institution service. Now, however, that the salaries in hospitals, especially to attract probationers, are so much higher, unless the home conditions of private nurses are improved, we fear the best type of nurse will not select private nursing as her specialty. Of course, at bed-rock the cost of living largely controls this question, and the provision of up-to-date Residential Hostels, organised for private nurses, is the only solution of the difficulty. This is the cry in all women's professions, as so few earn enough to secure for themselves privacy and comfort. The Residential Hostel with fifty to a hundred beds, restaurant, and



bureau conducted by a nurse-supervisor, is the ideal, and if on the telephone, need not be in the very heart of the West End.

We have heard of late much of the demand for Nurses' Clubs. Personally, we have never been impressed with the great demand for them; that is to say as social centres in large cities, where, when a nurse is off duty, there are so many places of call, where she can get food and meet friends. A nurse off duty wants fresh air, amusement, change of scene and thought—and a Nurses' Club is not the best place to secure them. But Nurses' Residential Hotels or Hostels are most urgently needed—and of course club rooms should be included—for reading, writing, &c. We do hope to hear of such Hostels being founded, which, if well managed, should be self-supporting. Private Nurses and private nursing will surely deteriorate unless living conditions improve.

We wondered, when we heard that Lord and Lady Cowdray had given the College of Nursing No. 20, Cavendish Square for a Nurses' Club, who was going to keep this magnificent mansion going; the cost, of course, must have run into many thousands annually. Only a very limited number of nurses have either the time or money for such a purpose. Now it would appear this fact has, somewhat late in the day, been realised by the millionaires, who really know nothing of the economic conditions of nursing—and so far as nurses are concerned they are naturally unable to avail themselves of the splendid environment of a Cavendish Square Club. College quarters are, we hear, to be erected on the vacant site behind No. 20, but whatever is done, the upkeep will be considerable, and this the members must keep in mind—organisation costs money.

We hear from many localities that without further training since the war, many V.A.D.'s. are now engaged in private nursing—countenanced by medical practitioners. Of course we knew many V.A.D.'s. would take this short cut to earning a living. It is reported they usually charge a lower fee—30s. to £2 2s. a week—than a trained nurse, but they call themselves "trained," assume full uniform, and are thus duping the public. We are of opinion that the Central Joint V.A.D. Committee of the Red Cross and St. John, which is responsible for the discipline of these women, should take steps to prevent their unfair competition with trained workers. Medical practitioners are

also to blame in the same connection. Only last week a highly qualified member of the Registered Nurses' Society was relieved by a V.A.D., and this where very skilled nursing was most necessary for the care and cure of the patient. We shall be obliged if our readers will forward to us evidence of this danger to the sick. No wonder our hospitals are short of probationers. The young woman of the present day is not going to study nursing for three or four years to make herself efficient, if she can secure medical patronage and pick up £2 2s. a week after a few weeks' study as a V.A.D.

The Hon. Sir Arthur Stanley is Chairman both of the Central Joint V.A.D. Committee and of the Council of the College of Nursing, Ltd., and in the interest of the trained members of the College we hope he will prevent V.A.D.'s posing as, and undertaking the duties of, trained private nurses.

The new scale of pay for Army nurses, says *Truth*, does not show the authorities who compiled it in a very chivalrous light. The pre-war commencing salary was £40 a year. It is now £60, rising by two increments of £2 10s. to £65, where it may remain for thirteen years, unless the nurse is promoted to the rank of sister, when the pay would be £75, rising to £85. A living wage is not, in fact, reached unless the post of matron is attained, for which the pay is £115, rising to £185. But the posts of matron are few, and the rank of sister is the highest that the majority may ever hope to attain. This is a mean and contemptible way of treating women who are debarred by the rules of the service from protesting, and it is little likely to attract capable recruits to the service.

These salaries compare badly with those recommended by the College of Nursing, Ltd., the Fever Nurses' Association, and the Professional Union of Trained Nurses. Let us hope when a new Secretary of State for War is appointed the scale will be revised. "Winsie" has apparently little sympathy with the Nurses under his control. His Army Council sent us a "sniffy" reply to the resolution inviting him to consider the granting of "Rank" to Army Nurses. Rank, of course, would carry with it decent salaries. We fear this will not appeal to Cabinet Ministers who are busy raising their own, which nurses are taxed to pay.

Nurses who are trying to conduct Nursing Homes and Hostels will rejoice to hear that the



London Municipal Society has decided to institute an active campaign to cover the whole county, against the crushingly high rates.

The Queen's Nurses at Brighton, Hove and Preston, have an annual entertainment for such of their patients as can attend. It is a happy idea, and last week was carried out in a delightful way. Plenty of fun and presents, good cheer and good will. The arrangements were under the enthusiastic supervision of Miss Godden and a ladies committee, and their guests had a most enjoyable time.

The exacting nature of the Queen's Nurses' work is indicated by the fact that the visits they paid to some 1,500 patients during 1920 numbered no fewer than 80,000, this being an increase of about 17,000 compared with 1919, while the number of patients was 300 larger.

We do hope economic evolution will not eliminate the Queen's Nurse. The necessity of meeting expenses is gradually altering her position in many centres. The paid visiting nurse is more modern—and a necessity, no doubt, for people of moderate incomes; but the highly trained free, devoted servant of the sick poor was the direct descendant of the Sister of Mercy, and we don't want her to disappear, although the poverty and resulting suffering which called her forth, was a stain on our civilisation. We suppose we can't have it both ways.

We are not surprised that a good deal of dissatisfaction is felt and expressed, by nurses trained in India, at the policy of the Indian Government in sanctioning the employment of English-trained nurses at a considerably higher salary than that paid to temporary war nurses in India. It, moreover, gives them £20 to £25 for uniform, and pays passage to India and the return passage at the end of six months. It hardly amounts to more than a pleasant trip at the expense of the Government.

Hearty congratulations to the Joint National Committee of the American Nurses' Memorial Fund for establishing the Nightingale School at Bordeaux, in memory of their colleagues who died on active service during the Great War. The sum of 50,000 dollars has been over subscribed, so will now be handed over to Dr. Anna Hamilton, the Directrice, and the foundation stone laid at an early date at Bagatelle, a lovely estate bequeathed by Mme. Bosc, on which to erect a modern hospital for the poor of Bordeaux. The

plans are ready, and Dr. Hamilton will see all her golden dreams come true. We do, with all our heart, offer her affectionate felicitations, and wish her joy in the organisation of the first Nursing College in France. She has well deserved this great reward in return for her splendid efforts in establishing the highest nursing ethics and standards at the Maison de Santé Protestante over which she presides with so much devotion.

Mlle. Minot, also, please accept congratulations.

The December number of the *South African Nursing Record* states: "It is apparently fairly certain that—provided General Smuts is returned to power at the General Election—the Medical and Pharmacy Bill will come before Parliament next year. From a purely nursing point of view, the Bill is a good one, and will at least afford some measure of protection for the trained nurse and midwife. For this reason, and for the unification of control it will give us, we hope it will go through. It is possible that this Bill will provide for representation of the nursing and midwifery professions on the General Medical Council in some shape or form. We have dealt again with this subject in our leading article of this issue."

Unless the great principle of professional representation on the Council, which is to control nurses and midwives, is amply provided for in the Medical and Pharmacy Bill, we hope the trained nurses of South Africa will oppose such legislation by every means in their power. Such legislation should be entirely impossible in up-to-date Dominions free from the prejudices of old aristocracies. It is as obsolete as the Dodo in Mother England (a fairly autocratic old Dame) in these days. And no harm done!

To read notes from the *South African Medical Record* on the right to representation of nurses on their governing body takes one back to prehistoric times, and we regret the expression of editorial opinion in the *S.A. Nursing Record* "that the Medical Council is the right body to control the affairs of the nursing profession in this country."

Self-control is the only control consistent with justice and freedom of conscience for any body of persons, and we advise our colleagues in South Africa to agitate until they get it.

Any other form of control spells servitude. No specious arguments can alter this fundamental law.



## PRELIMINARY TRAINING SCHOOLS.

### GUY'S HOSPITAL, S.E.

As nursing education was systematised, the need of preliminary training for probationers became evident, and both in the United Kingdom, Canada, the United States of America and Finland, such schools have been organised in connection with some of the largest nurse training schools. In this country, principally from economic reasons, the organisation of preliminary training schools for nurses has progressed slowly; but the unanimous report where they have been instituted is that, both from the point of view of the training school and the pupil, they are most desirable. No school which has made the experiment would willingly return to the method of admitting new probationers directly to the wards.

Thirty years ago the principle was advocated by Mrs. Bedford Fenwick, and pride of place as a pioneer in the United Kingdom must be given to the Royal Infirmary, Glasgow, where, in 1893, the matron at that time, Mrs. Strong, inaugurated courses of Preliminary Instruction in nursing, for candidates who satisfied the managers as to their knowledge of grammar, composition, spelling, dictation, reading, writing and arithmetic. Then followed the London Hospital, Guy's Hospital, St. Thomas's Hospital, the Leicester Infirmary (now the Royal Infirmary, Leicester), the Royal Infirmary, Bristol, the Royal Infirmary, Liverpool, the General Infirmary, Leeds, and Sir Patrick Dun's Hospital, Dublin, and the Royal Infirmary, Manchester, will soon follow suit. There is also in Dublin a Metropolitan Technical School, but this is a Central School for first year probationers, rather than a Preliminary School.

#### PRELIMINARY NURSING SCHOOL, GUY'S HOSPITAL.

The Preliminary Nursing School at Guy's Hospital, London, S.E., now receives twenty pupils for a course of theoretical instruction and practical work, the fee for the course—including board-residence and tuition—being six guineas. Originally the course was for six weeks, but it is now extended to between seven and eight weeks. The School is housed at the top of the Henriette Raphael Nurses' Home, specially designed for this purpose, and already it has outgrown its accommodation. When the new wing of the Home, which is now approaching completion, is ready for occupation, the Preliminary School will extend its borders. There are two Sisters in charge of the School, Sister Florence Dankerley (Senior), and Sister Mildred Hughes. Each pupil is provided with a comfortable bedroom, and there is a common sitting room, class rooms, lecture room, museum, and kitchen for sick room cookery. Further, the sick room for eight nurses is on the same floor as the School, and, except the polishing of the floor, is kept in order by the pupils of the school, including the bed-making; but all dressings are done by the Sisters, who are responsible for the nursing. The Syllabus of lectures for the class recently received at the Preliminary School is as follows:—

*Elementary Anatomy and Physiology.*—Introduction to Anatomy; the Skeleton; Muscular Tissue; the Science of Physiology, the Digestive System; the Absorptive System; the Circulatory System; the Respiratory System; the Excretory System; the Nervous System; the Control of Hæmorrhage.

*Hygiene.*—Personal Hygiene; Food; Milk and Infants' Feeding; Air and Ventilation; Heating; Water; Drainage; Infectious Diseases; Sepsis and Asepsis.

*Sick Room Cookery.*—Ten Practical Classes, ten Theoretical Lectures.

*Practical Classes.*—Ward stock, bed-making, bandaging, application and padding of splints, plaster bandages, poultices (various), fomentations (various), use of instruments, lotions, enemata, hypodermic injections, charts, house work.

#### A TYPICAL DAY.

Here is a typical day for the pupils in the Preliminary School:—

Breakfast 7.15 a.m. Chapel 7.40 a.m. Put books tidy; dust chapel. Practical work 8-10 a.m. House work, and in the kitchen preparing breakfast for sick nurses, &c. 10-11 a.m. Class on practical nursing (charts, enemata, fomentations, splints, &c.). 11 a.m. the class divides part to do sick room cooking, part house mending until dinner at 12.15 p.m. 12.40 p.m. Sick Room dinners served. 1-2 Silence Hour (study). From 2 o'clock until 3 o'clock, all pupils are off duty. At 3 p.m. half the class (the A's.) come on duty alternate days, the B's. are off duty until 5.30 p.m., and *vice versa*. At 3 o'clock there is a practical class for those on duty (bed-making, administration of hypodermics, splint padding, poultices, preparation and application of plaster bandages). At 4.15 the sick room teas are prepared and served. 5 p.m. tea. 5.30-6.40 p.m. lecture on Anatomy, Physiology, or Hygiene. At 6.45 the sick room suppers are served, after which lectures are written out until 8.45 p.m. Supper is at 8.45 p.m.; then prayers in Chapel 9.30 p.m., in rooms 10 p.m.

On Saturday morning there is extra domestic work, on Saturday afternoon a practical class, linen is mended, and there is a demonstration on scrubbing mackintoshes and cleaning lamps.

On Saturday evening clean caps are made up and mending done, while the Sister gives a talk on Nursing Ethics. Every other Sunday the pupils are off duty from 10 a.m. to 9.30 p.m. It will be realised that the weeks of preliminary training are very full ones. The pupils keep their own rooms in order, and also those of the Head (third year) Nurses.

An enquiry elicited that, on an average, about two of the twenty preliminary pupils do not enter the hospital for training. Some had no conception of what the life would be like, a few fail on the practical side and others in theory. On entering the wards for training, pupils serve for a probationary period not exceeding three months, during which the Matron may at any time terminate the engagement. Otherwise at the end of that time, if passed by the Medical Officer and the Dentist,



the pupil is required to sign an agreement binding herself to three years' service, dating from the time that she entered the wards for training. We learn from Miss Margaret Hogg, Matron of the hospital, that the supply of applicants for training is sufficient, though she has not a long waiting list, a satisfactory position in these days when so many hospitals cannot obtain the probationers they require, and due, no doubt, in part, to the comfortable Home provided for the nurses. Who would wish to "live out" when they can have so charming a home close to their work, and yet separate from the hospital proper. We congratulate the pupils of the Preliminary School upon entering on their nursing career under such auspicious conditions.

M. B.

### THE GENERAL NURSING COUNCIL FOR SCOTLAND.

#### NOTE OF PROCEEDINGS AT MEETING HELD ON WEDNESDAY, JANUARY 12TH, 1921.

Captain Charles B. Balfour, C.B., was in the chair, and thirteen members of Council were present.

The Registrar reported that no reply had been received from the Scottish Board of Health to his letter to the Board of December 8th in regard to the Board's interpretation of Rule 20 (3) (a) of the Council's Draft Rules in regard to existing nurses—this being the Rule under which the Board maintained that they were entitled to insist on existing nurses holding their Fever Nursing Certificate being put on the General Register.

Correspondence with the English and Irish Councils in regard to the points outstanding between the Scottish Council and them was considered.

A letter was submitted from the General Board of Control for Scotland along with a statement containing information regarding the numbers and training of nurses presently employed in Institutions for Mental Defectives in Scotland. In view of this information and on the recommendation of the Board of Control, the Council resolved to add to their Draft Rules a provision prescribing a Supplementary part of the Register for nurses trained in the care of Mental Defectives. It was resolved that this should be a separate Supplementary part, and not a sub-division of the Mental Nurses' Register as provided in the English and Irish Rules.

The Council again considered the Draft Rules for existing nurses, and in view of the difficulty of obtaining and weighing special evidence of adequate knowledge and experience where none of such knowledge and experience had been obtained in a Hospital or Institution recognised by the Council, the Council unanimously agreed to delete Draft Rule 20 (3) (d) which provided for the Council accepting such special evidence where an existing nurse applying for admission to the General Register had no Hospital training.

Dr. Fraser, Convener of the Education and Examination Committee, submitted an Interim Report on the work of that Committee.

We congratulate the General Nursing Council for Scotland that it has realised the impossibility of carrying draft Rule 20 (3) (d) into effect. This removes one stumbling block from between its Rules and those of the English Nursing Council. It is high time the Scottish Board of Health saw eye to eye with the Scottish Council over Rule 20 (3) (a). As there is to be a Supplementary Register of Fever Nurses in Scotland there is no excuse for classing them as general nurses.

### SCOTTISH NURSES' ASSOCIATION.

#### ANNUAL MEETING.

Dr. McGregor Robertson, the President, presided at the Annual Meeting of the Scottish Nurses' Association held in Glasgow on January 21st, and submitted the Annual Report for 1920, in which attention was called to the fact that in the near future nurses in Scotland would be called upon to elect representatives on to the General Nursing Council in place of those at present nominated. The main business of the Preliminary Council was to establish a Register and to lay down the standard of training, and examination for future nurses.

Dr. McGregor Robertson said that the Executive of the S.N.A. had placed in the hands of the General Nursing Council for Scotland a detailed statement of the broad principles which they believed should be embodied in the regulations for the training and examination and registration of future nurses, and they believed their views would be found to be similar to those of the Council.

The present office-bearers were re-elected.

Captain Elliott, M.C., M.P., addressed the meeting on the subject of registration and expressed the view that the establishment of three State Registers of Nurses in the United Kingdom will inevitably lead to friction.

We see no reason for any friction if each Council carries out the duties conferred upon it by Parliament, and confines itself to those duties. The Midwives Acts are organised on similar lines and it has not been found that friction results.

### THE PRINCE AND SICK CHILDREN.

His Royal Highness the Prince of Wales paid a visit on Tuesday to the Victoria Hospital for Children, Chelsea, and was greatly interested in the children. After his tour of the wards he presided at a special meeting of the Committee of Management, of which he is President.

The Prince congratulated the officials on their work, and presented a cheque to the Matron, Miss Watson, who is retiring after 24 years' devoted service.



# Royal British Nurses' Association.



THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

## A GRACIOUS ACT.

### THE AMY ELIZABETH GOOD ANNUITY.

We have received some exceedingly nice letters from the members in support of Miss Liddiatt's suggestion as to a new R.B.N.A. Annuity. Her Royal Highness the President, on learning of the nurses' proposal to found an Annuity to the memory of an "Unknown" nurse, has sent her commands that the money, already collected towards the third Princess Christian Annuity, shall be used instead as the first part of the sum required to found the "Amy Elizabeth Good Annuity." This gracious act on the part of their Royal President, showing the sympathy which she feels with the desire of the nurses to raise some sort of memorial to a lost comrade, will, we feel sure, meet with great appreciation.

We should be glad to receive the names of any nurses who are willing to take some part in the organisation and work required to found the annuity. The proceeds of the next sale of work, in so far as that work is given by the R.B.N.A. nurses, will be used for this purpose.

The members will be glad to learn that the second Princess Christian Annuity has been granted to an R.B.N.A. member who has spent most of her life doing mission work in Syria. She will never see the homeland again, but we know that she will enjoy her half-yearly cheque all the more because she feels that it brings a message of good will from her fellow-members of the Association to which she is so greatly attached.

## ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

### METHODS OF COMBATING VENEREAL DISEASE.

On Saturday, 15th inst., Miss Evelyn Cancellor, Lecturer for the National Council for Combating Venereal Disease, and Chairman of the Executive Committee of the National Union of Trained Nurses, lectured before the Association of Trained Nurses in Public Health Work on Methods of Combating Venereal Disease, at 10, Orchard Street, W. Miss Florence Wise, Chairman of the Association of Trained Nurses in Public Health Work, presided.

Miss Cancellor said that she wished to make it quite clear from the start that she was not speaking on that particular afternoon on behalf of *any* Society, but simply as a "nurse to nurses." Schools of thought are divided as to the best methods of preventing the spread of the disease, and three different societies are at work, each on the lines which seem to it best. One great point to recognise, in connection with all efforts to combat venereal disease, is that it is a contagious and communicable disease, and in giving instructions regarding it to a lay audience, it is often well to emphasise the point of the "possibility of accidental infection." If this is done, in giving instruction on Venereal Disease, people are much more likely to "own up" and to submit to treatment. In referring to such a possibility, a little tact has often a great effect in keeping the sympathy of an audience of lay people, and, in drawing attention to the chances of infection—say, from a towel or drinking cup—it is much wiser to use the words "If I contracted the disease from this" than to put the sentence in the second person and say "if you contract the disease," especially when recent discoveries have shown that both gonorrhoea and syphilis, if taken *in time*, and if the treatment is persevered in, are curable; in many clinics surprising results are being obtained, even in most advanced cases. Some rural areas have been almost exempt from Venereal Disease, but of late years many more cases have been apparent in them, and then the disease is generally of a very virulent type.

A great difficulty in the treatment of gonorrhoea in females is the lack of accommodation for such cases in hospitals. In some counties not a single bed is to be had, unless, perhaps, it may be in a Poor Law Infirmary.

In combating the disease, the Society for the Prevention of Venereal Disease devotes much of its teaching to the methods of self-disinfection of the male, and to the circulation of leaflets, giving instruction as to prevention, to men and youths; although they have also a pamphlet for women. The Society for the Promotion of Moral and Social Hygiene directs its campaign chiefly towards advocating purity of life and social and moral reforms. The Royal Commission on Venereal Disease has issued a very exhaustive report, and has done a tremendous work in the direction of enlarging our knowledge of facts in



regard to the disease; the National Council for Combating Venereal Disease works chiefly on the lines recommended by that Commission. In addition to urging the need of early and continued attendance at treatment centres, its work is largely educational, as it is held that, unless we can make the whole nation realise how serious is the problem, little will be gained. Free clinics have been established by the Government in many parts of the country, and the last report of the Ministry of Health showed that the attendance at those exceeded a million in twelve months, and the numbers are steadily increasing. Wherever practicable those clinics should form part of a general hospital. If, in some of the smaller towns, institutions could be equipped where the disease could be treated by the local medical men, long journeys for the patients would often be avoided and many more might persevere with the treatment.

Miss Cancellor regretted that the nurses as a whole take comparatively little interest in the disease, and, indeed, the attitude of other nurses to those engaged at the centres for the treatment of venereal diseases is much to be deplored; many nurses so engaged had stated that they were treated, by those in general branches of nursing, as being of quite a different class.

Miss Cancellor spoke very strongly of the need for education in the nursing of Venereal Disease, and deplored, also, the lack of legislation dealing with prostitution. She also referred to the fact that, although a patient suffering from Venereal Disease goes into hospital, there is no law to force him or her to continue the treatment until such time as he ceases to be a menace to others.

Many other interesting points were referred to, and it is much to be regretted that the space at our disposal prevents us from giving a full report. Those who were present said that they had rarely listened to a lecturer with so much power to make her subject interesting. As one nurse remarked, she had quite dispelled the feeling that the topic was in any way "common or unclean," and by a certain bright earnestness held the attention right to the close of the lecture, which lasted over an hour. At its close, Miss Cancellor answered questions on many points, and several nurses also gave their views in regard to matters connected with the subject of the lecture. One nurse, whose name is unfortunately unknown to us, gave some exceedingly interesting information as to the treatment of the disease in prisons, and Miss Sadlier's rehearsal of her first experience in hospital in the nursing of Venereal Disease was highly realistic and amusing; evidently there had been considerable difficulty in persuading her that, even to the meaning of the word syphilis itself, a state of ignorance was one of bliss.

At the close of the Conference, Resolutions were put from the Chair, to be forwarded respectively to the Minister of Health and the Education Committee of the General Nursing Council, recommending the establishment of post-graduate courses on venereal diseases for nurses in Public Health

Work, and expressing the hope that the General Nursing Council will provide that adequate experience in the nursing of these diseases shall form part of every nurse's training in the future.

#### WEDDING.

On Saturday, 22nd inst., at St. Columba's Church, Pont Street, by the Rev. Archibald Fleming, Miss Amy May Browett was married to Capt. McLundie. Members of the Association unite in sending their good wishes. Mrs. McLundie takes a very great interest in the welfare and organisation of her profession. We are glad to learn that she intends to continue to do so, and that her future home will be in London.

#### OBITUARY.

It is with deep regret that we report the death, on January 12th, at 28, Penywern Road, Earl's Court, of Miss Gabrielle Cuff, second daughter of the late Dr. Cuff, of Harting, Petersfield. Miss Cuff was trained at the Portsmouth Royal Hospital, and the Eastern Hospital, Homerton, and became a Member of the Royal British Nurses' Association in 1894.

### CORRESPONDENCE.

#### WAKE UP NURSES.

To the Secretary of THE R.B.N.A.

DEAR MADAM,—I was very interested in the report of the Friend of Nurses in last week's Journal. I do wish the nurses would wake up to the dangers to themselves of this widespread public begging on their behalf which, it seems to most of us, results in nothing but a lowering of our professional status. It will take us years to right the wrong of all this undignified public begging. You know what some of us feel, could you have an article in the Supplement pointing out our views. Thank you for not running the Annuity Fund at least, into street posters, tin collection boxes, flag days, victory balls and the advertisement columns of the newspapers alternately with the Waifs and Strays and victims of venereal disease.

Another subject for you to deal with is nurses' uniforms. Try to get rid of the dirty white handkerchief covered with a weather-beaten blue veil, a "uniform" now shared with the perambulator nurses. Also may I point out the extreme bad taste of ultra transparent silk stockings and high heels for trained nurses on duty.

I am, yours very truly,

ALICE CATTELL.

#### ANNUAL SUBSCRIPTIONS.

Members are reminded that their Annual Subscriptions to the Association fell due on January 1st, and that it complicates very considerably the work of the Association when they are not paid up to date.

ISABEL MACDONALD,  
Secretary to the Corporation.



## TRADE UNIONISM FOR NURSES.

BY NORA M. MACDONALD.

It is with hesitation that I again write you regarding professional matters, as I prefer leaving this to others more capable than myself, but after reading Mr. Minet's address to nurses in the B.J.N. of January 1st I cannot allow his statements to pass unchallenged.

To me it is inconceivable that any trained nurse of to-day could have chosen her life-work for any other reason than the love of caring for the sick—one of the deep things of her soul which she seldom speaks of.

To those of us who wanted to be nurses when in our cradles (I cannot remember the time when I did not want to do the kind of things nurses are doing to-day and think I must have been born with the desire), the uplifting of the ideals of our life-work has always been and *always will be* before us, and it is to get nearer this idealism so many of us have joined ourselves to the Professional Union of Trained Nurses registered under the Trade Union Act, and if we had our lives to begin over again would gladly and joyfully go through the strenuous hardships of training for the opportunities it gives us of nursing the sick.

I cannot quite grasp what Mr. Minet means by "spiritual," and the words, "Religion—we use the word in no narrow sense." Mr. Minet's references in connection with the word "spiritual" are so vague that I am afraid I must leave this.

There are so many different religions in the world that the word itself is just about wide enough to include the whole of humanity. There is, however, only one kind of Christianity, and if the word vocation is used by Mr. Minet in the sense of a special calling of God, then it cannot be called the teaching of Christ. The scullery-maid, the trained nurse, teacher or preacher if in the place, and doing the work, God has planned for them has chosen the very highest vocation of life, namely, fulfilling the will of God. The P.U.T.N. is but a means to an end, and that end all that is highest, noblest and best in our work, and but the fuller development of the noble spirit with which Florence Nightingale began. Hitherto we have been like machines. With more quiet time (and all the things the P.U.T.N. is out for) for the refreshing of our souls and bodies, so will the souls and bodies of our patients be more carefully tended. It is a divine command that we take one day's rest out of the seven. Can we get this by 56 hours' of work per week? The reward due the labourer worthy of his hire can only be fixed by those who know what the labourer's work is.

When we see untrained women trip gaily in where others fear to tread, tear aside the veil which almost lays bare the very souls of our patients and go out to the highways and hedges and proclaim aloud the things they see there, it is such things that drive us to forming ourselves into a union of trained nurses controlled only by trained nurses.

Had such a "Union" been formed long ago these things would not have been allowed to happen, neither should we have had to look on helplessly at the sick poor being nursed (?) by the semi-trained while the rich could always have the trained—for "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me," Matthew 25, 40.

The word "strike" in connection with the P.U.T.N. is already threadbare and scarcely worth responding to. Miss MacCallum, Hon. Organiser and Secretary, and Miss McAra, Hon. Secretary of Glasgow and District Branch of the P.U.T.N., have both publicly declared themselves against strikes. The former that she would never leave her patient to go on strike, and the latter that she was "against strikes." A strike would require a banking account of several years' growth.

Mr. Minet says: "The first principle of a Union is selfishness." The women who have "gone through the mill" for at least a period of four years' training, worked for State Registration in *pre-war* days, and since formed themselves into a "Union," namely, the P.U.T.N., are after bigger things than that of merely gratifying self. Has the Organiser of our P.U.T.N., Miss MacCallum, who is still Hon. Organiser and Secretary, shown by her work that her first principle is selfishness? The life of one who has such wide knowledge of human nature is so full that selfishness is crushed out.

There is a time for silence and there is a time when it is no longer right to remain silent. There is no time or place for indifference.

Our Lord Jesus Christ, perfect in His humanity, revealed a sublime strength when He remained silent before Pontius Pilate, but that same divine Being Who is yet to be judge of all the earth later on (in the Revelation) pronounced an awful doom on a certain Church which was "neither cold nor hot"—impressively solemn words.

True in these latter days when so many are "blown about with every wind of doctrine," we had better see to it that our house is built on rock and not on shifting sand. We have need to pray for a clear vision of right and wrong, then without any fear of the Pharisaical spirit we will earn that "Well done good and faithful servant" for "His servants shall serve Him, and they shall see His face."

### NURSES' MISSIONARY LEAGUE.

The Nurses' Missionary League has changed its headquarters, and the address of the Secretary, Miss H. Y. Richardson, is now 135, Ebury Street, S.W. 1.

### VOLUNTARY HOSPITALS INQUIRY.

Lord Linlithgow has been appointed, on the nomination of the Secretary for Scotland, to the Committee which is inquiring into the financial position of the voluntary hospitals.

The first meeting of the Committee was held at the Ministry of Health on Wednesday.



### "A LEARNED PROFESSION."

Mr. Charles Lupton (Hon. Treasurer) presided at the annual prize distribution to the nursing staff of the Leeds General Infirmary, on January 21st, at the opening of the new Session, and announced that a Preliminary School had recently been established, in which probationers would receive three months' training before entering the wards for final acceptance.

He indicated the great development which had taken place in the institution in the last seventy years, particularly as a training school for nurses, so that nursing might now be termed a learned profession, and stated that in addition to developing their own training school they had asked the University of Leeds to establish a diploma in nursing. He was very sanguine that the University would adopt the proposal, in which case they would be the first University in the country to do so.

The selected speaker was Sir Berkeley Moynihan who, in addressing the nursing staff, said that when they left the hospital to go out into the world to practise their profession, they would require all the gifts, all the tact, and all the accomplishments that their natural aptitude, and their long training had conferred upon them.

Among the qualifications through which they were to fit themselves to become competent to undertake, with highest success, the manifold and arduous responsibilities ahead of them, he placed first the acquisition of knowledge. But knowledge would avail them little unless it led them along the way to wisdom, which implied the timely and rightful application of knowledge. To gain wisdom was of all tasks in life the most difficult. They would be foiled, rebuffed and disheartened not once, but many times, as they toiled earnestly after it. In describing the Nurse's office, he set a high ideal before them. But when he proceeded to say that "until some system of supervision of the training of all who may call themselves nurses, and of the registration and qualification by diploma or degree is introduced, the nursing profession will not be cleansed from those impurities which still, unhappily, attach to it," he appeared to have overlooked the fact that—mainly through the work of the Central Committee for the State Registration of Nurses, and its affiliated societies—Acts have been passed in the three kingdoms establishing statutory bodies, *i.e.*, General Nursing Councils, empowered to define nursing standards and register nurses, and conferring legal status upon Registered Nurses.

The nurses of the General Infirmary, Leeds, are indebted to Sir Berkeley Moynihan for his desire to bring academic honours within their reach. We hope that they may attain them in the future.

The Education and Examination Committee of the General Nursing Council is now at work upon the curriculum of Nursing Education, and

when this has been adopted by the training schools and the foundations have thus been well and truly laid, we look forward to seeing a superstructure built upon it which will raise Nursing to the foremost place in professions for women.

### THE GENERAL NURSING COUNCIL AN INDEPENDENT STATUTORY BODY.

A very misleading statement has been widely circulated from which it is inferred that the General Nursing Council for England and Wales is supporting the ill-advised suggestion of a 56-hours' working week for nurses, through legislation, and also has made a series of recommendations to the Minister of Health *re* nurses' pay. The fact is that the Council disapproved and voted against the College scheme for a 56-hour week, and recommended 48 hours. The Council has never considered the salaries of nurses or made any recommendations to the Minister of Health in this connection, although no doubt it is entirely in sympathy with adequate remuneration for members of the Nursing Profession. To state, as the *Glasgow Herald* does, that "Working in conjunction with the College of Nursing, the General Nursing Council has also decided that nurses shall be included in a special scheme," is not a fact. The Council acts on its own responsibility, and not in "conjunction" either with the College or any other Nurses' Organisation.

### NURSES INDIGNANT.

The adverse Report of Miss Wamsley, an Inspector under the Ministry of Health, concerning the Islington Infirmary, Highgate, to which we referred in our last issue, has been met with a total denial of the allegations and an indignant protest on the part of the nursing staff, voiced by a deputation of nurses, representing a staff of over 100, who attended a meeting of the Guardians last week with this object.

Miss Wamsley alleged, in her report to the Ministry of Health, that the nursing in some of the wards was unsatisfactory, and supported the idea that many of the nurses think of little else but off duty time and money, that in two wards where the patients were nursed by women the conditions were better than in the male nurses' ward, but she found two sore backs were unreported, and unprotected by water pillows, and there was evidence of carelessness and want of attention to the beds after dinner.

The Board has decided to investigate the allegations, and, further, authorised the Chairman (Councillor W. B. Parker) to issue a denial on behalf of the Board and the staff.

It would appear that the Board is not in a judicial frame of mind to already prejudge the case.



## APPOINTMENTS.

### MATRON.

**Udal Torre Sanatorium, Yelverton.**—Miss Ethel Margaret Henderson has been appointed Matron. She was trained at University College Hospital and has been Sister at the Norfolk and Norwich Hospital, Sister and Assistant Matron at the Kelling Sanatorium. She has worked on the staff of the Nurses' Co-operation, and is a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

### SUPERINTENDENT SISTER.

**Sheffield Street Hospital, Kingsway.**—Miss G. M. W. Nash has been appointed Superintendent Sister. She was trained at the Croydon Infirmary and at Queen Charlotte's Hospital, and has been Sister and Assistant Matron at the Croydon Infirmary, and did war work as a member of Queen Alexandra's Imperial Military Nursing Service Reserve. She has also been Night Sister at the Marlborough Maternity Section of the Royal Free Hospital, W.C.

### THEATRE SISTER.

**Royal Infirmary, Bradford.**—Miss Anne Foley has been appointed Theatre Sister. She was trained at the Royal Albert Edward Infirmary, Wigan, and has been Ward Sister and Night Sister at the District Infirmary, Ashton-under-Lyne, Theatre Sister at the Third Western General Hospital, Cardiff, and Sister at Romsley Hill Sanatorium, Birmingham.

## HONOURS FOR NURSES.

### DISTINGUISHED SERVICE MEDAL IN GOLD.

At the annual meeting held at Red Cross National Headquarters at Washington on December 8th (says the *American Journal of Nursing*) significant recognition of the service rendered by American nurses in war and peace was given by conferring in memory of the late Jane A. Delano, their leader in the World War, the Distinguished Service Medal of the American Red Cross, in gold. This is the first time this medal has been conferred and is the highest honour the American Red Cross can bestow.

### THE PASSING BELL.

We deeply regret to report the death, at Baghdad, of Miss Beatrice Jones, C.B.E., R.R.C., Queen Alexandra's Imperial Military Nursing Service, Matron-in-Chief, Mesopotamia, 1916-1920. Trained in the Nursing School at St. Bartholomew's Hospital, London, she was one of its most distinguished graduates, and her death will be sincerely mourned by many friends and colleagues.

### A TRIBUTE TO "OUR CHIEF."

BY ONE WHO LOVED HER.

Many Sisters will grieve with me over the death of Miss Beatrice Jones, C.B.E., R.R.C., Q.A.I.M.N.S., Matron-in-Chief in Mesopotamia from 1916 to 1920.

She died at Baghdad on January 15th, so the cable says, but we must wait a little for further news of "Our Chief's" last days.

What a wonderful personality! How indefatigably she worked those four years for the good of our sick and wounded under the most trying circumstances and climate, with never a thought for herself!

Few women had such organising powers as Miss Jones, and the hospitals under her care from Basrah

to Baghdad and on to Mosul were one and all of a very high standard. How proud she was of them all!

How we looked forward to her tours of inspection, each vying with the other to do her utmost to please "Our Chief," who devoted such endless care and time for the welfare of the patients and her nursing staff.

It was my great privilege to work under Miss Jones almost four years—the happiest time in my life—and I know how many others will feel with me they have lost the best of friends.

Miss Jones was a St. Bartholomew's Hospital nurse. She returned to Baghdad in September last as Matron-in-Chief of the Civil Administration. How short a time she had commenced her new task, for now she lies outside the City of Blue Domes and Minarets in the graveyard where our other "Chief," General Sir Stanley Maude, also rests, in the land she loved, "between the two rivers."

## MEDALS AND PRAISE FOR NURSES.

Before the business of the monthly meeting of the Board of Management of the King Edward VII Hospital, Cardiff, was entered upon on January 19th, there was an interesting ceremony of the presentation of medals to the three most proficient nurses of the year by Lady Diamond. The recipients were:—

Nurse Muriel Jenkins (gold medal).

Nurse E. Winstone (silver).

Nurse Gladys Jones (bronze).

Dr. Ewen Maclean expressed the deep sense of indebtedness of the hospital to the whole body of nurses for the excellent work they had accomplished during the past year, and he also paid a tribute to the noble work of the Matron, Miss E. Mont-Wilson. The record of the winner of the gold medal, he said, was that of a thoroughly satisfactory, all-round working nurse, and her record in the wards very clearly established with other things her claim for the outstanding position of the gold medallist of the year.

Sir William James Thomas, Bart., the donor of the medals, was warmly thanked.

## COMING EVENTS.

**January 28th.**—Royal Sanitary Institute, Sessional Meeting on "The Sanatorium Question." Discussion opened by E. Ward, Esq., M.D., F.R.C.S. Chair: Professor H. R. Kenwood, C.M.G., F.R.S.E. Guildhall, Exeter. 4.30 p.m.

**January 29th.**—The Matrons' Council Annual Meeting. By kind invitation of Miss Marsters, Superintendent Q.V.J.I., Paddington and Marylebone District Nursing Association, 117, Sutherland Avenue, Maida Vale. 3 p.m.

**February 1st.**—Examination, Central Midwives Board, London, Birmingham, Leeds and Liverpool. Oral Examination follows in a few days' time.

**February 2nd.**—General Nursing Council for England and Wales. Monthly meeting, Ministry of Health, Whitehall. 10.30 a.m.

**February 17th.**—Her Majesty the Queen lays the Foundation Stone of Queen Mary's Home for St. Bartholomew's Nurses. St. Bartholomew's Hospital, E.C. 3 p.m.



## THE BOOK OF THE WEEK.

## "THE HAPPY END."\*

This collection of short stories is powerful, sombre and tragic. A little difficult in some cases to follow the drift, but they are all of them unusual, and the literary style cannot be adversely criticised since it emanates from the pen of Mr. Joseph Hergesheimer. "Lonely Valleys" describes the courtship of Calvin Stammark and Hannah Richmond and its unhappy ending. "Hannah was sitting on the stone steps at the side entrance to the parlour. As usual, she had a bright bow in the hair streaming over her back, and her feet were graceful in slippers with thin black stockings.

There wasn't another girl in Greenstream—in Virginia—with Hannah's fetching appearance, he decided with a glow of adoration. She had a—a sort of beauty entirely her own; it was not exactly prettiness, but a quality far more disturbing, something a man could never forget."

Calvin had come in to tell her that the house—"our home"—was finished. They could be married in a week if she chose.

"After supper, in view of the fact of their courtship, Calvin and Hannah were permitted to sit undisturbed in the formality of the parlour. It was an uncomfortable chamber, with uncomfortable elaborate chairs with orange plush upholstery. Their position was conventional; Calvin's arm was cramped from its unusual position, he had to brace his feet to keep firm on the slippery plush, but he was dazed with delight. His heart throbs were evident at his wrists and throat, while a tenderness of pity actually wet his eyes." And though Hannah made but languid response, all went well till the advent of Phoebe, the elder sister, who had years before left home for the variety stage.

Calvin had to take the buggy and meet her at the stage. She had a resemblance to Hannah, and yet he thought no two women could be more utterly different. Her face, the memorable features of Hannah, was loaded with pink powder.

"It's worse than I remember," she confided. "A person with any life would go dippy here. Say, it's fierce. And yet, inside me I'm kind of glad to see it."

Alas! Phoebe had not long been back, before Hannah felt that after all she might become "dippy" in the solitude and quiet of the little home that Calvin had prepared, and she followed Phoebe back to the same career, with disaster as the result.

"The Flower of Spain" relates the story of the infatuation of Lavinia Sanviano, a young Italian girl of good family, for Abrego y Mochales, a Spanish bullfighter. Lavinia was but sixteen years of age, and fresh from her convent school. She was very much in the way of Gheta, her elder sister, whose notorious beauty was a little on the wane.

Lavinia first caught sight of her idol in the afternoon procession of the fashionable world into the shade of the Cascine.

She wished that Gheta would make up her mind to marry Orsi, the fat, good-natured, Neapolitan banker. "Suddenly she longed to have men austere and romantic in love with her. She clasped her hands to her fine cheeks, and a delicate colour stained her cheeks. She stood very straight and her breathing quickened through parted lips."

It was at this psychological moment that she caught sight of Mochales.

"An open cab was moving slowly, with a single patron—a slender man, sitting rigidly erect, in a short, black shell jacket, open upon white linen, a long black tie, and a soft, narrow, scarlet sash. He wore a wide-brimmed, stiff felt hat, slanted over a thin countenance, burned by the sun as dark as green bronze. His face was as immobile as metal, too; it bore, as if permanently moulded, an expression of excessive contemptuous pride."

Lavinia's young pride was mortified that Mochales attached himself to the train of her sister's admirers.

The Spaniard's serenade was for Gheta, "but it overwhelmed Lavinia with a formless aching emotion; it was for Gheta, but her response was instant and uncontrollable. It seemed to Lavinia that the sheer beauty of life, which had moved her so sharply, had been magnified unbearably. She had never dreamed of the possibilities of such ecstasy or such delectable grief."

Lavinia found herself willy nilly betrothed and married to the good-natured banker, who had transferred his attentions from her sister.

Events proved that though at first the marriage was distasteful to her, that she had not made an unhappy match after all.

"Tol'able David" was a young lad who begged to be allowed to drive the mail in place of his elder brother, who had been cruelly handled in the execution of his duty by a lawless family. David pluckily avenges his brother and himself from a second attack and then—

"He clambered up to the enormous height of the driver's seat and the team started forward.

"A grim struggle began between his beaten flesh, a terrible weariness, and that spirit which seemed to be at once part of him and a voice. He wiped the blood from his young brow; from his eyes, miraculously blue like an ineffable May sky."

This is really a delightful tale of a boy's yearning to show himself a man. The author describes him as "the freshest thing imaginable."

H. H.

He who bends to himself a joy  
Does the wingèd life destroy;  
But he who kisses the joy as it flies  
Lives in eternity's sunrise.  
If you trap the moment before it's ripe,  
The tears of repentance you'll certainly wipe;  
But if once you let the ripe moment go,  
You can never wipe off the tears of woe.

\* By Joseph Hergesheimer. Heinemann, London.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## VERDUN.

To the Editor of THE BRITISH JOURNAL OF NURSING.

THE BRITISH LEAGUE OF HELP FOR  
THE DEVASTATED AREAS IN FRANCE.

DEAR MADAM,—With reference to your issue of January 8th, I beg to say that I shall be most grateful to you if you will convey to your contributor, "M. B." our appreciation of and best thanks for the charming article on Verdun.

It is one of the most delightful of the scores which have reached me from the Press Cutting people.

Your obedient servant,

DESMOND CHAPMAN HUSTON,  
Colonel (Member of Central  
Executive).

346, Strand, W.C.2.

**EQUIVALENT STANDARDS AND FEES  
IMPERATIVE IF EQUAL ECONOMIC PRIVILEGES  
AND CONTROL ARE ACQUIRED.**

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—In commenting on our letter published in your issue of December 18th, you refer your readers to your reply to the Chairman of the General Nursing Council for Ireland. May I, therefore, emphasise the point made clear in his letter? Sir Edward Coey-Bigger states clearly that "in consequence of a direction given to them by the Irish Government on the advice of the Law Officers of the Crown under Sec. 3 (2) (c) of the Act, the Council are compelled to include in their Rules a saving clause empowering them to admit nurses who, even although they have not had a year's training, can prove to the satisfaction of the Council that they possess adequate knowledge and experience of the nursing of the sick."

It follows that neither the Irish Council nor Irish nurses are responsible for the present position. It is a question of legal interpretation purely. The wording of Sec. 3 (2) (c) is identical in the English and Irish Acts, and as regards the last sub-clause in the Scottish Act, so that possibly the English and Scottish Councils may need to assure themselves as to the validity of their own interpretation, if it is not possible to get the Irish legal interpretation overridden. The Irish Council, Sir Edward Coey-Bigger continues, "have laid down stringent standing orders regarding the manner in which such cases (*i.e.*, without actual hospital training) will be dealt with by the Registration Committee, so that in effect no nurse will be admitted who is not up to a high standard." Not every untrained "existing nurse" will apply for registration, and those who do apply will be

subject to stringent scrutiny, and the actual number who ultimately secure registration—if any at all—will certainly be very small. Moreover, this number will decline as years go by, for this provision applies only to existing nurses. It is a gross exaggeration to say, as you do, that "the admission of Cottage Nurses, V.A.D.'s and others is thus inevitable."

Yet because of this possible small and decreasing number who may get through the net, you propose to treat every Irish trained "existing nurse" and all future Irish trained nurses, not as comrade nurses from a neighbouring country, but as suspects whose credentials must be rigorously scrutinised as though they had never been registered by any body, and who must therefore pay the full additional fee. Your comments on the present-day value of the proposed fee are beside the point, since they apply to all fees (nor are they arithmetically accurate), but though money is an important consideration in these days to all working nurses, it is not the amount of the cross-registration fee that is at issue, so much as the principle involved. A reduced fee is an acknowledgment of professional fraternity; the full fee is an indication of suspicion.

I submit that the campaign which is being pursued by THE BRITISH JOURNAL OF NURSING is not helpful in securing uniformity of standard, and is calculated to promote disunity rather than unity among English and Irish Nurses.

May I add a word on the question of votes? If an English nurse wishes to work in Ireland only temporarily, she is not likely to use her vote for the Irish Council—she can only use it once in five years in any case—while if she settles in Ireland permanently, her vote for the English Council will be equally a "white elephant" to her. Why magnify molehills, and make forbidding mountains out of them?

I regret the length of this letter, but you will agree that the subject is important.

Yours faithfully,

MARIE MORTISHED,  
Secretary, The Irish Nurses' Union.

29, South Anne Street, Dublin.

[We do not think we have much to add to our former criticisms on the points raised by the Chairman of the General Nursing Council for Ireland, and by Mrs. Mortished, Secretary of the Irish Nurses' Union, on the "transfer registration" question. Eminent Law Officers of the Crown are known to differ—just as doctors do—and we can assure our correspondent that the General Nursing Council for England and Wales has not framed the Rules for Registration without sound legal advice. It would appear that the Irish Council is satisfied under Sec. 3 (2) (c) that "nurses in attendance on the sick" "have adequate knowledge and experience of the nursing of the sick" without any hospital experience whatever. The English Council do not consider "conditions" can be "satisfactory" which do not include at least one year's practical



experience in a hospital or infirmary—the very minimum standard of experience required for the safety of the public. The English Council does not in any way wish to question the right of the Irish Council to register women without any hospital training, if it wishes to do so;] what it does object to is the demand that these handy women shall be transferred upon the payment of 5s. on to the English Register, and thus undermine the minimum standard the English Council considers necessary. The argument that the untrained "existing nurses" to be placed on the Irish Register will be few does not affect the question—it is the principle for which we are contending.

Mrs. Mortished writes:—"It is a gross exaggeration to say, as you do, that 'the admission of Cottage Nurses, V.A.D.'s and others is thus inevitable.'"

Why should people always use strong language in advancing untenable arguments? There is nothing "gross" about stating facts. We are informed that "neither the Irish Council nor Irish nurses are responsible for the present position—it is a question of legal interpretation purely" that "the Council are compelled to include in their Rules a saving clause empowering them to admit nurses who, even though they have not a year's training, can prove to the satisfaction of the Council that they possess adequate knowledge and experience of the nursing of the sick."

How can they prove they possess adequate knowledge unless the Council is "satisfied" that no training is necessary? And, moreover, where is the "gross exaggeration" when under this "saving clause" Cottage Nurses, V.A.D.'s, and, we may add, untrained nuns, will have a *right* to registration. Does our correspondent seriously argue that the Irish Nursing Council can discriminate and legally refuse them? Certainly not untrained nuns, if we know anything of the power of the Roman Catholic hierarchy in Ireland. To argue that the English Council desires to treat its Irish colleagues as "suspects" is nonsense. The Council takes the reasonable and dignified attitude that there shall be equivalent standards for any system of registration between the three countries, and that Rules shall be framed for this purpose as provided in Clause 6 (3) of the Nurses' Registration Acts, and refuses to be placed in the untenable, not to say ridiculous, position of admitting to the English Register Irish and Scottish women with a lower qualification than that demanded from English nurses, especially as there is not one word in the Acts suggesting "transfer" registration or preferential fees.

The English Council claims that it shall be mistress in its own house, and advises the sister Councils to do likewise.

We are quite satisfied that our arithmetic is correct so far as the golden guinea is concerned; the value of that long vanished coin has now decreased in spending power to one-half. There-

fore, the demand that Irish nurses shall be registered by the English Council for 5s. prices the value of legal status in England at half-a-crown! We agree that there is a principle involved, but it has nothing to do with "professional fraternity"—as fraternity involves equality. Neither do we view the "full fee" with any suspicion; it is the ninepence for fourpence policy which we mistrust. Frankly, this is not a question of sentiment, but of sound common sense. This Journal is pursuing no campaign other than advising all nurses—English, Scottish and Irish—to claim equality, both of educational standards and financial responsibility.

We have always agreed that "the Vote covers all." Therefore, we must have equal financial and professional obligations, if we are to possess equal economic privileges and control. The Nurses' Registration Acts are not compulsory; therefore no nurse is compelled to register in more than one country, if she does not consider it beneficial, but if it pays her to do so, let her pay a just price.—ED.]

## KERNELS FROM CORRESPONDENCE.

### DOLES NOT DESIRED.

*Miss I. Robertson and Miss F. E. Pelan, 22, Langham Street.*—"Having read the article re Nation's Fund for Nurses and College of Nursing, we strongly disapprove of any further newspaper appeals for nurses."

*Miss M. Walker Blackshaw, 22, Langham Street.*—"On hearing there is some further appeal for nurses, I should like to say that I strongly object to newspaper appeals for nurses."

### PEOPLE CANNOT AFFORD TO BE ILL.

*Private Nurse.*—"To raise private nurses' fees will, I feel sure, decrease their work, which includes board and lodging. The medical correspondent of *The Times* writes: 'On the word of doctors with an intimate knowledge of middle-class households, the present expenses of living and present taxation are such that these families "cannot any longer afford to be ill." In other words, the doctor is now only called in as a last resort; the thought of his fees is ever in the patient's mind.' Under these circumstances it is useless for the doctor to recommend a nurse, as the patients cannot afford to pay the present fees. Personally, in several instances of late, I have been sent for to attend dying people and perform the last offices."

## OUR PRIZE COMPETITIONS.

*February 5th.*—What do you understand by a disinfectant? What methods would you recommend for the disinfection of (a) sheets, (b) mattresses, (c) boots, and (d) furs.

*February 12th.*—How would you care for a patient before, during, and after anæsthesia?

*February 19th.*—What do you know of sleeping sickness, its treatment and nursing care?



# The Midwife.

## CENTRAL MIDWIVES' BOARD.

### MONTHLY MEETING.

The Monthly Meeting of the Central Midwives Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on January 20th, Sir Francis Champneys presiding.

#### REPORT OF STANDING COMMITTEE.

On the report of the Standing Committee a letter was received from Mr. H. O. Stutchbury of the Ministry of Health, suggesting that a Conference be held with regard to the Rules when they have been revised by the Board, so that the Rules may be submitted to the Ministry of Health in a form which the Ministry can approve at once. This was agreed.

It was decided that a representation be made to the Minister of Health under Section 1 (1) of the Midwives Act 1918, that it is expedient that each of the members of the Board referred to in the Central Midwives Board (Constitution) Order, 1920, and who according to the provisions thereof are to be appointed for a term of three years, shall be appointed annually instead of for a term of three years.

#### APPLICATIONS.

The following applications were granted:—

*For Approval as Lecturer.*—Theodore Wright Allen, Esq., M.B.

*For Approval as Teacher.*—Midwives Harriett Louisa Ives (No. 28,708) and Lorna Stamm (No. 42,265).

#### EDMONTON COTTAGE TRAINING SCHOOL.

The Chairman reported on correspondence with the Honorary Secretary of the Cottage Benefit Nursing Association as to training at 260, Fore Street, Edmonton.

It was agreed that the Edmonton Cottage Training School be informed that under the present improved conditions of (a) premises and (b) Teaching Midwives, the Board is prepared to sanction the training of six pupils at a time.

The Secretary reported the presentation by two candidates for the February Examination of certificates of birth which had been tampered with. It was resolved in one case to adjourn the admission of the candidate to examination until an explanation was afforded, and in the other not to admit the candidate to examination.

Three midwives were admitted to the Roll by virtue of the possession of specified certificates gained after training and examination in the hospitals concerned in Scotland and Ireland.

The Secretary also reported having placed on the Roll the names of three midwives who had passed the examination of the Central Midwives Board for Scotland or for Ireland.

## PENAL CASES.

A special meeting of the Central Midwives Board was held at 1, Queen Anne's Gate Buildings on Thursday, January 20th, to consider the charges alleged against eight certified midwives, with the following results:—

*Struck off the Roll and Certificate Cancelled.*—Midwives Agnes Alma Brown (No. 11,493), Ellen Grundy (No. 36,824), Sarah Hewetson (No. 29,457), Arabella Matilda Hopton (No. 10,731), Lillian Kate Parsons (No. 12,690).

Of these, Midwife Ellen Grundy was convicted (on her own confession) upon four charges of theft, and sentenced to pay fines amounting to £10 at the City Police Court, Liverpool, on December 9th, 1920, and Midwife Hopton was sentenced at Gloucester Assizes to seven years' penal servitude on being found guilty of procuring abortion, and inciting to procure abortion.

Midwives Hopton and Parsons were also prohibited from attending on maternity cases in any capacity.

*Sentence Postponed.*—In the cases of Midwives Amy Hiscock (No. 10,858), Amy Lake Freeman (No. 15,220), and Alice Prior (No. 5,015), sentence was postponed, and reports asked for from the Local Supervising Authorities in 3 and 6 months.

## CENTRAL MIDWIVES BOARD FOR SCOTLAND.

At a meeting of the Board, held in Edinburgh, Sir J. Halliday Croom in the chair, the Viscountess Novar was introduced to the meeting and took her seat as a member of the Board.

On concluding the ordinary business, Sir Halliday Croom, in a valedictory address on his retiral from the Board, thanked the members for the loyal support he had received as Chairman, and referred to the pleasant and harmonious way in which the work had been carried out.

On the motion of Dr. A. Campbell Munro, seconded by Sir Archibald Buchan-Hepburn, a hearty vote of thanks was accorded to Sir Halliday Croom for the efficient manner in which he had discharged the important duties of Chairman of the Board since its formation during a period of five years.

The Board also expressed its appreciation of the able and valuable services rendered by Mr. D. L. Eadie, the Secretary.

It was intimated that the new Board would be constituted early next month.

Annie Klapproth, alias "Nurse Phipps," has been committed for trial at the Central Criminal Court on a charge of wilful murder, by performing an illegal operation, and Edward James Pratt with being an accessory before the fact.



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## EDITORIAL.

### THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

A meeting of the General Nursing Council was held at the Ministry of Health, Whitehall, on February 2nd (Mr. J. C. Priestley, K.C., presiding). We are confining ourselves in this issue to publishing some important recommendations of the Registration Committee to the Council, and next week we hope to give a full report of the proceedings.

#### REPORT OF THE REGISTRATION COMMITTEE.

##### REGISTRATION CERTIFICATE AND SEAL.

The Council had before it the report of the Registration Committee, presented by the Chairman, Mrs. Bedford Fenwick, which stated that they had made a final selection with regard to the Registration Certificate, and the Seal. The former, which is beautifully designed, secures to nurses on the Register the title of Registered Nurse; the latter is a most artistic impression. In the centre is a medallion bearing the figure of Hygeia, goddess of Health, with the rose of England on the right, and the daffodil of Wales on the left, and a scroll on which is inscribed "Anno Domini 1919" (the year of the passing of the Nurses' Registration Acts). In the pearl-bordered margin the title of General Nursing Council for England and Wales appears.

This beautiful Seal will, of course, be stamped on each certificate.

##### RULES FOR FUTURE NURSES.

Concerning the Rules for future Nurses, and the election of the Nurse Members of the Council, the Report pointed out that, as the Education Scheme drafted by the Education and Examination Committee was making good progress, the Rules for future Nurses would have to be considered in the near future, especially that providing for the election of the Nurse Members of the Council. In this connection it will be remembered that the Minister of Health,

in appointing the present Council, was good enough to take into consideration the representation of various phases of Nursing, and organisations of nurses. The Registration Committee considered that it was necessary to have sectional representation, and that such representation should be provided for in the rules regulating the election of the Nurse Members of the Council.

##### BULLETIN TO BE ISSUED.

It was further recommended that as soon as the Rules for Existing Nurses are agreed to, a Bulletin should be issued containing (1) Rules and Regulations; (2) Accredited Schools for Nurses; (3) the Nurses' Registration Act for England and Wales.

##### RULES TO BE EXPLAINED BY ACCREDITED DELEGATES.

Another very important recommendation made to the Council was that representatives should be sent to the various Examination Centres to explain the Rules for Existing Nurses, the method of the future election of the Council, and the whole system of Registration.

##### THE BADGE AND UNIFORM.

What also will be of immense interest to the whole Nursing Profession is the recommendation that the question of the Uniform and the Badge for Registered Nurses should be thrown open for an expression of opinion by the Nursing Profession at large. We hope that replies to this communiqué, and suggestions as to suitable designs, will flow in to the Registrar, so that the Council may have before it the opinion and wishes of those who will be privileged to wear these outward and visible signs of their professional status, before making a final decision.

When once these marks of professional standing are decided upon, we hope that every nurse who is entitled to wear the Registered Nurses' Uniform and Badge will take a pride in the way she wears them, remembering that when so doing she represents to the public not only herself, but the profession of which she has the honour to be a member.



## MEDICAL MATTERS.

### INDUSTRIAL FATIGUE.

A most interesting abstract of a paper on "Industrial Fatigue," read before the Royal Society of Arts on January 12th by Dr. Charles S. Myers, Sc.D., F.R.S., Director of the Psychological Laboratory of the University of Cambridge, is published in the *Lancet*, of January 22nd. Dr. Myers says, in part:—

"We have no satisfactory definition and no satisfactory test of fatigue. If we define fatigue by its effects, by the diminished quality and quantity of work done, we confuse it with mere boredom, and we neglect the fact that in certain conditions fatigue may temporarily be accompanied by increased output, owing to deficient higher control and to abnormal nervous excitements, just as may occur in the early stages of alcoholic intoxication. For these reasons output is not a really satisfactory criterion of fatigue. Yet at present no better criterion is available.

#### FIVE FACTORS INFLUENCING THE INDUSTRIAL CURVE.

"The mental work curve has been analysed to show the presence and effect of five different factors—fatigue, practice, incitement, settlement, and spurt—which have been found of great importance in the curve of hourly or daily output by the worker.

#### FATIGUE AND PRACTICE.

"The mental work curve, in the case of an inexperienced subject, will often fail to show signs of fatigue, because fatigue is masked by the varying amount of practice that continues, and comparison between successive periods of time is thus rendered impossible. With increasing experience the practice effects become less, and the fatigue effect would be expected to manifest itself earlier and more markedly; but with increasing experience the subject also begins to learn less fatiguing and more economical methods of working.

"Practice effects are invariably enormous at first and finally become minute. Conversely, when a subject loses a few days' practice the effects are hardly recognisable at first, but become more and more so later. As a celebrated pianist once observed: 'If I miss a day's practice, I notice the difference; if I miss two days' practice, my wife notices the difference; if I miss three days' practice, the public notices the difference.'

#### INCITEMENT, SETTLEMENT, AND "SPURT."

"Take a person away from his work for a few minutes and then let him return to it. He needs a short time to 'get going' again. The

effects of such a brief respite may be compared to the growing cold of an engine allowed to rest. Man likewise needs 'warming up' to his work. The inefficiency that occurs after such a brief period of rest is due to the loss of what has been technically termed 'incitement.' When work is resumed after a longer rest there occurs not only the loss of incitement, not only the loss of practice (*i.e.*, the decrease of manipulative or mental skill), but also the loss of a further factor which may be usefully distinguished as 'settlement,' the absence of which is responsible for the well-known 'Monday morning effect.' It occurs among those who have spent the week-end restfully as well as in those who have spent it in dissipation.

"The fifth and last factor is that of 'spurt.' No one puts forth his maximal power of work. Our muscular or mental capacity seems always to be held in restraint; our reserve powers are inhibited by higher control. In certain circumstances this higher control is itself fatigued or inhibited. Therefore, occasionally in conditions of fatigue an increased amount of work may be performed. Again, owing to extreme excitement due to emotional states, or as the result of increased interest or effort, a temporary spurt may affect the work curve. Two such spurts, 'initial' and 'end' spurts, may occur quite involuntarily. The first is the result of 'freshness,' analogous to the behaviour of a horse just released from its stall, while the end spurt may be likened to that of the tired animal approaching its stable.

"Initial spurts are inevitable, and end spurts do little harm, but intermediate spurts, especially when they follow annoying and worrying delays, are to be deprecated. They are apt to be succeeded by periods of reduced activity, just as the excitement produced by alcohol gives place to a state of depression.

"The analysis of typical industrial curves, in the light of these five factors, shows that in the fluctuations, for example, of a man employed eight hours a day in engineering work, there is no evidence of undue fatigue. Output rises uniformly in the first three hours of the morning; there is no undue fall during the last hour of the morning's or afternoon's work. . . . Comparing such an eight-hour work curve with a ten-hour work curve, also from a mechanic, we see that in the latter curve the morning's work starts from a much lower level, and the fall at the close of the morning's and afternoon's spells is far steeper. Here, indeed, we appear to see far clearer signs of fatigue; at all events, the efficiency in the eight-hour day work curve is distinctly greater than that in the ten-hour day work curve."



## NURSING ECHOES.

Miss Florence Nightingale Shore, whose cruel murder in the Hastings train remains a mystery of crime, was, as we have reported, the cousin and god-daughter of Miss Nightingale. A fund of five thousand pounds is to be raised in her memory to develop the usefulness of the Hammersmith District Nursing Association, in which Miss Shore was greatly interested. With the five thousand pounds asked for it is proposed to establish a new Home in which the Queen's nurses will live, provide a Children's Centre, and a Clinic for men still needing treatment after their disablement. Contributions for the Florence Nightingale Shore Memorial should be sent to the Hon. Treasurer, Councillor Marshall Hayes, 22, St. Peter's Square, Hammersmith, W.6.

The Council of the College of Nursing, Ltd., announces that 20, Cavendish Square is to be used exclusively as a Club, but we gather that professional women other than nurses will be eligible for membership. The number of nurses who can afford to pay an adequate subscription for the upkeep of such a Club is limited. The building for College purposes will not be erected at the rear of No. 20 until building is cheaper.

Lord and Lady Cowdray have obtained a 999 years' lease of the house, and increased their gift to the College to a total of £100,000. What indignation might have been saved if Lady Cowdray had made this gift spontaneously three years ago, instead of dragging the Nursing Profession through a slough of begging in the press, and in the streets, in the name of the Nation's Nurses. It is to be sincerely hoped now that the begging campaign will cease, and that through professional organisation the Nursing Profession will be left alone to work out its own salvation, through the influence of the Nursing Acts, as other professions claim the right to do. The blatant vulgarity of the appeal for the Nation's Fund for Nurses has aroused intense bitterness in the souls of the nurses, and they have a right to demand that it shall not continue. The profession has been sufficiently exploited by actresses and other society advertisers, and it does not intend to tolerate any repetition of the "Nurse Juliet" outrage. "Any such a person" will in the future be sought for in a Court of Law and will have to be produced!

Mrs. Helen Hartley Jenkins of New York,

says the *Johns Hopkins Nurses' Magazine*, has recently given an additional \$50,000 to the Department of Nursing and Health of Teacher's College, New York. The creation and development of this Department has been made possible through Mrs. Hartley Jenkins' generosity.

Beginning with a single professor, Miss M. A. Nutting, there are now 6 professors and assistants, and 20 paid instructors.

In 1909 the students numbered 18; during the past year 500 students were enrolled, representing 35 States and 15 other countries, England, France, Belgium, Russia, Hungary, Syria, Sweden, Norway and Denmark. They came from 148 schools of nursing.

In the last two years the Department has received 793 requests for principals for training schools and instructors and every branch of public health nursing.

Universities, throughout America are opening their doors to students from schools of nursing.

Hitherto nurses have been associated only with sickness and death, but now we are to share with other educators the splendid opportunity of teaching people "how to live."

The Salford Board of Guardians recently discussed the question of spending £70,000 on extensions to the nurses' home connected with their infirmary.

Mrs. Hampson said she did not think they should house and feed nurses for twenty-four hours now that the nurses were working only eight hours a day. If they are desirous of an eight-hour day, continued Mrs. Hampson, then we have no right to spend the ratepayers' money in housing and feeding them for twenty-four hours.

A resolution was eventually carried that the sub-committee seriously reconsider the question of providing outside accommodation for nurses rather than of extending the nurses' home.

Mrs. H. D. Williams, at Swansea Guardians Finance Committee, referred to the fact that the Queen's Nursing Association having terminated their local work owing to financial arrangements falling through, the poor were going un nursed, and suggested that a temporary nurse be engaged. She subsequently remarked that if the suggestion "had come from the other side" it would have been carried out. She then moved that the Nursing Association carry on with an additional £50 a year (making a total of £200), and after discussion this proposal was accepted.



## THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The Annual Meeting of the Matrons' Council of Great Britain and Ireland was held on the invitation of Miss S. M. Marsters, by the kind permission of the Committee of the Paddington and Marylebone District Nursing Association, at 117, Sutherland Avenue, on Saturday, January 29th at 3 p.m. The President, Miss Mildred Heather Bigg, R.R.C., was in the chair, and in the absence of Miss A. E. Hulme, Hon. Secretary, her duties were undertaken by Miss Beatrice Cutler.

The minutes of the previous meeting having been read and confirmed,

Applications for membership were next considered and action taken thereon.

The correspondence included a number of letters from members regretting their inability to be present.

### RE-ELECTION OF HON. OFFICERS.

Miss A. M. Bushby (Matron, Queen's Hospital, Hackney Road), Miss M. Lord (late Matron, Banstead Mental Hospital), and Miss A. Dowbiggin, C.B.E., R.R.C. (Matron, North Middlesex Hospital), whose three years' term of office as Vice-Presidents had come to an end, were unanimously re-elected.

Miss A. E. Hulme, Hon. Secretary, and Miss S. A. Villiers, Hon. Treasurer, were also unanimously re-elected, and the members cordially endorsed the proposition of the President that the meeting should, in addition, express its gratitude, for their services to the Council, which entailed a considerable amount of work.

### REPORT OF DELEGATE TO THE ANNUAL MEETING, NATIONAL COUNCIL OF WOMEN.

Miss Marsters, who, with Miss Terry (Bath) and Miss Kennedy (Clifton), had been appointed a delegate of the Council to the Annual Meeting of the National Council of Women at Bristol, in October, presented an interesting report on the meeting. The resolutions passed had covered a diversity of subjects including Proportional Representation (on which a resolution had been carried calling on the Government to adopt proportional representation both for Parliamentary and Municipal Elections), Illegitimate Children, Widows' Pensions, Women in Civil Service, Child Adoption, Guardianship of Infants, and the League of Nations.

In each instance she had voted as instructed by the Council. She had not, on account of the expense involved, voted on the resolution recom-

mending the adoption of a scheme for widows' pensions, on which there was a great diversity of opinion, though the resolution was ultimately carried.

It was agreed that the views expressed in many of the resolutions were admirable, but the doubt was expressed whether there was sufficient driving force behind them to carry them into effect.

Before the business meeting concluded the President asked Miss Marsters to convey to the Committee of the Paddington and Marylebone District Nursing Association the thanks of the Matrons' Council for their kindness in inviting the Council to meet in their charming Home. She thought it an excellent thing that the Hospital Matrons present should learn, at first hand, something of the work of district nurses. She then invited Miss Marsters to address the members on

### DISTRICT NURSING AND SOCIAL WELFARE.

Miss Marsters prefaced her address by saying that District Nursing, like the Scout Movement, demanded endurance, unselfishness and kindly action, and also tactfulness in imparting knowledge to the poor in their own homes.

She then said:

"In considering the position of the District Nurse of to-day we must acknowledge the fact that she is a great power and asset to be utilized in the scheme of the Ministry of Health for dealing with the problem of the Health of the Nation, she has for many years been in the field, long before lady sanitary inspectors, health visitors, infant life protection visitors, &c., were even dreamed of; she has been the pioneer of the health work of the nation, and it is most interesting to note the gradual developments which have taken place year by year since the early sixties."

Miss Marsters then traced the development of the work of District Nurses from its commencement in Liverpool in 1859, the establishment by Queen Victoria of the Queen Victoria Jubilee Institute in 1887 down to the present time, when the right to be a Queen's Nurse, and to wear the pendant and brassard denoting this, is granted only to nurses who have had a thorough hospital training, and have passed an examination after special training in district nursing. Their work is further subject to frequent inspection by highly trained Queen's Superintendents and Inspectors.

Miss Marsters herself came to London to be trained in district work in 1896, and said "The conditions under which the people lived in 1896 cannot be compared with the conditions of the present day, in spite of the shortage of houses. The housing was deplorable, and no one seemed to think anything of it; it was good enough for poor people. Wages were low, but food was cheap, also rents, but there was no accommodation for washing or cooking, no gas stoves, or penny-in-the-slot meters. Also transit was slow—only horse 'buses and trams. Men walked to their work, and



the women did not go out so much to work, and did more house work.

"District nurses had also to walk, so did not attend to so many cases. The result of the work of the nurses in past years is now being shown. The people, being better educated, are much quicker in understanding what to do, in the nurse's absence, with their sick, and follow out the nurse's instructions most carefully." Miss Marsters continued:

"Branches of work undertaken by the district nurse now are school nursing, including work in treatment centres, tuberculosis nursing, infant welfare work, health visiting, &c. Midwifery and maternity nursing are also undertaken, though not as a rule by the general nurse. In some single districts she combines the two, but this is not desirable, and I hope will soon be discontinued. A great deal of acute work is undertaken, specially in the time of epidemics; operations are attended when the room has to be cleared, cleaned, and made as aseptic as possible under the circumstances, and it is quite marvellous how well these cases do in their own surroundings.

"The housing scheme now in operation in many areas will make a vast improvement in the health of the people, and help to decrease the overcrowding which now exists, also the constant inspection from some authority or other is making itself felt."

Miss Marsters emphasised the importance of the district nurse, in addition to nursing the sick person, making note of the conditions as a whole, of the surroundings of the patient, seeing that the rooms are in good order, whether the income is sufficient for the size of the family, what the sleeping arrangements are, whether the children are well or poorly nourished, and the most likely reasons for the latter conditions, and must know to what agencies cases should be referred to.

She spoke of the danger of overlapping in work of visiting and relief agencies, and the need for their representation on a central organisation. She also expressed the view that six months is not long enough in which to train nurses in the special things that it is essential, in these days, for a good district nurse to know.

She impressed upon the Matrons present that the best type of nurse is needed for district work, not the one who has been somewhat of a failure in her hospital career. She must be a woman with some personality, with a broad outlook on things in general, practical and very conscientious, and thus able to win the confidence both of her patients and their friends, and must possess a real love of the work. It is indeed a vocation, and demands the very best of any woman who undertakes it. She also emphasised the necessity for the Superintendent of a District Nursing Association to have a practical knowledge of the work of the various health agencies in her area, where possible serving on their committees, and said:

"In conclusion I have great hopes with such a strong and efficient General Nursing Council

that the curriculum for the training of the nurses in the future will embrace all branches of nursing, so that when a nurse passes her final examination she will be a fully qualified nurse in every sense of the word."

An interesting discussion arose out of questions addressed to Miss Marsters, especially in regard to the future relations of private nurses and visiting nurses, which we hope to report in our next issue.

At the conclusion of the meeting the members, on the invitation of Miss Marsters, adjourned to the dining-room for tea—a tea at which everyone was seated at the great black oak table polished until it shone like a mirror, and on which were a generous assortment of daintily-cut sandwiches, and a variety of cakes. Many willing hands kept tea-cups well filled with tea, hot and delicious.

Tea disposed of, most of those present availed themselves of the opportunity to see the Home, which has already been described in this Journal, and greatly admired the results of Miss Marsters' organising powers. It is, indeed, distinctive of the work of the Q.V.J.I. that there should be refinement combined with frugality, the provision of everything that is requisite, without waste. The many devices for lightening labour, and keeping expenditure down to the necessary minimum, are due to the personal interest and pains taken by Miss Marsters in every detail of the arrangements and furnishing. The anthracite stoves in the nurses' sitting-room and dining-room, decided upon after an exhaustive study of heating methods of various kinds, were pronounced to be most satisfactory both as to heat-giving powers, economy, and labour saving. They are fed only twice in the 24 hours.

Miss Marsters was warmly thanked for her hospitality and for arranging such a pleasant afternoon.

M. B.

#### THE "TRUBY KING" SYSTEM.

At a meeting of the Royal Victorian Trained Nurses' Association, the President reported that a meeting had been held at the Town Hall, Melbourne, to consider the best means of establishing the "Truby King" system of saving infant life, and it had been agreed that this system should be established, and that the R.V.T.N.A. should be requested to send delegates to future meetings.

As skilled nurses are the chief instruments in the practical application of the "Truby King" system, those who hope to promote it are wise in securing the help and sympathy of the trained nurses' national organisations.

The goal of the Mothercraft Training Centre at 29, Trebovir Road, Earl's Court, is to teach every mother who seeks its advice; to restore to health every ailing baby who comes to its doors.



## THE COLLEGE OF NURSING, LTD.

On January 28th and 29th the Hon. Sir Arthur Stanley, Chairman of the College of Nursing, Ltd., addressed meetings at Cardiff and Swansea. At Cardiff to promote the establishment of a local centre of the College, and at Swansea to explain "The Formation of the College of Nursing, and its Aims and Objects." The address on each occasion was on much the same lines.

Sir Arthur detailed the various activities of the College, claiming for it, amongst other things, the credit of securing State Registration of Nurses. He also spoke of the Nation's Fund for Nurses, and said that the College of Nursing was largely responsible for its management.

At Cardiff there was no discussion; at Swansea, discussion having been invited, Mr. W. F. Brook, F.R.C.S., Consulting Surgeon to the Swansea General Hospital, raised the question of the conditions of admission to membership of the College, and gave details of the training and experience of two nurses refused admission to its Register who, within his own knowledge, were very able nurses. He complained of certain references in College literature, which clearly led to the assumption that nurses not on the College Register were dangerous to the public, yet one of those he referred to had trained nurses afterwards admitted to membership of the College.

Sir Arthur Stanley contended that the College must adopt some standard, but said that probably as soon as the decision of the General Nursing Council as to the standard adopted by it, was made known the College would have a term of grace, extending to the same period as that of the Council.

Miss Isabel Macdonald said she considered the difficulties Mr. Brook referred to arose from the fact that when the public was appealed to, to finance the College on behalf of the "Nation's Nurses," there was no indication that all the Nation's Nurses were not to benefit from the Fund, which had appealed for and received money for all—from an untrained manequin (said to have gone to the Front) upwards.

She stated that the Royal British Nurses' Association had been refused permission to speak at Cardiff on the previous day, and inquired whether the meeting was financed by money arising from the Nation's Fund, from the guineas paid by nurses to the College (which should be ear-marked for quite a different purpose), or by the people of Cardiff. She also asked Sir Arthur Stanley whether "Nurse Juliet," for whose relief the College had obtained money, did, or did not, exist, and why no statement of accounts had been issued by the Nation's Fund, in spite of repeated demands?

Sir Arthur Stanley had stated that the College would "make the standard for the future." Such a statement was entirely misleading. The General Nursing Council, the statutory body set up by Parliament, would define the standard for trained nurses. No other body could.

In reply Sir Arthur Stanley stated that the tea at Cardiff was given by the Lady Mayoress and the Hall was free, but he made no statement as to the source from which travelling and printing expenses were met, nor as to whether "Nurse Juliet" does or does not exist.

### MEETING AT BIRMINGHAM.

On Tuesday, February 8th, at 5.30 p.m. in the Lecture Theatre of the General Hospital, Birmingham (by kind permission of the Governors), W. Benwell, Esq., will give an address on "The Organisation of the Middle and Professional Classes," with special reference to the nursing services. All trained nurses are cordially invited to be present. Members are asked to bring their friends. Admission free.

## THE PROFESSIONAL UNION OF TRAINED NURSES.

The Professional Union of Trained Nurses will hold its Annual Meeting on Easter Tuesday, March 29th.

It is important that members should know that all nominations for election of the Officers and Council must be delivered to the Secretary six weeks before that date. It is also important for members to realise that only those who have paid their subscriptions up to date and hold the Membership Card for 1921, can attend any meeting of the Union.

A Private Nurses' Section has been formed to safeguard the interests of the Private Nurse. Of all Sections, the Private Nurse is the soundest asleep! A meeting will be held the second Tuesday in each month at 4 p.m., at 17, Evelyn House, 62, Oxford Street, W.1, to which all Members of the Union who are Private Nurses are invited, to talk over their own affairs. Admission by Membership Card.

MAUDE MACCALLUM,  
*Hon. Secretary.*

## SCOTTISH NURSES' CLUB.

The members of the Scottish Nurses' Club, 205, Bath Street, Glasgow, are to be congratulated that it has proved such a success that it is to be extended in the immediate future.

At a special meeting of the trustees on January 25th, the Marchioness of Ailsa, President, announced that at the last meeting of the trustees she was authorised, with their legal adviser and the honorary treasurers, to take such steps as they considered advisable to secure an extension of the premises as soon as possible. It was difficult to find words in which sufficiently to express her happiness at being able to announce that they had secured the adjoining property, and would enter into possession as soon as could be arranged after the May term, and that they had in hand, or promised, the money to pay for it. This result had been achieved by the generosity and energy of Sir Thomas Dunlop and Sir Joseph



Maclay. Thus the first fruits of the alliance of their joint honorary treasurers had ripened with tropical rapidity. No wide special appeal had been made; the sum already secured had been obtained solely by personal effort and goodwill. But though the purchase money of the property was in hand, more was needed in order to provide a house for the nursing profession adequate to the service they render to the community. They desired to avoid making any public appeal, but to keep themselves open to the tide of private sympathy and kindness flowing in so warmly upon them.

Lady Ailsa said further that the Trustees regarded themselves not only as trustees of the Club, but also as responsible to those who had so generously subscribed and entrusted them with their money, to use it in the most economical and efficient way possible.

Much gratification was expressed at the statement, and at the conclusion of the meeting of the trustees Lady Ailsa and Sir Thomas Dunlop, at their request, attended a meeting of the Committee of Management and informed it of their proposal as to the extension of the Club.

## HOW TO BE FAIR TO YOUR FEET.

These are some of the most important shoe sins:—(1) Arches, (2) curving inner edges, (3) pointed toes, (4) high heels, (5) tight fitting, (6) poor fitting.

And these are a few of the impairments they produce:—(1) Bad posture, (2) weak abdominal muscles resulting from bad posture, (3) fatigue, (4) nervousness, (5) deformation of the foot, (6) impaired circulation.

The day will come when the narrow, high-heeled shoe will be unanimously derided and will look as out of place as would a crinoline and hooped skirt in the subway. The untrammelled toes of the baby and primitive man are the perfect models. If the modern shoe was even beautiful since it cannot be comfortable, our suffering might not seem so absurd. But just watch people crossing a street, and mentally compare their staccato hops and affected jerks with the rhythmic swing of the savage. Grace is his because he has flexible, broad, and strong support for his weight. As you ride down town in the car, take a shoe census, and see how many well-shaped feet you see and how many well-fitting shoes.—*From the Health Letter of the Life Extension Institute, New York City.*

## PROFICIENCY IN HYPODERMIC INJECTION.

Mr. Ernest William Proby Conant, of Lyndon Hall, Rutland, Lord of the Manor of Lyndon, Rutland, and Aslackby, Lincoln, has bequeathed £150 to the Stamford, Rutland, and General Infirmary, for the endowment of an annual examination, with prizes for proficiency in the science and practice of hypodermic injection, to be open to all nurses regularly employed there.

## APPOINTMENTS.

### MATRON.

**Normanhurst Hospital, West Hartlepool.**—Miss M. M. Steward has been appointed Matron. She was trained at the Chelmsford Hospital, and has been Charge Nurse at the Cameron Hospital, West Hartlepool; and has done war work in Malta and Norwich.

**General Hospital, Willesden.**—Miss Emily Brooker has been appointed Matron. She was trained at the Norfolk and Norwich Hospital; and has been Assistant Matron at the West London Hospital, Hammersmith.

**Ayrshire Sanatorium, New Cumnock.**—Miss E. H. Gordon has been appointed Matron. She was trained at the Royal Infirmary, Newcastle-on-Tyne, and has been Sister at the Park Hospital, Lewisham, and Matron of the Moreton Paddox Military Hospital, Matron of the Cornelia Hospital, Roehampton, and Matron of the Craiglea Hospital for Officers, Troon, Ayrshire, which position she at present holds. She has also had experience of private nursing.

### ASSISTANT MATRON.

**Royal Albert Edward Infirmary, Wigan.**—Miss S. Lunn has been appointed Assistant Matron. She was trained at the General Hospital, Nottingham, where she subsequently held the positions of Sister and Night Superintendent.

### THEATRE SISTER.

**Seamen's Hospital, Greenwich.**—Miss Elizabeth Dunn has been appointed Theatre Sister. She was trained at the Royal Infirmary, Manchester, where she subsequently held the position of Theatre Sister and Out-patient Sister. She has also done War Service.

Miss E. Williams has been appointed Theatre Sister. She was trained at the General Infirmary, Wrexham, and has been Sister at the Bedford County Hospital, King Edward VII's Hospital, and the General Hospital, Darlington.

## QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

### STAFF NURSE (TEMPORARY).

The following ladies have been appointed Staff Nurses (temporary): Miss C. L. Barker, Miss M. Hillman, Miss R. Lucas, Miss R. Spry, and Miss H. E. Whitman.

## THE PASSING BELL.

We greatly regret to record the death in a nursing home in London, of Miss Charlotte Keene, for seventeen years a member of the staff of the Registered Nurses' Society, 431, Oxford Street, London, W., in which connection she did excellent work, and her services were much appreciated by the patients she nursed. She resigned her position on the R.N.S. in 1915, after which she did war nursing. She had been in ill health for some time, and passed away on Sunday morning last. She had had a long and varied nursing career, and colleagues both in England and Scotland will hear with sorrow of her death.

Much sympathy will be felt with the relatives of the late Miss Margaret Gething, a probationer at the London Temperance Hospital, who was killed in the Cambrian Railway accident at Abermule, on January 20th. Miss Gething was returning to London after a holiday spent at her home at Llandinam, Montgomeryshire, to take up work again.



## KING EDWARD'S HOSPITAL FUND FOR LONDON SUGGESTS CONTROLLING THE VOLUNTARY HOSPITALS.

The General Council of King Edward's Hospital Fund for London have passed resolutions outlining the policy to be recommended for the preservation of the voluntary system of hospital management and control.

It is laid down that any method of increasing income should be such as not to stop voluntary contributions or do away with voluntary management.

Among the methods of supplementing voluntary income suggested are:—

Contributions from patients in consideration of treatment received;

Regular contributions from prospective patients as a kind of quasi-insurance or partial patients' payment in advance;

Payment by Government or other public authorities in respect of the treatment of any classes of patients for whom those authorities have taken responsibility.

By strengthening financial control and by co-operation between hospitals further economies may be effected.

The necessity for a central organisation would be met, the Council thinks, by King Edward's Hospital Fund itself, with provision for co-operation in matters of general policy with a separate central administrative body for extra Metropolitan hospitals.

### CENTRAL POOR LAW CONFERENCE.

Dr. Addison, Minister of Health, is to attend the Central Poor Law Conference, which is to be held in London on February 15th and 16th, and no doubt the questions of the utilisation of vacant beds in Poor Law Infirmaries, for the overflow of patients from voluntary hospitals, and the admittance of paying patients in Poor Law Infirmaries should receive consideration at the Conference.

## THE HOSPITAL WORLD.

A representative gathering of members of the board of management, the medical staff, and the governors and subscribers of St. Mary's Hospital, Paddington, have made a parting gift to Mr. Thomas Ryan on his retirement from the Secretaryship of the hospital after a tenure of office of more than thirty-three years.

The presentation, in the form of a cheque, was made by the chairman, Mr. Arthur R. Prideaux, who spoke in warm terms of Mr. Ryan's distinguished services to the hospital.

Mr. Herbert F. Rutherford, Secretary of the Beckett Hospital, Barnsley, has been appointed

Secretary of the Metropolitan Hospital, Kingsland Road, N.E., in succession to Mr. Guy B. Dale, who died last month as the result of a motor cycle accident. Mr. Rutherford succeeded Mr. Dale at Barnsley last March.

The Voluntary Hospitals Inquiry is being held at the Ministry of Health in private. Organisations which wish to give evidence should communicate with Mr. L. G. Brock, Secretary of the Committee.

There have been several discussions at inquests of late concerning the almost immediate deaths of patients removed from voluntary hospitals to Poor Law Infirmaries. For the sake of humanity this ought not to be. There should be a provision of observation wards in connection with the out-patient department of hospitals, and no patient if seriously ill should be moved because he is likely to be a long case, or is an uninteresting one.

The National Relief Fund has had allocated to it the sum of £700,000 from the Prince of Wales' Fund for the purpose of assisting voluntary hospitals with their war debts. Numbers of hospitals are receiving grants of many thousands of pounds, which must be a great relief to hard worked secretaries and anxious committees.

SURGEON: Now how would you tell that a man was a bleeder?

STUDENT (*promptly*): I'd puncture him.

SURGEON: Really! Where?

STUDENT (*fortissimo*): THROUGH THE SKIN!—  
(From *St. Bartholomew's Hospital Journal*.)

### TO THE "PERFECT V.A.D." FROM THE "OTHERS."

My dear good woman, for Heaven's sake  
Go on duty, and make a mistake.  
Couldn't you lose the O-Cedar mop,  
Or hear "Sister" call, and refuse to stop?  
Or carelessly over-dilute the sauce,  
Or polish the glasses with undue force?  
Or slide on some Ronuk, and drop the jugs,  
Or forget at dinner to fill the mugs?  
Dear Lady, your path is perfectly plain—  
*Make a mistake*, and relieve the strain.  
Sweep cigarette ends under the mat,  
Whistle on duty, and say it's the cat.  
Use the telephone far too long,  
Teach the soldiers a shocking song,  
Sit on the edge of a patient's bed,  
Bandage a limb for an injured head,  
Anything—anything—do what you like,  
*But don't be perfect*, or we shall strike.

MARJORIE D. TURNER, London/60.

—From *The Red Cross*.



## A NOBLE EXAMPLE.

The proposal to found a scholarship or a lecture, in memory of Sir Victor Horsley will, we feel sure, be received very sympathetically by numbers of nurses, to whom his name stands for chivalry, sympathy, and forceful action in relation to their demand for registration under State Authority, a reform in which he was deeply interested, but unfortunately did not live to see.

A strenuous and fruitful life was consummated by a self-sacrificing death, and the lonely grave in Mesopotamia is a holy place, the memory of which should inspire those whose privilege it was to know Sir Victor Horsley to emulate his noble example. Crowned with professional laurels and honour, possessed of wealth and supremely happy in his home relations, he willingly offered all when the need arose, on the altar of patriotism, consumed with a burning desire to serve his country, and to alleviate suffering.

The Hon. Treasurers of the Fund are Sir Frederick Mott, K.B.E., F.R.S., 25, Nottingham Place, W.1, and Dr. Howard Tooth, C.B., C.M.G., 34, Harley Street, W.1, or contributions may be paid to the Victor Horsley Memorial Account at the London County Westminster & Parr's Bank, Hanover Square Branch, W.1.

## REPORT TO BE PUBLISHED.

The whole of the evidence which has been taken by the Special Committee on Venereal Disease, in connection with the Birth Rate Commission, during its inquiry into this problem, is to be published for the benefit of the nation. The evidence deals with the extent of these grave diseases and the means adopted to combat them, in the Army and civil population, and among the British and American troops on the Rhine.

The Committee's report, which will be published with it, will deal with the medical and moral aspects of the problem of disinfection. It is anticipated that the report will arrest public attention by its candour and thoroughness, and result in a united and stronger attempt being made to prevent these racial diseases.

## BOND'S MARKING INK.

The question of a satisfactory marking ink is one of great moment to hospital authorities, Superintendents of Nursing Homes, and also to individual nurses and members of the public, for, considering the cost of linen in these days, it is of the utmost importance that it should not be lost because the mark has washed out, or be spoilt because a corrosive ink has eaten a hole in it.

These disasters are avoided by using John Bond's "Crystal Palace" Marking Ink, which may be obtained for using either with, or without, heating. It is sold in 6d. and 1s. bottles, or by the ounce, pint or quart. It is indelible, and has a long standing and world-wide reputation.

## PROFESSIONAL REVIEW.

### A SHORT HISTORY OF NURSING.\*

"A History of Nursing," in four volumes, by Miss M. A. Nutting, R.N., and Miss L. L. Dock, R.N., is a classic which will always be an indispensable book of reference, but Miss Dock, in collaboration with Miss Isabel Maitland Stewart, A.M., R.N. (Assistant Professor in the Department of Nursing and Health at Teachers College, Columbia University, New York), has done wisely to prepare a short history, in one volume, for the use of student nurses, which, for the most part, has been condensed from the larger work. The authors state that though Miss Nutting's name does not appear on this volume, it was at her suggestion that the work was undertaken.

### WHY WE STUDY NURSING HISTORY.

The "Introductory Outline" sets forth that "No occupation can be quite intelligently followed or correctly understood unless it is, at least to some extent, illumined by the light of history interpreted from the human standpoint. The origin of our various activities, the spirit animating the founders of a profession, and the long struggle toward an ideal as revealed by a search into the past—these vivify and ennoble the most prosaic labours, clarify their relation to all else that humanity is doing, and give to workers an unflinching inspiration in the consciousness of being one part of a great whole. For example, the labour movement, to those who know its history, appears as a mighty drama to which the uninformed may be quite blind. . . . The nurse, or teacher, who knows only her own time and surroundings is not only deprived of an unflinching source of interest, she may also be unable to estimate and judge correctly the current events, whose tendency is likely to affect her own career. We must know how our work of nursing arose; what lines it has followed and under what direction it has developed best. Possessing this knowledge, each one may help to guide and influence its future on the highest lines, and, in harmony with its historical mission. . . ."

"The development of the nursing art depends on three things. First, there must be a strong impulse or motive prompting one to care for those who are suffering or helpless. The maternal or parental instinct is the main source of this impulse, and it is found in human beings of all races and ages, and of both sexes, though it is generally held that women, as a rule, are more largely endowed with it than men. . . . This main motive, re-inforced as it has been at different epochs by religious fervour, love of country, and other compelling forces, has, in all ages, led people to lives of service and self-sacrifice for the sake of others. This spirit is essential. Then a certain degree of skill and expertness must be attained.

\* Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C., price 17s. 6d.



Without this, love and care alone would not suffice to nurture health or overcome disease. . . . "Nursing art, like medical art, is based on science, or knowledge of facts and truth. Only as science displaced superstition could these arts make real, substantial progress, and this is why we are so much interested in following every step in the development of a knowledge of nature, and especially of medical science throughout the ages. Only the awakening of women to intellectual life and emancipation has been of equal significance in the history of nursing, with the history of the medical profession.

"The work of nursing the sick has, in the past, had a greater share in the dramatic and picturesque features of social life than other lines of so-called women's work. At epochal historical periods our profession has taken on unique and surprising forms, and prominent nurses, both men and women, have led lives of high adventure and distinction. The call of nursing is to follow the sick and injured wherever they are; thus it has often had periods of full publicity when it has shared in all the pageantry of war and peace. This dramatic character, with the universal appeal to sentiment and sympathy made by suffering, has made nursing the favourite preoccupation of noble and royal women, from the earliest dawn of history, as has been illustrated afresh in the recent war, when queens and empresses have put on the nurse's uniform. As a profession for self-supporting women in modern times nursing has suffered from this patronage, yet it has also in the past been benefited by it. Whether helpful or not, this is a factor which will always have to be reckoned with while social distinctions last.

"While the prevailing status of women in the passing centuries was faithfully reflected in the ranks of nurses at work, it was also, at favourable periods, considerably influenced and modified by their activities. There is in the nature of nursing something which resists convention and artificial restriction. Pioneers and leaders in our profession have always felt this, even in remote centuries, and have shown a courage and an independence in action that must always have contributed definitely, even if unconsciously, to the feminist movements of their day. From this aspect of the 'woman movement' the social prestige of high-born women who entered nursing has been very helpful, while, as modern times approached, nursing became a pioneer in offering economic independence to women of education and good family, whose sole other alternative was 'governessing' or needlework."

#### MEDICINE AND NURSING.

The authors then go on to show how medicine and nursing have always been most intimately allied, and at first one and the same. "As time went on two special branches of the art diverged—the medicine-giver and the care-taker. Though their spheres may, at times, have merged into one another, yet mainly the nurse (not always, but

usually a woman) has been the one who personally cared for the sick and helpless patient, attended to his food and other physical needs, gave solace and comfort according to the prevailing degree of mentality or instinct, learned to apply simple remedies for the relief of pain, and was selected to assist the physician in his treatments. The physician has been the one who was called in; whose wisdom has been relied on to find out the cause of illness, to prescribe treatment, to perform operations, or to conduct the ceremonials of magic or of religion to banish the evil elements that caused the crisis. . . . The physician is often a model nurse. But for the attainment of the highest efficiency the whole field of the care of the sick has come to be divided into various departments, one of which is the caretaking or nursing, and to this has now been assigned much that used to be given to the medical man. Perhaps the one essential dividing line between nursing and medical specialties is that they require a different discipline, a different administration. What this shall be has formed the controversial element in nursing history. To-day, the field of work has again been further divided by the specialization of sanitation. Not every sanitarian is a physician or a nurse, but every physician and nurse must be something of a sanitarian."

It will be realized from the foregoing that the authors deal in a most inspiring way with the history of a profession which is second to none in high traditions, in a *personnel* which has included some of the finest men and women in all ages, which makes demands upon the brain, the hand, and the heart, thus rendering it a most satisfying profession to women of high altruistic aspirations, which calls and needs such women, if preventable suffering is to be prevented, and if suffering, when it occurs, is to be alleviated and cured.

In its present form the History is essentially a book for the class use of student nurses.

The book should have a place on the shelves of every training school library, and nurses trained, and in training, should not rest until they have not only read, but mastered and absorbed its contents.

In future issues we hope to discuss some of the many interesting facts with which this volume abounds, and deals so interestingly and brilliantly.

E. G. F.

#### COMING EVENTS.

*February 7th and 8th.*—The Guild of St. Barnabas for Nurses. Bazaar and Café Chantant. 46, Upper Grosvenor Street, W.1. Opened by H.H. Princess Marie Louise. 12 o'clock.

*February 17th.*—Her Majesty the Queen lays the Foundation Stone of Queen Mary's Home for St. Bartholomew's Nurses. St. Bartholomew's Hospital, E.C. 3 p.m.

*February 17th.*—Monthly Meeting, Central Midwives' Board, Queen Anne's Gate Buildings, Dartmouth Street, 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.*

## SYMPATHY FOR ISLINGTON INFIRMARY NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—At a largely attended quarterly meeting on January 29th of our Poor-Law Infirmary Matrons' Association it was unanimously decided that we should, through the medium of the nursing Press, extend our very real sympathy to the Matron and nursing staff of St. Mary's Infirmary, Islington, for the very trying and disagreeable time they have experienced lately.

Some remarks occurring in the course of a report by the Lady Inspector, intended in all probability as helpful criticisms to the authorities, got into the Press, and were circulated far and wide before any enquiry could be held.

By this means a very misleading and unfair impression was conveyed to the public in connection with an infirmary which is amongst the foremost rank of the Poor-Law training schools for nurses.

The nursing staff of the Islington Infirmary have always held a very honoured position in the nursing world, and we feel sure they will continue to do so in the future.

Yours very truly,

ELEANOR C. BARTON

(President Poor-Law Infirmary Matrons' Association).

## THE USE OF CATHETERS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Can you kindly explain why doctors still order a catheter to be passed, a short time before a bladder operation, in cases where there is no difficulty in passing urine naturally? In cases I have observed the patient often is quite calm and comfortable until then, when the excruciating pain, described as that of suction, is so great (even if sometimes lessened a little if urine is afterwards passed naturally) that a very depressed condition of spirits arises which cannot be good for patient, who has to look forward to the anæsthetic as oblivion out of which he or she wishes never to return. Nurses entering into the profession to try and relieve pain, are loth to inflict it unless really necessary, and in my opinion much more could be done after the anæsthetic has been given. I should be glad of your help, seeing you kindly invite questions, and knowing that many nurses would like to understand more about the use of catheters.

Yours faithfully,

Taunton.

MARY SOUTHWELL.

[Surgeons order the catheter to be passed before any abdominal operation, or one which

involves the bladder, because it is essential to remove any residual urine which in such cases may be left in the organ even though the patient seems to pass urine naturally. Done with proper care and gentleness it should give little or no actual pain to the patient, though nervous patients often express fear before it is done.—ED.]

## KERNELS FROM CORRESPONDENCE.

## A CAUSE OF CONSTIPATION AMONGST NURSES.

*A Guy's Nurse.*—"I have been reading your article on a day in the Guy's Hospital Preliminary Training School, and I notice what I consider a great mistake is still existent, and think attention should be drawn to it. Many found it a great trial and their health was upset by it, and that was that no time is allowed for the 'calls of nature' between chapel in the morning and going on duty. This means real suffering to people brought up to be punctual at about that hour all their youth."

[This is a most important matter, and recommendations were made in relation to it, upon the suggestion of Dr. Crouch, in the Report on the Economic Position of Nurses issued by the National Council of Women. The Report recommended that one w.c. should be provided for each six nurses, as it was pointed out to the Committee by a doctor responsible for many years for the health of a large body of nurses that 75 per cent. were suffering from constipation, from which they were free up to the time of their training. It was abundantly evident that this condition was due to two causes. Firstly, the insufficient time allowed after breakfast for using w.c.'s, and, secondly, the small number of w.c.'s available. It is unnecessary to point out what a serious impediment to good health such a condition is. In building, or re-modelling, ward lavatories there should always be one section reserved and locked for the use of the nursing staff.—ED.]

## THE PAY OF PROBATIONERS.

*Poor Law Infirmary Matron:* "I consider the very high pay of probationers—from £40 to £50 a year—only encourages the wrong class of women to enter for training. It is more than they can earn in service, as they are usually entirely ignorant either of domestic work, cooking or dressmaking, and through lack of education can seldom attain the qualities and knowledge required for supervision. I should like to see the day return when educated girls paid for their training—the type who made efficient sisters and matrons—and am of opinion that a "Registered Nurse" should not be offered a salary of less than £100 a year."

## OUR PRIZE COMPETITIONS.

*February 12th.*—How would you care for a patient before, during, and after anæsthesia?

*February 19th.*—What do you know of sleeping sickness, its treatment and nursing care?



# The Midwife.

## SCOTTISH BOARD OF HEALTH.

### MIDWIVES (SCOTLAND) ACT, 1915.

We print below the constitution of the Central Midwives Board for Scotland as from February 1st, 1921, with the appointing body and the members appointed:

#### IN TERMS OF SECTION 3 (1) OF THE ACT.

*Scottish Board of Health* (3 members, two of whom shall be midwives practising in Scotland).—Miss Alice Helen Turnbull, Superintendent Health Visitor, Maternity and Child Welfare Department, Edinburgh. Midwives practising in Scotland: Miss Isabella Lewis Scrimgeour, Superintendent, Cottage Nurses' Training Home, Govan; Miss Kate Leslie Scott, Chairman of Council of Scottish Midwives' Association, 15, Carden Place, and 1, Carden Terrace, Aberdeen.

#### IN TERMS OF SECTION 3 (2) OF THE ACT.

*Association of County Councils for Scotland* (one member).—Sir Archibald Buchan-Hepburn, Bart. (Convener of Haddington County Council), Letham, Haddington.

*Convention of Royal Burghs of Scotland* (one member).—Sir Robert Cranston, K.C.V.O., &c., 19, Merchiston Avenue, Edinburgh.

*Queen Victoria Jubilee Institute for Nurses Scottish Branch* (one member).—James Haig Ferguson, Esq., M.D., F.R.C.S.E., 7, Coates Crescent, Edinburgh.

*Society of Medical Officers of Health of Scotland* (one member).—Dr. A. Campbell Munro.

#### IN TERMS OF SECTION 3 (3) OF THE ACT.

*University Courts of the Universities of Edinburgh and St. Andrews* (one member, conjointly).—Professor J. A. C. Kynock, Professor of Midwifery in the University of St. Andrews.

*University Courts of the Universities of Glasgow and Aberdeen* (one member, conjointly).—Professor Robert Gordon McKerron, M.A., M.D., Professor of Midwifery in the University of Aberdeen, 2, Queen's Terrace, Aberdeen.

*Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, Royal Faculty of Physicians and Surgeons of Glasgow* (one member, conjointly).—Dr. Robert Jardine, F.R.F.P.S. (Glasgow), 20, Royal Crescent, Glasgow.

*Scottish Committee of British Medical Association* (two members).—Dr. Michael Dewar, 5, Chalmers Street, Edinburgh. Dr. E. H. L. Oliphant, 23, Newton Place, Glasgow.

The retiring members of the Board, which has held office for three years, are the Chairman (Sir Halliday Croom, M.D., F.R.C.P.), the Lady Balfour of Burleigh, the Lady Susan Gordon Gilmour, Sir Robert Kirk Inches, Professor Murdoch Cameron M.D., C.M., and John Wishart Kerr, Esq., M.B., Ch.B.

The three members formerly appointed by the Lord President of the Council are now appointed by the Scottish Board of Health

Two members of the Board, while retaining their seats, represent different interests. Miss Turnbull, nominated by the Lord President of the Council, as a certified midwife practising in Scotland, is not now so practising, and is succeeded in this capacity by Miss Kate Leslie Scott, who holds the certificate of the General Hospital, Leith, as a trained nurse, and obtained admission to the Midwives Roll in virtue of holding the L.O.S. Certificate. Miss Turnbull, however, retains her seat as a nominee of the Scottish Board of Health, *vice* The Lady Balfour of Burleigh, thus giving an additional midwife on the Board. Dr. James Haig Ferguson, formerly appointed by the Royal College of Physicians and Surgeons of Edinburgh, and the Royal Faculty of Physicians and Surgeons of Glasgow conjointly, is now appointed by the Scottish Branch of the Queen Victoria Jubilee Institute.

## PRACTISING MIDWIVES.

It is a matter of common knowledge that many women who obtain the Certificate of the Central Midwives Board do not practise as Midwives. The Board has, therefore, adopted the practice of prefixing a dagger in the Midwives' Roll to the name of every woman appearing in the lists returned to it by the Local Supervising Authority as having notified her intention to practise. In 1919 the total number of practising midwives was thus ascertained to be 11,488, of whom 7,865 or 68.5 per cent. are trained, and 3,623 or 3.5 per cent. are untrained. On March 31st, 1920, the latest date covered by the Report of the Work of the Board, the Midwives' Roll contained the names of 45,960 midwives, of whom 37,056 are trained. There is, therefore, a large reserve of certified midwives which could be attracted to midwifery work if the conditions of service, pay and emoluments were made attractive to them.

## INFANT WEIGHT CHART.

Messrs. H. K. Lewis & Co., Ltd., of 136, Gower Street, and 24, Gower Place, W.C.1, have published a very excellent Infant Weight Chart (1 oz. scale) price 2s. 6d. net, which would be most useful to midwives and maternity nurses, and as it extends over a period of 26 weeks they would be able to instruct the mother how to keep the chart with great benefit to the infant, for the weight chart is an excellent evidence of a child's condition.

The chart measures 24½ ins. by 20 ins., and is arranged to measure 8 ins. by 5 ins. when folded in cover. It is divided for daily records, each week being marked off by a thicker line. The daily space is for recording increase or decrease in ounces, and at the left hand side the weight in lbs. and ½ lbs. is indicated.

We commend this useful chart to our readers.



# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
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EDITED BY MRS BEDFORD FENWICK

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Vol. LXVI

## EDITORIAL.

### THE LADY WITH THE DUSTER.

One of the difficulties in connection with the examinations for probationers in the past has been that, as they have mainly been conducted by medical examiners as to the theoretical knowledge of candidates, there has been a tendency on the part of some of the examinees to under-estimate the importance of the practical side of their work; whereas theory is of importance because it enables them to understand the scientific principles underlying practice, and to apply those principles intelligently.

We hope, when the Schedule of Training arranged by the General Nursing Council is promulgated, that emphasis will be laid on the necessity for systematic instruction of probationers in the details of ward management, for, without it, whatever theoretical knowledge they may have acquired, if they lack practical knowledge, they must fall short of the standard required for the care of the sick, whether in hospital, or private, district, or other sections of nursing.

One of the most important branches in which a nurse should be proficient is Domestic Ward Management, in which are included the method of cleaning, the care of furniture, bedsteads and cupboards, the care of bedding, linen, blankets, waterproofs, the care of kitchen, bathroom and lavatory, sanitary methods of cleaning utensils, baths, lavatories, crockery, disposal and disinfection of soiled linen and dressings, cost and management of stores, &c.

It may be thought that the majority of these items only include knowledge which every girl should possess when she enters a hospital for training, for she should have learnt them as matters of housewifery, concerning which every woman who aspires to keep a house of her own should be conversant and competent. Most Matrons, however, will, we believe, endorse

our statement that the majority of probationers who enter a hospital for training do not know how to handle a duster, and are ignorant of the fundamental details of good housewifery.

We hope that one of the indirect effects of the systematisation of training under State authority will be to instil into the minds of both parents and children the honourable nature of domestic work, and the important place it should hold in the education of every girl.

And, therefore, in the examinations of the General Nursing Councils, we hope that a prominent place will be given to examinations, conducted by experienced registered nurses, in which the examinees will be required to demonstrate their practical knowledge of the fundamentals of good nursing, which are to keep the surroundings of the patient clean and sanitary, and to make him comfortable. Nurses should take a pride in excelling in this branch of nursing, and a high place in this section of the Council's examination should be regarded as an honourable distinction.

On such a foundation it is easy to build up a good working knowledge of the principles of asepsis, but without a true appreciation of the necessity for cleanliness, sweetness and light in all departments, as a basis on which to build one's work in the care of the sick, a nurse will never, *au fond*, appreciate the importance of asepsis, and her mechanical work in this respect may at any moment break down, because it is not founded on understanding.

The nurses of the present day enter into a heritage won for them by their predecessors, and will have opportunities of systematised instruction which these predecessors too often lacked. We hope they will bring to their work the same selflessness, enthusiasm and devotion to the sick which has resulted in the high estimation in which the work of British nurses is held all over the world at the present day.



## OUR PRIZE COMPETITION.

### HOW WOULD YOU CARE FOR A PATIENT BEFORE, DURING, AND AFTER ANÆSTHESIA?

We have pleasure in awarding the prize this week to Mrs. Jepson, 22, Philbeach Gardens, Earl's Court, S.W.5.

#### PRIZE PAPER.

The principles aimed at when preparing a patient for operation are: (1) to prevent wound infection (local), which does not concern us here; (2) to ensure as speedy a recovery as possible with the least discomfort (general). These, if diligently carried out, greatly diminish the effects of the anæsthetic, but must vary according to the urgency of the operation.

Prior to an operation of any magnitude, the patient should be kept in bed for twenty-four hours; this aims at raising the resisting powers. An efficient aperient is given the previous day, so as to prevent interference with the night's rest, and an enema in the morning. No attempt at starvation is necessary, but the diet should be limited. Four hours should elapse between the last meal, which should consist of a cup of beef tea, and the operation. Young children and the aged should on no account be starved for a prolonged period, and infants only miss the last feed. Preliminary mouthwashes should be given to diminish oral sepsis, and carious teeth, if possible, should be extracted. The patient should be attired in a flannel gown and long woollen stockings, the hair plaited, and any artificial teeth removed.

The anæsthetist's wishes as regards preliminary injections of morphia, atropine or scopolamine must be ascertained, as these injections require to be given at stated intervals before the administration of the anæsthetic.

Immediately before the operation the bladder must be emptied, or catheterization be employed. The nurse must do her utmost to reassure her patient, as success depends largely on his mental state. During the administration of the anæsthetic silence should be maintained. The patient may hold the nurse's hand for assurance. Struggling can be controlled by grasping the arms and lower limbs above the elbows and knees respectively; no pressure should be exerted on chest or abdomen. No preparations should be begun until the anæsthetist's permission is given, and an anæsthetized patient should be moved as little as possible. In the event of any sudden emergency the nurse must be able to render any assistance called for, such as the administration of stimulants, or assistance with artificial respiration. Promptness and efficiency are essential.

On his return to bed the patient should be placed with the head low, a pillow under the knees, and a cradle over the affected part; a blanket should be placed next him, hot bottles, if left in the bed, must be carefully protected. (After some forms of spinal anæsthesia, the patient is immediately placed in the Fowler's position.)

During the period of unconsciousness the patient must not be left; the head should be turned to one side, so that vomited matter may run out of the lower angle of the mouth.

*Restlessness*, frequently a post-operative condition (especially in alcoholic subjects), can usually be easily controlled, but may be due to hæmorrhage.

*Cyanosis*, due to the falling back of the tongue, can be combated by holding the jaw forward, or the application of tongue forceps.

To relieve pain aspirin grs. xxx in saline may be ordered to be administered per rectum; this also has the advantage of preventing the onset of thirst.

*Vomiting*, a troublesome symptom due to irritation of the gastric mucosa by swallowing of ether-saturated saliva; methods of combating this are:—

- (1) Draughts of warm water and soda bicarb.
- (2) Tinct. Sodii mixed in a wineglassful of water.
- (3) Sips of iced champagne.
- (4) Icebag to the epigastrium.
- (5) Washing out the stomach.

If these methods fail, the urine must be examined for signs of acidosis; if these are found intravenous injections of soda bicarb. are usually ordered.

*Flatulence and distension* may be relieved by the rectal tube and turpentine enemata.

*Sleeplessness* is usually due to vomiting or pain; the latter is usually relieved by morphia, or some other hypnotic. During the act of vomiting the nurse should support the wound to relieve pain, and to prevent tearing the stitches.

Shock, if present, must be treated on general lines. During the first forty-eight hours especially, a careful record should be kept of all that happens to the patient, as to sleep, pain, vomiting, rate of temperature, pulse and respiration, &c.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, Miss Evelyn Pantin, Miss Linda M. Smith, Miss M. Robinson.



## NURSING ECHOES.

We hope our readers will carefully read the Report of the Meeting of the General Nursing Council in this issue. The policy of its members is that the fullest publicity, consistent with discretion, shall be given to its work on behalf of the Nursing Profession. In return the Council looks for intelligent interest and sympathetic co-operation upon the part of the nurses.

We shall hope to hear soon that the Scottish and Irish Council meetings are thrown open to the press.

On the 17th inst. Her Majesty Queen Mary will lay the foundation stone of the new Nurses' Home at St. Bartholomew's Hospital. A red-letter day, indeed, for all Bart.'s people, and one patiently awaited by generations of nurses and Matrons. In the year 1886 we eagerly scanned draft plans, but came sadly to the conclusion that the space then available was useless for the purpose. The alternative was to wait for the sale of Christ's Hospital, and obtain land for the building. It is now many a year since the land was procured, and at last it is to be utilised. We hope everyone concerned will now get a push on and speedily finish the job.

The annual meeting of the Queen's Fund for the maintenance of Queen Victoria's Jubilee Institute, held at 58, Victoria Street, on February 1st, was presided over by the Duke of Portland, K.G. The statement of accounts for 1920 was presented by Sir Harold Boulton, who alluded to the valuable help given by Her Majesty Queen Alexandra's Committee, which had again contributed £2,000 to the funds. Colonel Pixley, who seconded the adoption of the accounts explained that the Fund had been able to hand over £8,100 to the Queen's Institute, but this was only possible by the grant of £5,000 made by the Joint Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem, and a legacy of £2,000. He described the outlook for 1921 as very grave.

The Duke of Portland appealed to the Committee to assist him in raising an additional £12,000 a year for the work of the Institute. This was unanimously agreed. We sincerely hope the Duke's appeal will be successful, for the cause which he advocates is worthy of all support.

A Public Meeting will be held in the Central Library Hall, Holloway Road, Islington, on Tuesday, February 15th, at 7.30 p.m., called

by the Constitutional Labour Party, to discuss "The Need of Organisation Amongst Nurses." The President, Mr. G. K. Naylor, J.P., will be in the chair, and the following are amongst the speakers:—Miss Maud MacCallum (General Secretary, Professional Union of Trained Nurses); Mrs. Paul (Chairman, Professional Union of Trained Nurses); Rev. Alan Hay (Secretary, National Clerical Union); Dr. E. A. Gregg, L.R.C.P., L.R.C.S. (Medico-Political Union); R. Cooper (National Union of Teachers); J. H. Todd (Chairman, Islington Constitutional Labour Movement).

The nurses employed at the Camberwell Infirmary have presented a petition to the Guardians, asking for a reduction in hours of duty.

At present the day staff are working 52½ hours a week, and the night staff 72 hours.

The matron has submitted a scheme by which the hours of the day nurses will be reduced to 48½ and the night nurses to 58½.

Extra accommodation will be required for them, and until this is found the Guardians have adjourned the question of reducing the nurses' hours.

The question of the provision of nursing treatment for insured persons arose at a meeting of the Sheffield Insurance Committee recently, on a letter from the Queen Victoria District Nursing Association, asking the Committee to consider the possibility of making a subscription in view of the serious position of the Association.

It was suggested that the expected surpluses to the credit of the approved societies might be devoted to the provision of nursing services, but as Mr. G. Wilkinson pointed out, the Committee had no say in the disposal of the funds.

Ultimately a special committee was elected to investigate the subject of nursing services for the community and report before the 2nd March.

At the twentieth annual meeting of the Bradford District Nursing Association, the Lord Mayor proposed that those owning motor cars should provide the vehicles for the use of the nurses on duty on Sunday morning, when there was no car service. If this were done much relief would be afforded.

The Manchester Royal Infirmary has a deficit of nearly £30,000 on the year's expenditure, which would have been £12,000 more but for the windfall from the National Relief Fund. An additional income of £12,000 will be re-



quired for the maintenance alone of the staff of a Nurses' Home, which is to be erected in York Place at an estimated cost of £96,000. This increase of the nursing staff is consequent upon the reduction of their hours of work to fifty-six per week. That means straightway the addition of seventy nurses to the Royal Infirmary staff. Each one of those will add £2 a week to the institution's expenditure for board, lodgings and laundry. That, by a simple calculation, means £104 per year per nurse, and their initial salary will be £24 each annually. It is anticipated that during the next three years a total deficit of £200,000, involving the exhaustion of all available capital, will have to be faced. There is huge wealth in Manchester, and many warm hearts as well. With organisation there is no fear that the usefulness of its splendid Royal Infirmary will be permitted to decrease.

The South Wales Nursing Association, which was formed some ten years ago with the keen support of the late Lady St. Davids, principally to provide certified midwives with some experience of nursing for the southern half of the Principality, is now relinquishing its activities in favour of the County Nursing Associations which are being formed in the different counties.

The Hon. Albinia Brodrick, Matron of Ballincoon Hospital, Co. Kerry, writes indignantly that last week soldiers surrounded the hospital, and after searching the place from top to toe, left with great booty: "The whole of my first-aid kit"! This, surely, was excess of duty. We have recently received many letters from Ireland of a strong political flavour, but consider ourselves justified in not publishing such communications, as we do not think any useful purpose can be effected in a nursing paper by plunging into political and sectarian controversy. Such warfare is best carried on in the general papers.

#### THE GUILD OF ST. BARNABAS FOR NURSES.

On Monday last Princess Marie Louise opened a very successful bazaar and café chantant, at 46, Upper Grosvenor Street (lent by Mrs. Hartog), in aid of the Guild of St. Barnabas for Nurses. The Princess was received by Lady Henry Somerset, who thanked Her Highness, in the name of the Guild, for her presence, and voiced the deep regret felt by the members that the Chaplain-General, the Rev. E. F. Russell, who has held that office since the foundation of the Guild in 1876, was prevented by illness from being present.

#### THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The twelfth meeting of the General Nursing Council was held at the Ministry of Health, Whitehall, on February 2nd, Mr. J. C. Priestley, K.C., in the chair.

##### Correspondence.

THE CHAIRMAN reported the receipt of the following correspondence:—

(1) A letter from the Matron of the Hospital, Stratford-on-Avon, which was referred to the Education and Examination Committee for consideration and report.

(2) A letter from Miss Margaret B. Vickers, Hon. Secretary of the Bradford Royal Infirmary Nurses' League, representing 200 trained nurses, expressing the opinion of the League that nurses should be protected from overwork by a Special Regulation as to their hours of employment, but deprecating the inclusion of nurses in a forty-eight hours' working week, under the Hours of Employment Bill, as tending to lower the standard of trained nurses, who should have liberty of action to carry out their duties in regard to their patients.

MISS MACCALLUM enquired if other letters on the same subject had been received?

MR. CHRISTIAN said that a letter had been sent on behalf of the Asylum Workers' Union.

THE CHAIRMAN said that it depended where the letters were sent—some on this subject were sent to the Minister and some to the Council.

DR. GOODALL said that the Council had expressed an opinion on this subject. DR. BEDFORD PIERCE pointed out that the letter contained no suggestion as to how nurses were to be protected from overwork, and thought that this might be asked for.

It was agreed to send the League a copy of the Resolution of the Council on the subject and invite any suggestion from it which would carry its resolution into effect.

(3) A letter from Dr. Moore, Medical Officer of Health, Huddersfield.

THE CHAIRMAN explained that this resulted from Schedules drafted and circulated by the Education and Examination Committee to hospital authorities, asking that the questions might be answered and returned to the Council; and most of the replies they had received were most courteous. A letter had been received from the Medical Officer of Health on behalf of Huddersfield Sanitary Department, asking for information as to the constitution of the General Nursing Council and its relation to the Ministry of Health, to which the Registrar replied that the General Nursing Council was a Statutory Body appointed under the Nurses' Registration Act, 1919.

The Medical Officer of Health wrote subsequently to say that he had submitted the Schedule to the Council of the Sanitary Authority of Huddersfield, and the request that it should be completed was considered; and that authority



had decided, in view of the labour involved, not to comply with the request.

Under these circumstances, the Chairman said the matter could not be carried further.

(4) A letter from Miss Puxley, on behalf of the Executive Council of the Central Council for District Nursing in London, inviting the General Nursing Council to appoint a representative on that body for the ensuing three years.

MRS. BEDFORD FENWICK said that an important principle was involved. Should a statutory and semi-judicial body co-operate in this way with a voluntary organisation? They knew that the Central Council for District Nursing was doing most excellent and necessary work; at the same time, she thought it undesirable for the General Nursing Council to establish official or semi-official relations with voluntary bodies. If the present invitation were accepted, many others would have to be acceded to. The Council would have no power over the policy or proceedings of such organisations.

MRS. FENWICK proposed and MISS COX DAVIES seconded that no representative be appointed.

THE CHAIRMAN said that, while it might not be expedient in this instance, he thought that, under the Act, the Council would not be acting *ultra vires* in making such appointments.

MISS ISABEL MACDONALD supported the motion, and it was eventually resolved to reply that, while in sympathy with the work of the Central Council for District Nursing, the General Nursing Council were of opinion that it was at present undesirable to nominate anyone to discharge duties outside those of the legal function of the Council.

(5) A letter was read from Major Leo Harris, Secretary of the General Nursing Council for Ireland, forwarding for the information of the Council copies of Parts VI and VII of the Rules provisionally adopted by the Rules Committee of the General Nursing Council for Ireland.

Under Part VI are detailed the conditions of Admission to the Register, and the fee the Irish Council suggest should be paid by nurses already registered in Great Britain, the provisional suggestion being a fee of 7s. 6d.; or in any part of His Majesty's Dominions outside the United Kingdom (provisional suggestion), a fee of £1 1s.

The letter stated that the Rules Committee had also had under consideration the general question of the country in which a nurse should first be registered, and were of opinion that the country of training should determine the country of registration.

Part VII of the Rules relates to removal from and restoration to the Register.

The letter was referred to the Registration Committee for consideration and report.

#### RESOLUTIONS.

##### The Hours of Employment Bill.

MR. CHRISTIAN then moved, in accordance with notice:

"That the General Nursing Council recommends that nurses should come within the scope of the

Ministry of Labour's Hours of Employment Bill, except where a majority of the nurses in any distinct branch of the nursing profession decides to make application to be excluded from the provisions of the Bill. In such an event only the branch of the profession which makes the application should be excluded."

DR. GOODALL enquired what reply had been received from the Minister of Health to the Resolution forwarded by the last meeting of the Council.

THE CHAIRMAN said no reply had so far been received.

MR. CHRISTIAN said he had brought this matter forward because he thought that the previous Resolution disregarded the wishes of a minority of nurses, and, in the case of the mental nurses of a majority, and also because it was harsh, arbitrary, and unconstitutional.

THE CHAIRMAN asked how the opinion of a particular branch of nursing was to be arrived at, and MR. CHRISTIAN thought this could be done through the nurses' organisations.

MISS MACCALLUM seconded the Resolution. She had never heard of one nurse who did not wish to come into the Minister of Labour's Bill. The Professional Union of Trained Nurses was unanimously in favour of it.

DR. BEDFORD PIERCE enquired, as a point of order, whether Mr. Christian should not move that the previous resolution should be rescinded before his own was considered.

THE CHAIRMAN said Mr. Christian's Resolution was not in terms to rescind, but its intent was to rescind.

MISS CATTELL expressed the view that some nurses desired to be included and others did not.

MISS TUKE thought that Mr. Christian's Resolution, if carried, would tend to break the solidarity of the Nursing Profession. It seemed to spoil one of the objects of the Council.

THE CHAIRMAN drew attention to the Resolution sent to the Minister by the Council asking that nurses should be excluded from the Minister of Labour's Bill.

DR. GOODALL hoped that the Council would not rescind the Resolution sent to the Minister of Health asking him to bring in a Bill regulating the hours of nurses. He had voted in the first instance with those in favour of nurses being included in the Bill of the Minister of Labour, but they were defeated. Nurses wanted to be under one Minister or the other in order that their hours might not be too long. The Council had passed a Resolution six weeks ago expressing the opinion that nurses should be excluded from the Minister of Labour's Hours of Employment Bill, and asking the Minister of Health to introduce a Bill regulating the hours of nurses employed in hospitals and other institutions for the care of the sick. It would seem extremely foolish if the Council within six weeks of taking this action to suddenly alter their minds. Also there was a provision in the Minister of Labour's Bill by which various branches of nurses could be excluded if it was so agreed between them and their employers. He was of opinion



that until the Minister's reply was received it was undesirable to re-open the matter.

MISS MACDONALD said she was in sympathy with the spirit of the Resolution, though she considered it a mistake for the Council to consider economic questions at all, that was not their function. She suggested that consideration of the Resolution should be postponed.

SIR JENNER VERRALL was against postponement. If he felt that the action of the Council had been harsh, arbitrary and unconstitutional as suggested by Mr. Christian he would have been prepared to consider a compromise. He did not think that at this stage they should consider contracting out in sections. He was inclined to agree with Miss Tuke that solidarity should not be imperilled, though conditions of nursing certainly differed in the different branches.

On being put to the vote the Resolution was lost, four voting for it and fourteen against.

MISS MACCALLUM pointed out that those who voted for the Resolution were the representatives of the working nurses, as against those who employ them.

#### Rules for the Registration of Nurses Trained in the Nursing of Sick Children.

The next Resolution was moved by MISS WORSLEY that the following rule be substituted for Clause (b), Rule 5 :

" A certificate that the applicant has had not less than two years' training in a General Hospital for Children approved by the Council as aforesaid together with evidence that she has prior to, or subsequently, been *bona fide* engaged in practice as a nurse in the nursing of the sick for not less than one year before the 1st of November, 1919."

THE CHAIRMAN explained that Miss Worsley's proposal was to insert the words " prior to."

MISS COULTON seconded and MISS SEYMOUR YAPP supported the resolution.

MRS. BEDFORD FENWICK pointed out that the insertion of the words " prior to " in this connection introduced a new principle into the Rules. The fundamental principle upon which the Rules for registration had been compiled was that practice must be preceded by a minimum of a year's hospital training. Under the proposed Resolution a year's untrained handy-work could count as a year's experience " prior to " the two years' training in a children's hospital—a wide door was thus opened for the recognition of untrained practice.

MISS WORSLEY said it was never intended the Resolution should have this effect.

SIR JENNER VERRALL agreed that a cardinal principle was involved.

MISS COX-DAVIES said that the year's experience prior to the children's hospital training must be in a hospital, or it would be most dangerous.

MISS WORSLEY then proposed, seconded by Miss Coulton, to amend the Resolution, providing that the year's practice prior to training in a Children's Hospital must be " in a general hospital or Poor-Law infirmary approved by the Council." It was agreed that the amended Rule be substituted for Clause (b), Rule 5.

MISS WORSLEY, seconded by MISS COULTON, then moved the following addition ; to be Clause (c) Rule 5 of the Rules.

" A certificate that the applicant has had not less than two years' training in a General Hospital for Children approved by the Council as aforesaid followed by one year's training in an approved General Hospital prior to the 1st of November, 1919, should admit the applicant to the General part of the Register."

MRS. BEDFORD FENWICK drew attention to the possibility, if the Resolution were passed in its present form, of a probationer who began her training in a General Hospital in and from November, 1918, up to November, 1921, being eligible for admission to the General Register, if during that period she severed her connection with the training school, even if she broke her contract. She thought the training schools might have cause of complaint.

DR. BEDFORD PIERCE thought the Resolution referred only to existing nurses.

THE CHAIRMAN agreed, but confirmed Mrs. Fenwick's statement. The possibility existed, though there might not be many nurses who availed themselves of it.

MISS COX-DAVIES thought a danger of that sort ought not to be possible, even for a limited number. In reply to the Chairman, MISS LLOYD STILL said she saw the danger clearly.

MISS COULTON, MISS WORSLEY, MISS MACCALLUM, SIR JENNER VERRALL, DR. BEDFORD PIERCE, and MISS SWISS took part in the discussion in support of the resolution.

MISS VILLIERS thought a certain number of nurses would avail themselves of the opportunity to break their contracts.

MISS MACDONALD agreed with this point of view.

MISS SPARSHOTT expressed the opinion that nurses valued their certificates too much to break their contracts.

MISS COX-DAVIES emphasised the fact that the Council might have to admit to the Register women who had failed to pass their examination at the end of a year's probation, and were not considered by the hospital authorities fit to continue their training.

It was resolved to insert the words " or Poor-Law Infirmary approved by the Council," after the words " approved General Hospital."

The motion was then carried.

#### The Report of the Registration Committee.

MRS. BEDFORD FENWICK (Chairman) presented the Report from the Registration Committee, which had met twice, on December 16th and on January 14th, and moved that it be received.

DECEMBER 16TH.

1. The letter drafted by the Chairman of the Council in reply to the Minister's Notes on the Rules was considered point by point, and with one amendment it was agreed that the letter as drafted left nothing to be desired. It was agreed to send it with a covering letter to Dr. Addison.



2. There were four questions referred to the Registration Committee for consideration by the Council on December 10th:—

(1) The standard of qualification for admission to the supplementary registers, particularly in the case of nurses trained in the nursing of sick children, as stated in No. 8 of the Minister's Notes.

This was discussed, and it was decided to recommend that this rule remain as originally drafted in the Rules.

(2) With regard to the first point in the summary at the end of the Minister's Notes, in the case of nurses trained in one country and practising in another, and to whom should application for registration be made—

It was decided to recommend that the nurse should apply for registration in the country where she was resident and proposing to practise.

(3) With regard to the notification of other Councils of a nurse removed from the register as noted in Part II of the summary—

It was decided to recommend that the Council is not prepared to remove from its register the name of a nurse whose name has been removed from the Scottish and Irish registers without satisfying itself by enquiry that justice requires the removal.

(4) With regard to the third point in the summary, dealing with jurisdiction in case of offences committed by a nurse who is on more than one register—

It was decided to recommend that it should be the duty of the Council to assume jurisdiction in all cases where complaint is made to it respecting the conduct of any nurse whose name is entered upon its register, either originally or by registration from another country or dominion.

#### JANUARY 14TH.

##### 1. *Amended Certificate and Seal.*

The Committee considered the amended Registration Certificates submitted by Waterlow & Sons and Smith & Son. It was decided to accept the certificate submitted by Smith & Son with slight alteration. It was decided to obtain an estimate for 20,000 copies for the General part of the Register and of 5,000 copies for the Supplementary Registers with postal tubes.

The Seal was approved.

##### 2. *Registration Fee after term of Grace.*

The question of the fee for registration to be charged for Intermediate Nurses after the term of grace was discussed, and it was agreed unanimously to recommend:—

That the fee for registration for Intermediate Nurses after the term of grace be £2 2s.

##### 3. *Rules for Future Nurses for Admission to the Register, and to provide for the Election of Nurse Members.*

The Chairman pointed out that, as the education scheme was making progress, rules for future nurses would have to be considered and the sanction of the Council obtained to draft the

Rules. In appointing the present Council, the Minister of Health was good enough to take into consideration the various sections of nursing and organisations of nurses. It was necessary to have sectional representation and that such representation should be provided for in framing the Rules for the election of Nurse members. It was agreed to recommend:—

That the drafting of the Rules for Future Nurses should be proceeded with by the Registration Committee.

##### 4. *The Compilation of a Bulletin.*

It was agreed to recommend:—

That as soon as the Rules for existing nurses were agreed to, a Bulletin should be issued, containing —

1. Rules and Regulations.
2. Accredited Schools for Nurses.
3. The Nurses' Registration Act for England and Wales.

##### 5. *Representatives to be sent to the various Examination Centres.*

It was agreed to recommend:—

That representatives be sent to the various Examination Centres to explain the Rules for Existing nurses, the method of the future election to the Council, and the whole system of registration.

##### 6. *Uniform and Badge.*

It was decided to recommend to the Council that this question be thrown open for an expression of opinion by the nursing profession, and a communiqué be sent to the press if the recommendation was sanctioned by the Council.

On the report of the business referred to the Registration Committee and considered on December 16th, the CHAIRMAN pointed out that at a meeting on the previous day between the Council and the Minister of Health, some of these matters were under discussion.

MRS. BEDFORD FENWICK proposed that consideration of this part of the Report should be held over until the Council had received the Minister's reply in regard to the Rules affected by it.

This was seconded by Miss CATTELL and agreed.

DR. GOODALL asked whether the recommendations of Committees should not appear on the Agenda Paper. He moved a resolution to this effect. This was seconded by MRS. BEDFORD FENWICK, and carried.

#### Discussion on the Report.

##### CERTIFICATE AND SEAL.

A proof of the Certificate and design of the Seal were circulated for the inspection of the Council.

MRS. FENWICK moved the recommendation "That the Certificate and Seal be approved and adopted."

This was seconded by DR. GOODALL, and carried unanimously.

##### THE REGISTRATION FEE.

MRS. FENWICK moved the recommendation that, at the expiration of the term of grace Intermediate Nurses should pay a registration fee of £2 2s. instead of £1 1s. She expressed the opinion that the termination of the privileges granted in the



first instance should be co-incident with the expiration of the term of grace.

This was seconded by MISS VILLIERS.

This proposal was supported by the CHAIRMAN, who, in reply to a question by MISS SEYMOUR YAPP, stated that the proposal was made because in the opinion of the Committee a Registration Fee of £1 is. was insufficient.

This was carried unanimously.

#### RULES FOR FUTURE NURSES.

In moving the recommendation empowering the Committee to proceed with the drafting of the Rules for Future Nurses, MRS. BEDFORD FENWICK said that the experience of the Council in drafting Rules, and submitting them to a Ministerial Department, was that they could not be put through in a day.

The recommendation was seconded by SIR JENNER VERRALL, and approved.

#### COMPILATION OF BULLETIN.

In moving the recommendation of the Committee, "That as soon as the Rules for Existing Nurses were agreed to, a Bulletin should be issued," MRS. BEDFORD FENWICK said that many Medical Officers and nurses were still unaware that a Nursing Act had been passed. The Committee considered it would be valuable if a small pamphlet were issued containing information as to the Rules and Regulations, Accredited Schools for Nurses, and the Nurses' Registration Act for England and Wales, which could be widely circulated.

MISS SPARSHOTT agreed that this would be most valuable, and seconded the recommendation, which was agreed.

#### ACCREDITED LECTURERS.

MRS. BEDFORD FENWICK then moved the recommendation that representatives should be sent to the various Examination Centres to explain the Rules for Existing Nurses, the method of the future election of the Council, and the whole system of Registration, and considered the appointment of authorised and instructed lecturers most important. Nurses had a right to know the reasons for the Rules, and for the methods proposed for the election of the Nurse Members of the General Nursing Council.

The Chairman had reminded the Committee that the auditor might not agree to the cost entailed, but the Act provided "for making provision with respect to any matters with respect to which the Council think that provision should be made for the purpose of carrying this Act into effect," and it was their duty to take the electorate into their confidence.

In seconding the resolution MISS DOWBIGGIN expressed the opinion that it would be of great service to nurses, many of whom did not trouble to read the papers.

MISS SPARSHOTT said that once it was known that speakers were available nurses in many areas would wish to hear them.

SIR JENNER VERRALL proposed permission

should be given provided expenses were provided. This was not seconded.

MRS. BEDFORD FENWICK said there was a vast difference between the written word and the spoken word. Many nurses who would not read a pamphlet would listen with interest to instruction from an agreeable speaker. She did not think it should be left to private associations to pay expenses. It would be money very well spent.

MISS SEYMOUR YAPP supported the recommendation.

The CHAIRMAN stated that as expense would be involved, it would be necessary to frame a Rule, and it was agreed that a Rule should be drafted and submitted to the next meeting of the Council.

The recommendation was then carried.

#### UNIFORM AND BADGE.

MRS. FENWICK then moved the recommendation that the question of the Uniform and Badge for State Registered nurses should be thrown open for an expression of opinion by the nursing profession as a whole, through a communiqué drafted by the Registration Committee and sent to the Press. Nurses might allow the Council to rule their lives, their liberties, and their education, but they would certainly expect to be consulted on the matter of their dress, whether they would prefer a cloak and bonnet, or a hat and coat, and what their ideas were as to the design of a Badge.

MISS CATTELL seconded the resolution. She said that the question was one in which private nurses were deeply interested, and MISS DOWBIGGIN, MISS MACCALLUM, and MISS VILLIERS, having spoken the recommendation was put to the meeting and carried unanimously.

The Report was adopted.

#### Report of the Education and Examination Committee.

MISS LLOYD-STILL then presented the following report:—

As Chairman of the Education Committee, I beg to report that this Committee has sat weekly from December 16th, 1920, omitting the fortnight at Christmas.

The subjects under discussion have been:

##### I. EXAMINATIONS.

(a) That the first State Examination to be held by the General Nursing Council will be held in July and October, 1923, and in January and April, 1924. These examinations will be voluntary.

(b) That after April, 1924, all nurses who desire to register will be required to pass a State Examination. The first of these examinations will be held by the General Nursing Council in July, 1924, and subsequent examinations of the General Nursing Council will be held in October, January, April and July in each year.

(c) That at a date to be hereafter fixed by the General Nursing Council all nurses who desire to register will be required to pass a State examina-



tion intermediate as well as a final examination. No nurse will be required to pass this intermediate examination until further notice.

## 2. SYLLABUS OF NURSING EDUCATION.

A draft and detailed syllabus of Nursing Education was submitted and fully discussed. Subsequently permission was obtained to have the same printed in pamphlet form with explanatory notes, to be circulated to Hospitals and Poor-Law Infirmaries for the guidance of Training Schools. Sanction is sought that this syllabus, as suggested, be circulated.

3. It was proposed by Mrs. Bedford Fenwick and seconded by Miss Cox Davies that an informal Conference be held to discuss the future schedule to be submitted to the training schools for their guidance, and that all branches be included and representatives invited to attend.

The sanction of the Council is sought for this action.

4. It was proposed by Mrs. Bedford Fenwick, and seconded by Miss Villiers that the quorum for the Education Committee be *five* instead of *seven*.

The sanction of the Council is sought for this action.

## 3. EXAMINATION CENTRES.

The question of examinations and examination centres is under discussion. The examination centres were considered. Miss Sparshott proposed and Miss Peterkin seconded for the consideration of the Council that the following fourteen places be chosen as suitable centres for examinations, others to be added if necessity arises:

London.	Cardiff.
Birmingham.	Carlisle.
Bristol.	Norwich.
Leeds.	Nottingham.
Liverpool.	Portsmouth.
Manchester.	Exeter.
Newcastle-on-Tyne.	Sheffield.

MISS LLOYD STILL moved that the Report be received. This was seconded by DR. GOODALL, and agreed.

The various items were then moved, seconded, and adopted.

In connection with the Intermediate Examination the CHAIRMAN stated it was proposed that nurses should be at liberty, at first, to take this examination at any time.

Seconding the recommendation of the Committee moved by MISS LLOYD STILL "that an informal conference should be held to discuss the future Schedule to be submitted to the Training Schools for their guidance, and that all branches be included and representatives invited to attend," MRS. BEDFORD FENWICK said that the Council wanted the sympathy of the Training Schools. They were going to consider the difficult question of the curriculum for future nurses. The Rules for existing and intermediate nurses were comparatively easy. They did not touch education, but those for future nurses would have to be very

carefully considered, and would have to deal with reciprocal training and, probably, alternative curricula, including the field of Public Health. They wanted the sympathy and the combined wisdom of all interested in the question in framing these Rules.

The Report was adopted.

## Report of the Finance Committee.

The Report of the Finance Committee was submitted by Sir Jenner Verrall, Chairman. Payments for the half-year were £684 11s. 7d., leaving a balance of £4,315 8s. 5d., which with interest £114 4s. 3d., made the balance in January, 1921, £4,429 12s. 8d.

The Finance Committee reported that at their meeting on February 1st, they had examined the accounts submitted, and found that the expenditure was properly incurred, and recommended that the Council should approve their payment.

These were passed for payment.

In connection with the house at 12, York Gate, the Sub-Committee dealing with the furnishing were authorised to keep in mind the sum of £1,500, as that about which the Council considered desirable to expend, and to get estimates from such firms as they considered advisable.

The terms of the lease of the house were then considered, with the recommendation that the Council should authorise its seal to be affixed thereto, and this was agreed.

It was arranged that the date of the next meeting should be fixed by the Chairman when a reply to certain questions had been received from the Minister of Health.

MISS MACDONALD moved, and it was unanimously agreed, that the thanks of the Council should be accorded to the Chairman for the able way in which he had placed its views before the Minister of Health on the previous day.

The meeting then terminated.

## THE ROYAL BRITISH NURSES' ASSOCIATION.

The publication of the fortnightly Supplement of the Royal British Nurses Association has been deferred until our next issue, as it was agreed that the members would wish to have as full a Report this week as possible of the proceedings of the General Nursing Council for England and Wales, at its meeting on February 2nd, in which they are so deeply interested.

Those members of the Association who have had the pleasure of seeing the Egyptian Collection of University College, Gower Street, W.C., will be delighted that another opportunity of so doing will be possible on Saturday, February 26th, when Miss Margaret Murray (Assistant to Professor Flinders Petrie) will kindly conduct a party over the collection at 2.30 p.m. Members who have not so far had this great privilege and pleasure should keep this date free, and not fail to attend if in any way possible.



## THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

(Concluded from page 74)

### DISTRICT NURSING AND SOCIAL WELFARE. DISCUSSION.



At the Annual Meeting of the Matrons' Council held at 117, Sutherland Avenue, W., on January 26th, on discussion being invited on Miss Marsters' interesting paper on "District Nursing and Social Welfare," Miss ANDERSON PARSONS said that she very much appreciated Miss Marsters' remark that the best type of nurse is needed for district work. She had recently been on a lecturing tour, and had come in contact both with the work of fully trained Queen's Nurses, and also of

those working under County Nursing Associations (certified Midwives, with a few months' training in nursing, not necessarily in hospitals). People with only a little knowledge were not suitable for district work, which required practical knowledge and practical instruction. Nurses must have more instruction in district work, and it would be well if they could receive teaching in this subject during their last few months in hospital. They needed an active practical knowledge of the home-life of their patients. It would be of the greatest value to the people and do much for the betterment of the community.

MISS MARQUARDT enquired as to the limitation of income of the people helped, and what payments were made.

MISS MARSTERS replied that a man earning £4 a week would pay at the rate of 1s. a visit. The Paddington and St. Marylebone District Nursing Association had four different scales for patients. *Class 1* pay 3s. a visit; *Class 2*, 1s.; *Class 3* give what they can afford at the end of the nurse's visits, and sometimes give more than 1s.; and *Class 4* are nursed free.

The Committee left it to the discretion of the Superintendent, who was in the best position to judge, as to how much a patient was to pay.

MISS CLAYTON said that the Kensington District Nursing Association was also employing a visiting nurse.

#### THE RELATIONS OF DISTRICT, VISITING, AND PRIVATE NURSES.

MRS. BEDFORD FENWICK asked whether the professional classes were included in the scope of the work of District Nursing Associations, and asked whether this new development would not interfere with the work of private nurses.

MISS MARSTERS said they attended such cases as an ex-Army Captain doing clerk's work. The professional classes often were poorer, and received lower salaries than the dustmen.

MISS CLAYTON asked the opinion of the Council as to whether a Queen's Nurses' Home should band women together to supply nurses at from £2 2s. to £3 3s. a week, without board.

MRS. BEDFORD FENWICK pointed out that District Nursing Associations were based on charity; that was why it was inexpedient for them to compete with private nurses.

MISS CLAYTON said that the Associations had endeavoured to start visiting nurses to care for better class patients, but private nurses would not stick to the work. She considered that a group of two or three nurses should undertake this work.

MISS MARSTERS said that the Homes were likely to get it because they had the connection.

MISS HEATHER-BIGG said it was evident that private nurses must buckle to if they did not wish to lose their work.

MISS CLAYTON said that people had not the room very often to put up private nurses. Visiting nurses had a salary, separate from board and lodging.

MISS MARQUARDT said that district nurses were in some instances nursing wealthy people.

MISS MARSTERS said the Superintendent should keep a keen eye on that point.

A question having been asked as to the salaries earned by Queen's Nurses, Miss Marsters said that during their six months' training in district work, trained nurses were paid at the rate of £55 per annum, with board and lodging, uniform, and washing. On appointment as Queen's Nurses, £63, with a rise of £3 each year up to £75. The Superintendents received from £100 to £150 per annum.

The Queen's Nurses had established a Pension Fund of their own, supported by themselves, and had £2,000 to £3,000 invested. There was, however, little demand for pensions. The Queen's Institute did not provide pensions.

MRS. BEDFORD FENWICK enquired what would be the result of V.A.Ds. doing Public Health work.

MISS MARSTERS said she had set her face against it, and the Marylebone Borough Authorities had promised to pay for extra nurses.

MRS. BEDFORD FENWICK said that scholarships were given to V.A.Ds. at King's College for Women to train in Public Health work. It was within her knowledge that some trained Health Visitors working under a Public Health Authority had refused to teach V.A.Ds., though quite willing to teach nurses in training.

MISS HURLSTON said that free scholarships in midwifery were also given to V.A.Ds. One V.A.D. had remarked that all trained nurses to-day were of the servant class, and a different class was wanted for midwives.

Yet the so-called servant class pay for their own training, and V.A.Ds. accept charity to pay for theirs.

It was generally recognised that all classes of patients must be nursed, and that co-operation and organisation were required so that the relations between district nurses, visiting nurses, and private nurses should be justly adjusted.

M. B.



## ST. THOMAS' HOSPITAL.

### THE VENEREAL DISEASES DEPARTMENT.

It is only within recent years that instruction in the manifestations and nursing care of the venereal diseases has been given to probationers, although during their training they have nursed cases of these diseases. The organisation of special departments for their treatment, with modern scientific appliances and in charge of trained nurses, is also of recent origin. Such a department is now in full working order at St. Thomas' Hospital, to the great benefit of hundreds of men and women.

The department has a separate entrance, and is admirably arranged. It is open each evening from 8 to 10 o'clock, or longer, as this has been found the most convenient time for the patients to attend. On admission the women are given facilities for cleansing themselves, bidets being provided for this purpose. They then proceed to cubicles furnished with special tables, and everything requisite for the use of the medical practitioner. On the far side is a glass table, where hypodermic needles are sterilised, injections prepared, and testing carried on. There is also the necessary provision for irrigations, swabbing, sterilisation of dressings, &c. The department is in charge of a sister, and all the nurses working there are certificated; they wear special caps entirely covering their hair, and rubber gloves.

Beds are provided in a special ward for cases which it is desirable should be admitted, and there is also an ante-natal home where expectant mothers are received, and where their infants are sometimes born. It is good to see these diseases brought under treatment, both for the benefit of the individual, and also of the race. The policy of hush is at a discount, and the unfortunate sufferers from these terrible diseases can come to hospitals in the ordinary way knowing that they will receive the best skilled treatment and nursing care, and that their confidences will be respected. That they do come in large numbers is the best indication that they realise these facts, and affords the greatest hope of the eventual elimination of the most terrible of all the infectious diseases.

### UNEMPLOYMENT.

A Cabinet Minister lately was addressing a meeting on the subject of "Unemployment." At question time, Miss MacCallum, of the Professional Union of Trained Nurses, who happened to be one of the audience, rose and asked him if he would do everything in his power to oppose the inclusion of Nurses in the Unemployment Insurance Act, as they were entirely averse to it.

He was heartily cheered when he replied that if she would send him particulars, he would be very happy to do all he could to help her. He was supplied with full information.

## SCOTTISH NURSES' ACTIVITIES.

### SCOTTISH NURSES' CLUB.

It was soon found that the premises of the Club at 205, Bath Street, Glasgow, needed more bedroom accommodation, and the members are doing their part to provide funds to extend it. The sale in October enabled them to hand over £200 for this purpose out of the proceeds of £426. A recent concert has brought in £20, and an autumn sale on a large scale is already planned, and Scottish people are real wizards in making splendid returns on bazaars. The Club is becoming more and more the recognised centre for professional meetings, lectures and entertainments, and all diversity of opinion may find publicity there. The Professional Union of Trained Nurses held a Committee meeting at the Club on Tuesday, and the Scottish National Association of Women Health Visitors, Women Sanitary Inspectors and School Nurses will be addressed there on "Luxury and Death," a lantern lecture by Dr. J. McGregor Robertson, on February 25th.

### THE SCOTTISH NURSES' ASSOCIATION.

The Scottish Nurses' Association will be at Home in the Charing Cross Halls, Glasgow, on February 24th. Dancing and whist from 7.30 p.m. to 1.30 a.m. Uniform is optional, and tickets 10s.

### HOME FOR AGED NURSES.

In aid of the "Glasgow King Edward Memorial Home for Retired Nurses," a sale will be held at the Victoria Infirmary, Glasgow, on April 16th. Similar Homes have been founded in Edinburgh and London, and the help of willing workers is invited to make the Glasgow Home a success. Miss J. S. Rodger, the Matron, will receive contributions for the stalls of work, produce, flowers, sweets, &c.

### TO PASTURES NEW.

Some of the most experienced Senior Sisters in Scottish Training Schools are leaving this spring for the Dominions and United States. Their departure will be a great loss, but it is felt that there is so little chance of further advancement in their hospitals, and that now is the time to make a move for their own betterment, as it is so easy to settle down, and grow too old to move with chance of promotion. The constant strain of hard work and training younger nurses who go ahead and get on in the world, leaving their tired Sisters to continue the same circle gets very disheartening in time, so one cannot blame the desire for change of work and environment to brighter prospects. Moreover, as we pass on a new generation of nurses slip into our shoes and shoulder the burden in their turn. It is the law of Nature.

The Special Committee appointed by the Islington Guardians to investigate statements made by Miss Walmsley, an Inspector of the Ministry of Health, concerning the nursing in their Infirmary in an official Report, are presenting their Report to the Guardians on Friday, February 11th.



## APPOINTMENTS.

### MATRON.

**Manchester Babies' Hospital.**—Miss Margaret Jones has been appointed Matron. She was trained at the District Infirmary and Children's Hospital, Ashton-under-Lyne, and has held the position of Sister at the Bradford Children's Hospital, Sister and Assistant Matron, Ancoats Hospital, Manchester; Matron, Ancoats Hospital Convalescent Home, Warford. She did Military Nursing from 1914-1918, and is Matron of Ancoats Convalescent Home to the present time.

### OUT-PATIENT SISTER.

**Victoria Hospital, Blackpool.**—Miss Agnes Wiggins has been appointed Out-patient Sister. She was trained at the Royal Southern Hospital Liverpool, and has since held a position of responsibility at the Children's Hospital, Leasowe, Cheshire. She is a certified masseuse.

### SUPERINTENDENT NURSE.

**Union Infirmary, Solihull.**—Miss Alice Bryan has been appointed Superintendent Nurse. She was trained at University College Hospital, and has held the position of Superintendent Nurse at Bury St. Edmunds Guardians' Institution.

### SISTER.

**Victoria Cottage Hospital, Woking.**—Miss Renée Rainbow has been appointed Sister. She was trained at St. Thomas' Hospital, London. She has been Sister in Queen Alexandra's Imperial Military Nursing Service Reserve, and has had experience of private nursing.

### NIGHT SISTER.

**Throat Hospital, Golden Square, W.C.**—Miss E. E. Simpson has been appointed Night Sister. She was trained at the Royal Surrey County Hospital, Guildford, and has held the position of Sister at the Cottage Hospital, Bromley, St. Mark's Hospital, City Road, E.C., and the National Hospital, Queen Square, Bloomsbury.

**Union Hospital, Stoke-on-Trent.**—Miss H. M. Pountney has been appointed Night Sister. She was trained at the Union Hospital, Chesterfield, and received midwifery training at the Jessop Hospital, Sheffield. She has done Matron's duties at the Clevedon Cottage Hospital, and has had experience of private nursing.

## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date January 1st, 1921:—

Florence E. May (to date October 1st, 1920), Violet M. H. Rogers, Margaret J. Jones, Elsie S. King, Isabel Pope, Dorothy Dowle, Hester V. Williams, Gladys Copelin, Ellen Hindley, Lily Bridges, Adelia M. Lansdown, Daisy E. E. Pattenden, Elsie Kershaw, Sarah Holt, Annie Cunningham, Lillian Evanny, Anna Condon, Miriam Davey, Emily L. Lascelles, Frances V. Wells, Monica Rimmer, Norah Hone, Mary A. Smith, Maude Martin, Ada J. Shiel, Florence S. Piggott, Amy Taylor, Margaret M. Watkins, Kate E. Harrison, Elsie E. Ineson, Constance M. Kingswell, Ada Davies, Kate Adams, Mary E. E. Hillsdon, Cecilia Lambe, Lucy A. Naylor, Lucy Tucker, Helen V. Durkin, Alice M. Walker, Florence E. Dingle, Myra Sambrooke, Margaret A. Owen.

### WALES.

Hildred M. Cook, Hannah M. Cutter, Annie Davies, Mary A. Evans, Ceridwen P. Jones, Dorothy M. Lewis.

### IRELAND.

Annie Donagher, Katie A. Fannon.

### SCOTLAND.

Anne Smith, Josephine M. Tennant, Mary R. Cairns, Elsie J. Duncan, Sarah T. Fraser, Martha P. Gibb, Mary A. Grant, Jane A. Hannah, Margaret Y. Hay, Euphemia A. B. McLean, Bertha Neville, Katherine G. Reid, Maggie Cattow, Annie Grant, Robina G. Mackie, Diana S. Marshall, Jessie Scott, Catherine Y. Colman, Jessie Noble, Jenny F. Ritchie.

### TRANSFERS AND APPOINTMENTS.

Miss Mary I. Upton is appointed to Taunton as Superintendent; Miss May H. Bartlett is appointed to Worthing; Miss Mary Chartres to Caldervale; Miss Annie R. Crawford to Liverpool (Walton); Miss Annie Goodison to King's, Lynn; Miss May Leadbetter to Fitzwilliam; Miss Emma Partington to Leigh-on-Sea; Miss Jessie L. Prestidge to Frome; Miss Mary Stanley to East London; Miss Alice M. Wheeler to Thrybergh; Miss Lillian Whitton to Carlisle.

## WEDDING BELLS.

A pleasing ceremony took place at St. Anne's Parish Church, Dublin, on February 1st, 1921, when Miss Geraldine Mathews, R.R.C., O.B.E. (for courage and devotion in rendering aid to wounded persons under fire), was married to Lieutenant-Colonel Sir Lambert H. Ormsby, M.D., F.R.C.S., D.L., J.P., 92, Merrion Square, Dublin. Miss Mathews, now Lady Ormsby, rendered valuable aid to sick and wounded officers and soldiers during the War, and was Matron to the National Children's Hospital, Dublin, for some years; she is the only daughter of the late William Mathews, Esq., Hyères Var, France.

## THE PASSING BELL.

### Fifty Years a Nurse.

We regret to record the death of Nurse Georgina Mackay who, nearly half a century ago, joined the Nurses' Home, Glossop Road, Sheffield—in which city she was well known and greatly esteemed—as one of its first members. She was interred at the City Road Cemetery, when the many floral tributes included a beautiful wreath from her fellow nurses.

## HONOURS FOR NURSES.

Miss A. L. Earl, who has been on active service for five years, has returned to resume her duties as Matron at the Sheffield Royal Hospital, and has had a very warm welcome. During her absence Miss Earl has done splendid Imperial service as Matron of Military Hospitals in India and Mesopotamia, and speaks with enthusiasm of the fine results under difficulties. She has had a most interesting time in spite of hard work, and has travelled far and seen many wonders.

Miss Earl's services have met with well-merited rewards. Before leaving for active service abroad, Miss Earl received the Belgian Royal Red Cross for work in the Sheffield hospital. She now holds the Royal Red Cross, first class, for work at No. 33 British General Hospital; was mentioned in dispatches by General Marshall; received the bar to the Royal Red Cross for work at the Indian General Hospital, Basra, and before leaving India was presented with a badge from the Indian Government for services in India during the war.



## A WAR MEDAL FOR RED CROSS WORKERS.

The British Red Cross Society has struck a medal for presentation to its numerous war workers who have received no British decoration or medal. Among those entitled to receive it are all members of the Society, or its Voluntary Aid Detachments, who, during the War, gave a minimum unpaid service at home or abroad of not less than a thousand hours. In the case of ambulance drivers and bearers, the minimum number of hours is five hundred. For air raid duty, in the course of which great personal danger was in many cases incurred, there is no fixed minimum period of service and the Red Cross County Presidents will nominate for the medal in their discretion. The medal, which is in gilt with a white ribbed-silk ribbon, is the only one ever issued by the British Red Cross Society. Engraved on the obverse is the well-known symbol, with the words "For war service 1914-1918," while the reverse bears the Red Cross motto, "Inter arma caritas." Forms of application can be obtained from the Secretary, British Red Cross Society, 19, Berkeley Street, W.1. Envelopes should be marked B.R.C.S. Medal.

## THE HOSPITAL WORLD.

Her Royal Highness Princess Christian has accepted the position of President of the College of Ambulance, in Queen Anne Street, W.

With the death of Mrs. Gorrings, widow of the Buckingham Palace Road draper, eight institutions divide £461,900 amongst them; the Westminster Hospital and St. George's Hospital receive upwards of £57,000 each.

The hon. treasurer and secretary of the Liverpool Babies' Hospital (Miss Margaret Beavan) has received a cheque of £1,000 from the National Relief Fund towards the funds of the above hospital. This is one of the grants of money voted by the National Relief Fund towards the reducing of the deficits of the voluntary hospitals of the United Kingdom, and as the Liverpool Babies' Hospital was a venture promoted in war-time under very difficult conditions, this substantial grant is particularly acceptable.

The Horton Infirmary Extension Scheme, as far as it relates to the nurses' hostel, has been commenced. Better accommodation for the nurses has been badly needed for some time, so that the committee, in taking this matter in hand first, have adopted a wise course. The plans will, we hope, provide a separate bedroom for every nurse.

There seems to be good reason to believe that tuberculosis is a diminishing quantity in this country. This is revealed in the report of the Registrar-General for 1919, in which he gives a *résumé* of the mortality from this disease since 1911. The female sex only is dealt with, as the war made all statistics of males untrustworthy.

## OUR FOREIGN LETTER.

### FOUR FLORENTINE HOSPITALS AND A MEDICAL MISSION.

In Julius Caesar Street, just across the Ponte Rosso, and right away from the congested districts of the city, there stands on high ground, a large white house in a garden of olives; the green shutters and warm red roof give it an attractive appearance, more especially when the sun—which of late has been conspicuous by its absence—shines upon it. Over the portal are inscribed the words "Medical Mission." It is essentially a business-like looking house, the outside walls are plain, there are no creepers, and there is no sculpture. The door opens mysteriously by itself as you ring the bell. A flight of stone steps leads you to the private residence of Miss Robertson, a Scotch lady who has lived all her life in Italy, and who speaks the language like a native. In her pretty drawing-room, in company with another Scotch lady, to whom I was indebted for the introduction, I was entertained to tea, and she most courteously promised to take me over the city hospitals. First, therefore, a few words about the Medical Mission itself, for the good work in connection with public health that is being done here, is probably second to none. The institution was founded by a Miss Roberts who carried on the work for some years. At her death, her co-worker, the present Superintendent, succeeded her. What strikes the visitor is the most appreciable amount of space; the rooms are large and airy; there is nothing to suggest, insidiously, high rents, and, therefore, cramped space! Two doctors attend regularly twice a week, one for young children under 10 years of age, and the other for those above that age. There is a well-equipped surgery and a room where women may be privately examined. There is also a good theatre, which was not used during the war, but can, at any time when thought desirable, revert to its original purpose. That the work supplies a need is shown by the numbers who regularly attend.

As its name suggests, the Mission has a two-fold purpose. On Sunday, religious instruction is given; there is no proselytizing, but patients of all ages, who come during the week to have the needs of the body attended to, come to listen to the truths of the Gospel. That this ministrative service is also needed, is shown by the fact that there is profound ignorance among them, Miss Robertson told me.

Long life to the Medical Mission.

### I.

#### THE MATERNITY HOSPITAL.

The situation of this hospital is less ideal, but as it is four or five hundred years old, we must adjust our minds to countless changes of circumstance and time. It is a large white stone building, probably formerly occupied by one of the great powerful families of the Florentine Republic in the hey-day of its prosperity. Florence is full of these great palaces, now used as business houses,



flats, and other purposes. Dr. Ferroni presides over this hospital, which is situated not far from the Via Cavour.

A young doctor in an immaculate white coat kindly conducted us round. The dominant note is white. The walls inside and outside are white. The bed quilts and bedgowns, the dress of the attendants are all white; to carry the tradition to a logical conclusion, any present given to a patient (I assume clothing is meant) must be *white*! To an English nurse accustomed to so much colour in the hospitals, the total lack of it gave a very cold appearance. The absence of flowers was painfully conspicuous. It is the custom here to separate the married mothers from the unmarried ones, in wards on opposite sides of the hospital. The patients looked happy and comfortable, and the wards clean and neat; but I must confess to a shock at seeing a midwife attending to a newly-delivered mother without a screen and the door open!

In addition to the Maternity Department, there is also a fine gynaecological department, and one for infectious cases, with separate entrance and separate theatre. There is also a separate department for the treatment of bladder and kidney cases. The corridors are wide and airy, and would serve well as promenades for convalescent patients. The period of training for midwives is two years. They are not trained in general nursing, but are no doubt very efficient midwives. The professors instruct the male students, and the latter instruct the female students. One wonders why there should be this preferential treatment; the reason was not given. The hospital accommodates about 150 patients. The babies are swaddled, but the little arms are left free. The old-fashioned custom of mother and babe sharing the same bed prevails here. Perhaps Italian mothers are particularly careful; but knowing how easy it can be for a mother to overlay her new-born babe, it is a pity that the custom is not universally abolished.

BEATRICE KENT.

(To be concluded.)

### COMING EVENTS.

*February 15th.*—Constitutional Labour Party. Public meeting. "The Need of Organisation amongst Nurses." Chair: Mr. G. K. Naylor, J.P. The Central Library Hall, Holloway Road, Islington, N.

*February 17th.*—Her Majesty the Queen lays the Foundation Stone of Queen Mary's Home for St. Bartholomew's Nurses. St. Bartholomew's Hospital, E.C. 3 p.m.

*February 17th.*—Monthly Meeting, Central Midwives' Board, Queen Anne's Gate Buildings, Dartmouth Street, Westminster.

*February 26th.*—Miss Margaret Murray (Assistant to Professor Flinders Petrie) will conduct nurses over Egyptian Collection of the University College, Gower Street. 2.30 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.*

### A WISE DECISION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to thank you for the copy of THE BRITISH JOURNAL OF NURSING which you forwarded me last week and to inform you that I was already in possession of the copy, as the General Nursing Council for Ireland made arrangements some time ago with Messrs. Eason, Dublin, to supply the periodical weekly.

I have also to inform you that the Council have now been informed by the Chief Secretary that it is within their power to prescribe a year's approved hospital training as a minimum qualification for existing nurses, and in the circumstances the Council have amended their Rules to this effect.

The Irish Rules will now be identical with the English Rules, with a modification providing for the admission of nurses who have been employed as "qualified" nurses in the Irish Poor-Law Service with the approval of the Local Government Board, within the meaning of the Board's General Order of July 5th, 1901, relating to nursing.

Yours sincerely,

LEO HARRIS, Registrar.

33, St. Stephen's Green N., Dublin.

February 3rd, 1921.

[We heartily congratulate the General Nursing Council for Ireland, and Irish nurses, on this decision; it will bring the standards of Irish and English nurses into closer union for registration purposes.—ED.]

### A CHALLENGE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A Governor of St. Thomas's Hospital, on its platform, has, with no uncertain voice, expressed his disapproval of a trade union for the nurses, and, although the case *against* trade unionism was placed before the nurses of St. Thomas's Hospital, they were not permitted to hear the case *for* it and so to judge of its merits for themselves. Yet at a public meeting held last week at Swansea, the Chairman of the College of Nursing (Limited) and Treasurer of St. Thomas's Hospital—Sir Arthur Stanley—specially thanked the trade union men for the subscriptions they had sent to help the nurses to organise. The members of the Professional Union of Trained Nurses (Registered under the Trades Union Act) hereby challenge the Hon. Sir Arthur Stanley, Mr. Minet (Governor of St. Thomas's Hospital) and the Matron, to explain a position which, while it *permits them to accept and use* trade union money to "organise" the nurses, yet holds that a trade



union is beneath the dignity of the nursing profession and likely to degrade and lower its high ideals.

MAUDE MACCALLUM, *Hon. Sec.*

The Professional Union of Trained Nurses,  
17, Evelyn House, 62, Oxford St., W.1.

### AN INEXCUSABLE INSULT TO MEMBERS OF A STATE RECOGNISED PROFESSION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am enclosing a slip, taken from the *Globe*, the leading Toronto daily paper, which is a slight summary of a talk given by Lady Martin Harvey, January 18th, before the Canadian Club. Lady Harvey is pleading for the broken-down war nurses of England during her professional tour of the Dominion. I cannot help thinking it a great shame that this matter should be exploited the world over, and nurses made the objects of charity as they are. It was bad enough to bear when it was done in the streets of London, and through prominent English papers, and I think Lady Harvey would do a much greater work if she brought this matter to the attention of the Pensions Commissioners, instead of begging in this public manner, which is not only lowering the standard of the nursing profession, but is degrading England in the eyes of her Dominions.

I have the honour to be, Madam,  
Yours faithfully,

ALICE TORR, R.N.

Brant Hospital,  
Burlington, Ontario,  
Canada.

[We hope our Canadian colleagues will make public in the Canadian press how deeply incensed English nurses are that this actress should dare to carry her self-advertising begging campaign upon their behalf beyond Seas. Lady Martin Harvey knows full well how bitterly we resent her attitude towards our profession at home, and she has, therefore, no excuse for holding up our honourable State-recognised profession in *forma pauperis* in the Dominions. We agree with our correspondent that it is degrading to the Mother Country. Moreover, under what authority is Lady Harvey taking money from the public in Canada? Who is the Treasurer of the appeal, and who is responsible for the auditing of the accounts? So far the balance-sheet and audited accounts of the Nation's Fund for Nurses, supported in the press by Lady Harvey in England, have never been issued since it began its inglorious appeal upwards of three years ago.—ED.]

### CATHETERISATION BEFORE BLADDER OPERATIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was greatly surprised by the letter from a correspondent in your last issue, who described as "excruciating" the pain experienced by patients, previously comfortable, when

catheterised before a bladder operation. Surely there must be something wrong with the method employed when this is the case. If force is not used—and it never should be—what is there to cause pain in the passing of a catheter of suitable size through the urethra into the bladder? Unskilfully used, of course, great pain and injury may be caused but I think most nurses will bear me out in saying that this procedure is quite simple and practically painless. In cases of any abnormality, or stricture, it should be performed by the surgeon, unless explicit directions are given to a nurse to undertake it.

A point which must always be borne in mind is that when the operation of lithotripsy (or crushing a stone in the bladder) is to be performed, the bladder must never be emptied, as if so more fluid will have to be injected before the operation can be proceeded with, otherwise the stone will not float in the bladder and cannot readily be seized by the instrument employed to crush it. Again, in a case of suspected fracture of the pelvis, if directions are given to prepare a patient for operation, the bladder should not be emptied until the surgeon has seen the case.

These are the two principal instances in which the bladder should not be emptied before operation.

Yours faithfully,

A FORMER LONDON HOSPITAL MATRON.

### KERNELS FROM CORRESPONDENCE.

*Matron, Poor-Law Infirmary.*—"The Salford Board of Guardians will find they will have to shut up their Infirmary if they pay nurses—like scrubbers—by the hour. Mrs. Hampson's objection to housing and feeding nurses for 24 hours if they only work for eight may sound all right to rate-payers, but how does it work out? Scavengers in this district have an eight hours' day and receive £4 a week. Many nurses would be quite pleased to live out on the same terms. The nurses at Salford Infirmary do not cost the rate-payers anything like this sum per head. Moreover, it may have improved lately; but it used to be very understaffed, about 75 nurses and attendants to 900 beds."

### PRIZE COMPETITION QUESTIONS.

February 19th.—What do you know of sleeping sickness, its treatment and nursing care?

February 26th.—Mention diseases which are frequently conveyed by (a) milk; (b) water. Suggest any precautions which can be taken to prevent such infection.

### OUR ADVERTISERS.

Do not omit to buy, as far as possible, everything you need from "Our Advertisers" and to recommend them to your friends. They are all first-class firms.



# The Midwife.

## THE BIRTH-RATE FOR 1920.

The provisional figures of the Registrar-General for England and Wales concerning the Birth-rate and Death-rate for 1920 afford ground for hope that the health and virility of the Nation are on the upward grade, and that, with greater knowledge, greater care is being taken of infants in the all-important and critical first year of life. The will to give adequate care to their infants has never been lacking with the great majority of mothers; it is the necessary knowledge in which they have been deficient, and they are usually pathetically anxious to obtain it. In the past, in their anxiety, they have taken counsel with other mothers, often scarcely better informed than themselves; but a better day is dawning for both mothers and infants, through the policy of the Ministry of Health in developing ante-natal and infant welfare centres, and there is good reason to hope, not only that the death-rate will continue to fall, but also that the standard of health of the living will be raised.

The birth-rate for 1920 is the highest for the last ten years, and both the general death-rate and the infant mortality rate the lowest on record. The birth-rate per 1,000 total population in England and Wales is 25.4; the death-rate, 12.4; and the deaths under one year, per 1,000 births, 80; while, if we take London alone, it is 75.

The death-rate has been steadily falling since the decade 1871 to 1880, when it was 21.4 per thousand, the exception being in 1918 when there was a sharp rise, due mainly to the influenza epidemic.

The infant mortality rate also shows a drop from 149 per thousand births in the decade 1871 to 1880 to 80 per thousand in 1920. The passage in 1902 of the Midwives Act, and its application since, has no doubt accentuated the fall.

While there is ground for encouragement in these figures, we must not forget that there are other important points to consider besides the actual birth-rate, for we know that, as a general rule, the most highly organized parents have relatively small families, while the irresponsible and the feeble-minded are of an amazing fecundity. It would be valuable to know how many of the babies in their first year of life can be described as A 1, how many must be classed C 3 as to health, for it is certain that an A 1 nation cannot be reared from C 3 babies.

The most hopeful factor in the situation is that we now have a Ministry of Health, the function of which is to study conditions making for health and disease, and to conserve and raise the standard of health on lines laid down as the result of this expert investigation. The health of the people is too valuable a national asset for its care to be organised on anything but scientific lines.

## THE LONDON COUNTY COUNCIL.

The London County Council has authority, under Section 8 (3) of the Midwives Act, 1902, to suspend a midwife from practice in order to prevent the spread of infection, and, in pursuance of this power, recently exercised it in the case of a midwife who had been in contact with diphtheria. The 1918 Act (Section 6 (2)) gives the Council power to pay a midwife such reasonable compensation for loss of her practice as may seem just, and the Midwives Acts Committee has recommended to the Council that the sum of £8 18s. 6d. should be authorised as payment to the midwife concerned.

The Public Health Committee reported to the L.C.C. at its meeting on February 8th, that they have acceded to a request of the Central Midwives Board for the services of an inspector in the Public Health Department to prosecute certain inquiries on behalf of the Board.

## CENTRAL MIDWIVES' BOARD.

### EXAMINATION PAPER.

The following are the questions set at the Examination of the Central Midwives Board on February 1st:—

1. What do you understand by involution of the uterus and vagina after full-time labour?  
What symptoms and signs during the lying-in period indicate that involution is unsatisfactory?
2. What are the symptoms and signs which during pregnancy would lead you to suspect that Eclampsia may occur? What would you do before the doctor arrives?
3. Describe the method for sterilising midwifery instruments; also the method for disinfecting the hands and arms.
4. What special care does a premature infant require? Give exact details of the methods which you would adopt.
5. What are your duties under the Rules of the Central Midwives Board if you have been in contact with a septic case? Are you relieved in any degree from those duties when a doctor has charge of the case?
6. What precautions during labour will you take to prevent infection of the eyes and lids of the infant?

At the annual meeting of the Darlington Queen's Nurses' Association, at which the Mayor, Councillor Seaton Long, presided, it was announced that since July last the Association had taken up midwifery work, and it was hoped it would be of great value to expectant mothers. We do not doubt that it will be, both from the professional and social side.



# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
THE NURSING RECORD

EDITED BY MRS BEDFORD FENWICK

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## EDITORIAL.

### IN THE FIRST RANK OF NATIONAL SERVICE.

The Right Hon. Christopher Addison, M.P., P.C., Minister of Health, in an address delivered on February 12th, at the forty-third Annual Meeting of the Torquay Branch of the Queen Victoria Jubilee Institute, spoke of the work of the Institute as being in the first rank of National Service, an expression of opinion which all who know anything of the work of Queen's Nurses will cordially endorse. The Institute, said Dr. Addison, set an excellent example in good, daily, needful and efficient work at an inexpensive cost. The problems of the present day called for determination, self-denial, foresight and patience, and they were struggling to improve the health of the nation at a time when everything is more costly and more difficult than ever.

Dr. Addison then spoke of the Maternity and Child Welfare Services of the country generally, giving some interesting details.

There are, he said, at the present time, throughout the country, 1,900 maternity and child welfare centres, which form the rallying point of the whole scheme of the Service.

Then there are 3,560 trained health visitors, and the Minister of Health expressed his gratification that 2,300 of these were trained nurses.

It is calculated to make the most careless amongst us think, to learn that there are in the elementary schools to-day no less than 1,000,000 children suffering from disabilities which might have been prevented—children partially blind, partially deaf, or suffering from nasal obstruction. Dr. Addison went on to say that between 1911 and December 31st, 1920, £64,000,000 had been paid out under the National Insurance Scheme in sickness and dis-

ability benefit. If the disabilities he had mentioned had not been acquired in childhood some £10,000,000 of this sum would not have been called for.

The Ministry of Health has made a special investigation of the work for mothers and infants throughout the country, as a result of which schemes have been developed for improving the training and position of health visitors, midwives and nurses. The result of these efforts are apparent. Dr. Addison states that in the last twenty years of the last century the death rate of infants during their first year of life was 148 per thousand of the population. In the first decade of the present century it was 128 per thousand; from 1910 to 1920 it averaged 108; and last year it was 80. The Minister expressed the view that the rate should not be higher than 50.

Referring to the cost of the Maternity and Child Welfare work, Dr. Addison said that it was rather less than one-fifth of a penny in the £ of the Budget, and not a penny on the rates. He challenged anyone to find a branch of the national expenditure which in the last two years had only cost this amount that had produced a like result.

We agree with Dr. Addison that a return to the conditions of the first decade of the present century, with an average infant mortality of 128, would be a waste of life, happiness and effort which no sane economist could justify, and we look forward to the time when, as the manifold health agencies of the country, both remedial and preventive, are co-ordinated under the aegis of the Ministry of Health—a policy indicated in Dr. Addison's Address to the Central Poor Law Conference on Tuesday last—the waste of life will still further decrease, and the standard of health, and therefore of wage-earning capacity, will be materially raised.



## OUR PRIZE COMPETITION.

### WHAT DO YOU KNOW OF SLEEPING SICKNESS ITS TREATMENT AND NURSING CARE?

We have pleasure in awarding the prize this week to Mrs. Jepson, 22, Philbeach Gardens, S.W.5.

#### PRIZE PAPER.

Sleeping sickness (Trypanosomiasis) is endemic among the native and European inhabitants of, chiefly, West and Central Africa and the Upper Nile Basin. The cause of the disease is due to a parasite, the *Trypanosoma Gambiense*; these are found in the blood (they do not inhabit the red cells, but are destroyed by the leucocytes), also in the lymphatic glands and the cerebro-spinal fluid; their appearance in the latter determines the characteristic symptoms of the disease. The disease is spread in a similar manner to malaria, the parasite being inoculated into man by the bite of the tse-tse fly. The incubation period is unknown, the onset being insidious, for Trypanosomes may be present in the blood for a considerable period before entering the cerebro-spinal fluid, and give rise to the graver nervous symptoms; on the other hand the symptoms may appear in a few weeks. Trypanosomiasis may be divided into three stages, the first, consisting of attacks of fever, lasting a few hours or days, with intervals of from one to four weeks; rapid pulse and respiration; painful joints, languor and debility, patches of erythema or congested areas of the skin, œdema of feet and face, enlargement of lymph glands and spleen. The second commences when the Trypanosomes have invaded the cerebro-spinal fluid. The temperature is high of hectic type, rising nocturnally and falling in the morning; there is intense headache and degeneration of the mental condition. The lower lip is everted, becoming dry and cracked, by increased salivation, which dribbles over it. Africans become morose, apathetic, and generally isolate themselves. The patient sometimes eats abnormally, and sleeps to excess, or he is merely lethargic, and can be roused. There are tremors of the tongue and limbs, accompanied by a staggering gait; fits of an epileptic type may occur. The symptoms increase as the disease advances. The third stage shows great prostration and weakness. A papular eruption, or a scurfy condition forms on the skin, bedsores develop readily. Rapid wasting and diarrhœa occur, sleep merges into coma, the temperature falls to sub-normal, and death ensues. An early symptom peculiar to Trypanosomiasis is deep hyperæsthesia; on encountering some object,

a more or less sharp pain is experienced which, curiously, does not occur instantly, but after two or three seconds.

The prognosis is always grave. The African seldom submits himself till the symptoms are too pronounced to be cured. When energetic treatment is begun early, good results have occurred, and cure been effected. A number of drugs have been used, compounds giving better results than when a single drug has been employed. These are: compounds of arsenic, mercury and antimony, also atoxyl and soamine, given in some cases subcutaneously, and others intravenously. Salvarsan has been used beneficially; also tartar emetic intravenously. Results vary; cases apparently cured have relapsed and died; in a few, blindness has been caused through atoxyl. No patient can be said to be cured until Trypanosomes have on several occasions been proved absent from the fluids of the body. The patient should be removed from the region where infection occurred; this is difficult with the natives, who chafe at hospital confinement and return to their dwellings if they can, probably to become infected again. For Europeans the voyage home acts beneficially.

The symptoms must be treated as they arise as they are various, strict observation must always be kept. The strength must be maintained, artificial feeding must be resorted to when it is impossible to make the patient take food in the usual manner. Congestion of the lungs and pneumonia are complications to be guarded against. The patient must be gently handled on account of the hyperæsthesia. Cleanliness is essential, owing to the condition of the skin. Bedsores must be avoided, the position being frequently changed. The mouth, lips and gums must be attended to; alum mouthwashes may be given to help to control the excessive saliva.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Laura M. Dummett, Miss P. Thomson, Miss D. James.

#### QUESTION FOR NEXT WEEK.

Mention diseases which are frequently conveyed by (a) milk; (b) water. Suggest any precautions which can be taken to prevent such infection.

#### VENEREAL DISEASE REPORT.

The report of the Special Committee of the Birth Rate Commission on the Prevention of Venereal Disease will be ready for publication next week.



## NURSING ECHOES.

Her Royal Highness Princess Arthur of Connaught, has consented to become Patroness of the South African Trained Nurses' Association, and her portrait in uniform appears in the *South African Nursing Record*. Princess Arthur worked as a Probationary Nurse at St. Mary's Hospital, Paddington, for a term of three years. In sending her portrait to the S.A.N.R. Her Royal Highness asks the editor to convey her deep interest and sympathy in the work of all those connected with the nursing community in South Africa. The nursing community are looking forward to meeting their Royal and Professional Patroness at an early date.

We are glad to note that the *South African Nursing Record* quotes the BRITISH JOURNAL OF NURSING's hint *re* affiliation with the International Council of Nurses, and adds: "This matter might well be brought forward at the next annual meeting of the Trained Nurses' Association and the advice of your legal advisers sought before that time, so as to have a definite proposal before the meeting. It would be splendid if we could seek affiliation in 1922 as well." The "as well" alludes to the Australian Federal Council of Nurses preparing to affiliate. The adhesion of the nurses of these truly Imperial Dominions would add enormously to the power and prestige of the International Council of Nurses. Indeed, we can never be truly representative without them.

We have had several inquiries concerning the Unemployment Insurance Act, which came into force last November. Until the Minister of Labour decides whether or no nurses may be excepted, every nurse who is not earning at the rate of £250 a year—salary and emoluments together—is included in it, so that very few are exempted; amongst these are Private Nurses earning from £3 3s. and upwards a week, and a few higher grade hospital officials and Public Health and institution nurses. It is a very unfair tax on Nurses and their employers, as very few are unemployed, either in hospitals or elsewhere.

At the annual meeting of the Leeds Trained Nursing Institution, which employs both private and district nurses, it was reported that for some time the committee had given careful consideration to the pension fund, increasing the security for the payment of pensions and giving the nurses a share in its administration.

The pension fund has been converted into a trust fund, the investments of which cannot be used for any other purpose than the payment of pensions to nurses.

The work of the district nursing branch of the institution continued to be appreciated, and 71,815 visits had been paid during the year to the 3,126 cases attended. The retirement, through ill-health, of Miss Barnes, who for nearly twenty years was superintendent of two homes, was regretted.

The Devonport Board of Guardians is of opinion that the Association of Poor Law Guardians should request the Minister of Health to submit to the Association a draft of the final proposals of the scheme of the General Nursing Council, for the training of nurses so far as it is likely to affect Poor Law Infirmaries, for the observations of the Association.

The General Nursing Council, of its own initiative, is forwarding its draft educational scheme to the authorities of hospitals and Poor Law Infirmaries, with a covering letter inviting expressions of opinion upon it. Moreover, an informal Conference is being convened by the Council to discuss with the representatives of all branches of the nursing profession the Schedule which has been submitted to the heads of the training schools, and also in connection with reciprocal curricula.

We have received letters from district nurses pointing out that the County Nursing Associations are still engaging young women to train as midwifery village nurses on long contracts. It is thought that these contracts will discriminate very unfairly against these women, as they will not be qualified for Registration by the General Nursing Council.

We are quite of opinion that the provisions of the Nursing Acts should be explained to such trainees. Presumably they will be qualified for registration by the Central Midwives' Board and become certified midwives, and will have to work under their own professional title.

The story of a thief's daring attempt to escape when found in the nurses' quarters of St. Thomas's Hospital, Westminster, was told at the London Sessions last week, when Frederick Martin, 52, a painter, was sent to prison for 18 months for breaking into the hospital in September last and stealing a quantity of jewellery, the property of a probationer nurse. When discovered by a porter the



prisoner jumped out of the window, a distance of 20 ft., on to a verandah, from which he fell to the ground. In the fall, both ankles were broken, and the prisoner received other injuries, for which he was treated at the hospital. Fifteen previous convictions were proved against the accused, whose sentences aggregated nearly fifteen years.

On Saturday, February 5th, a contingent of nurses from Paisley Parish Hospital, with their Matron, Miss Finn, visited the Royal Alexandra Infirmary and gave an entertainment to the nursing staff and their friends.

An original and unique programme was provided. The chorus (nine nurses) were daintily attired as boys and girls, and effectively rendered popular choruses and Scottish and English dances.

An item representing an Eastern scene was greatly appreciated. The nurses proved themselves capable actresses in the last scene, when, disguised as very old men, they were totally unrecognisable. A collection made in aid of the Glasgow Nurses' club realised just over £6. After refreshments, kindly provided by Miss Cowie, Matron of the R.A.I., a little informal dance was held.

The staffs of both hospitals agreed that the evening had been most successful.

When one realises the sort of "pivot" Dr. Anna Hamilton is in nursing affairs throughout France, to hear that she has been seriously "overdoing it" is no surprise, and we hope she will obey doctor's orders and reduce her arduous labours by fifty per cent. Absolutely there is no one to take her place.

A few weeks ago Miss Clara Noyes, President of the American Nurses' Association, and Miss Helen Scott Hay visited Bordeaux to personally convey the good news that the Nurses' Memorial Fund was over subscribed. Had the contract for building the Nightingale College of Nursing been ready, which was impossible, Miss Noyes would have laid the foundation stone at Bagatelle. Miss Noyes and Miss Hay spent a long day visiting the hospital and the beautiful new site, with which they were charmed, and were satisfied with the plans for the new school. There are to be forty-eight rooms for the pupils, and twenty larger rooms. Dr. Hamilton writes: "You will be interested to hear that the Rockefeller Commission has decided to build for us a T.B. dispensary at Bagatelle. They are also going to give ten scholarships for probationers, and these pupils will have general training in the

hospital and six months in district work—T.B. patients, school nursing and infant supervising in the home. They will have our usual certificate, with special mention of district and public health work. These pupils will work with the Rockefeller Commission for two years after training. We are to become the professional nurses Public Health School.

Mlles. Monod and Peiron have gone to Teachers' College, New York, for eight months, sent by the American Committee for Devastated France.

Dr. Hamilton forwards her Paper "Les secours médicaux dans une région dévastée de l'Aisne," which includes a delightful account of the work of the Bordeaux nurses working with Mrs. Breckinridge and her devoted colleagues recently reported in this journal by Miss M. Breay.

A movement has now been begun in the United States for the Endowment of Nursing Schools. We are glad, as we have long advocated the necessity for such endowments, and in the near future, when the Nursing Curricula drafted by the General Nursing Councils are in force, the Nursing Schools will need all the help they can get. The Johns Hopkins Hospital Nurses at Baltimore are out to build and equip the Johns Hopkins College of Nursing. The nurses hope their plan will include the teaching of Public Health Nursing. The nurses are encouraged in their ambition by Professor Adelaide Nutting, who is the Chairman of their Committee. Already they have in hand thirteen thousand dollars. We wish every success to this nurses' movement to improve their education and efficiency.

The Department of Nursing Education in the *American Journal of Nursing* is in charge of Miss Isabel M. Stewart, R.N., and she reports that among a number of other works undertaken by the Committee on Education of the National League of Nursing Education was the working out of a suggestive basis for the grading or classifying of nursing schools into four classes. The League has issued a most comprehensive questionnaire, which appears in the November number of the *A. J. N.*, and might prove of use to our own Education Committee of the General Nursing Council. It is our duty to study Nursing Education and make investigations from every point of view. We have all been compelled to follow along an old rut quite long enough.



## THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

### COMMUNIQUE TO THE PRESS RE UNIFORM AND BADGE.

Under the Nurses' Registration Act, 1919, the General Nursing Council for England and Wales is authorised (Section 3 (1) (g) to make provision with respect to the Uniform and Badge which may be worn by Registered Nurses.

The General Nursing Council has therefore decided to invite suggestions and expressions of opinion from members of the Nursing Profession as to the design of the uniform for both outdoor and indoor wear, and especially as to whether Registered Nurses would prefer a cloak and bonnet, or a coat and hat.

Suggestions and designs for the Badge are also invited.

Letters concerning both Uniform and Badge should be addressed to the Registrar, General Nursing Council for England and Wales, Room 104, 3rd Floor, Ministry of Health, Whitehall, London, S.W.1. "Uniform" to be written on left-hand corner of envelope.

Neither Uniform nor Badge are compulsory, but if adopted will indicate that the credentials of the wearer have been investigated by the General Nursing Council before her name has been placed on the Register. After 1924, it will further indicate that she has passed a State Examination after not less than three years' training in a hospital, and will thus come to be recognised as a very honourable distinction.

The Act provides that any unauthorised person using the Uniform or Badge will be liable on summary conviction to a fine.

## THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

Parliament was opened on Tuesday with becoming pomp and circumstance by His Majesty the King, accompanied by the Queen. Questions of great national importance will be considered during the Session, which touch, more or less, the liberties and condition of every member of the community. Trained nurses must realise they are members of the body politic and keep a vigilant interest in affairs. The Registered Nurses' Parliamentary Council will consider any Bills which specially affect professional nurses, and deal with matters of national health.

## APPOINTMENTS.

### MATRON.

**Chalfont and Gerrard's Cross Cottage Hospital.**—Miss F. M. Crooks has been appointed Matron. She was trained at the General Hospital, Walsall, and was trained in midwifery by the Maternity Nursing Association, and has been a member of the Overseas Nursing Association. She holds the certificate of the Chartered Society of Massage and Gymnastics.

### NIGHT AND HOME SISTER.

**County and City Royal Infirmary, Perth.**—Miss A. Drysdale has been appointed Night and Home Sister, alternately. She was trained at the County Hospital, York, where she subsequently held the position of Sister of a surgical ward and later Night Superintendent. She has done military nursing at the 4th Southern General Hospital, and is at present Sister at the Children's Hospital, Bradford. She has also had experience of private nursing.

### NIGHT SISTER.

**Royal Victoria Hospital, Dover.**—Miss L. F. Coulter has been appointed Night Sister. She was trained at St. Bartholomew's Hospital, Rochester, and has been Theatre Sister at Dover Nursing Home. She has also had experience of private nursing.

### SISTER.

**County and City Royal Infirmary, Perth.**—Miss Jessie J. Nichols has been appointed Sister on the Medical Floor. She was trained at the Royal Infirmary, Dundee, where she subsequently held the position of Sister. She has also held a similar position in Military Hospitals at home and abroad, and on a Hospital Ship.

### NURSE.

**Forfarshire Education Committee.**—Miss Catherine Mavor and Miss Jean T. Ewan have been appointed nurses under the Forfarshire Education Authority.

Miss Mavor is an Associate of the Royal Red Cross, and served in Queen Alexandra's Nursing Service during the war as a Sister in the Military Hospital, Grimsby, and aboard the Army Transport *St. Andrew*.

## RESIGNATIONS.

Miss Winifred Todd, Matron of the Wellhouse Hospital, Barnet, has resigned the position on her approaching marriage, and the Assistant Matron, Miss Jenkins, has also resigned.

## MEDAL AND PRIZES FOR NURSES.

The following awards were recently made by Mr. F. A. J. Poulson, J.P., Chairman of the Bootle Borough Hospital, to the nurses who gained the highest marks at the examination in December. In the presence of the Matron and Nursing Staff the medal, representing the Committee's first prize to third year nurses, was presented to Miss Sarah Ellen Jones, and by Dr. Sumner (Chairman of the Medical Board) of the two prizes given by the Board, first prize to third year nurses, a leather bag to Nurse Sarah E. Jones; and a silver pencil (second prize) to Nurse Elizabeth Mahoney for second year nurse.

In presenting the medal to Nurse S. E. Jones, Mr. Poulson hoped every success would attend her career in nursing in connection with which this award would always be an inspiring memento. He also thanked the nursing staff for their valuable help to the hospital, and said all knew the satisfactory work done was largely due to the Matron and her staff.



# Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

**THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.**

## A MISUNDERSTANDING.

It has been brought to our notice by one of our members that the announcement that the Association has closed its Register for English Nurses has led to the belief, in the minds of some of them, that nurses can no longer become members of the Royal British Nurses' Association. This is a mistaken assumption. The R.B.N.A. was the first body to keep a Register of Trained Nurses, and, under the "Purposes and Powers" clause of its Charter of Incorporation, it still has power to do so. But, now that State Registers are being established in the three kingdoms, the position is greatly altered, and the General Council of the Corporation have decided that it would tend to confuse both nurses and the public were the Association to continue to promote its voluntary Register. Also, as a body incorporated by a Charter, granted under the sign manual of a Sovereign of the Realm, it is a question whether it would be acting either with loyalty or wisdom were it to continue a piece of work analogous to that which has been entrusted to a statutory body set up by Parliament. The Council considered that when, at last, an Act for State Registration had been won, the functions of the Corporation as a registering body were at an end.

This decision of the Council, however, does not affect its Roll of Members; that is to be maintained as heretofore, and any nurse who desires admission to it must make application to the Secretary, who will send her the necessary forms and have her application laid before the Executive Committee. We hope, at an early date, to publish an article, placing before nurses the benefits of organisation, but meantime we advise all who have a desire to improve the conditions of working nurses to join at once the Royal British Nurses' Association, and so help to use the powers which the Charter places in the hands of the nurses if they will but exert themselves to use them.

## THE TRAINED NURSES' ANNUITY FUND.

The Annual Report of the Trained Nurses' Annuity Fund shows good progress. The list of investments has been very considerably added to, and the legacy of nearly £2,000 from the late Mr. Septimus Daws (cousin of Miss Clara Lee, a

much respected and popular member of the R.B.N.A.) will prove a very substantial foundation upon which to grant several fresh annuities. Those nurses who sent us work last year will be glad to know that, as a result of the Sale held on the afternoon of December 15th last, the sum of £150 was realised.

Her Royal Highness the Princess Christian, President of the Fund, in a statement incorporated in the Report, makes the following acknowledgment of the Council's indebtedness to its Chairman, Mr. Montagu Price, D.L.:—"By placing at the service of my Council his wide knowledge of business affairs, much trouble and anxiety is spared to those responsible for the administration of the Fund, while, owing to his kindness in transacting all business connected with our investments, a much larger sum is available annually for the relief of sick and aged nurses than would be the case but for those services which he so freely renders to us."

## AN AFTERNOON IN ANCIENT EGYPT.

As intimated in the last issue of the *BRITISH JOURNAL OF NURSING*, Miss Margaret Murray (Assistant to Professor Flinders Petrie) has very kindly consented to conduct a party of nurses over the wonderful Egyptian Collection at University College, Gower Street. The collection is second to none in the world, and the beautiful works of art there are such as to lead one to ask whether modern civilisation has so much cause to be proud of its progress in the arts and crafts, or whether it is indeed true that Egypt has forgotten more than the Western world ever knew. Miss Murray won the hearts of our nurses a year or two ago, when she conducted them over the collection and explained its treasures, and many will look forward to the treat which she has promised them on Saturday, 26th inst. The tour will commence at 2.30 p.m. prompt, as she wishes us to catch the daylight, and so to see the full beauty of the craft of Ancient Egypt.

A colleague of Miss Murray's has also kindly agreed to take round some of the nurses, but, even so, it is only possible to have a limited number at one time. The Secretary will be glad, therefore, if those nurses who particularly wish to attend will send their names up to the office of the Royal British Nurses' Association *at once*.



## ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

### LECTURE ON SCHOOL NURSING.

On Saturday, March 12th, at 3 p.m., Miss Alice Holman will give an address on School Nursing, and we hope that many nurses may be able to attend, as the Hygiene and Nursing of School Children is becoming an increasingly important branch of nursing work. Those nurses especially who intend to sit for the School Nurses' and Health Visitors' Examination will probably be able to glean very useful information from the lecture. The cost of admission to it will be one shilling, inclusive of tea.

## THE VICTOR HORSLEY MEMORIAL.

We have received a circular from Dr. Domville, O.B.E., Hon. Secretary of the Memorial to Sir Victor Horsley, C.B., F.R.S., and we have promised to draw the attention of Members of the Corporation to this Memorial. Nurses owe a great debt to the late Sir Victor Horsley, for he was in no sense a "sleeping partner" in the movement to achieve an Act for the State Registration of Trained Nurses, but gave much of his time, energy, and fine talents to helping the nurses in the organised societies to attain their object. If any members feel inclined to subscribe to the Memorial we shall be very glad to receive donations. We well know that up to the present nurses' pockets have not been deep ones, and equally well do we know how generously some of them have subscribed to the organisation of their profession; but small sums mount up, and there are many who would be glad to take a part, however small it may be, in founding this Memorial to a great man and a true friend of the nurses.

## ENGAGEMENT.

The engagement is announced of Miss Ethel Mary Budd to Captain H. A. Long, late 3rd Guides, India. Numbers of Members of the R.B.N.A., to whom Miss Budd is well known, agree that Captain Long is much to be congratulated, for not only is his bride-to-be an exceedingly pretty girl, but one who has great personal charm and good sense. We offer to both our warm good wishes for their happiness.

## MOVEMENTS OF MEMBERS.

Miss R. A. Beales has been appointed Sister-in-charge of the Roll of Honour Hospital for Children, Harrow Road.

Miss Beales was trained at the London Homeopathic Hospital, and was for some time on the staff of the Elizabeth Garratt Anderson Hospital.

Miss L. Imrie has now settled in London in order to practise as a visiting nurse.

## MEMORIES OF HOSPITAL DAYS.

### DIAGNOSIS.

*In a Men's Medical Ward.*—Visiting physician and large class round bed of a very cheerful-looking man, face all smiles, sitting up, hoping to be told he may get up. Face and hands a deep blue. Doctor looks anxiously at him, asking many questions, but the man declares he feels well, and wants to get up. "Very marked cyanosis," says the doctor, "yet I do not remember to have noticed it before." "Have your hands been blue long?" he asks. "Only to-day," the man says, still smiling. "Can you account for it in any way?" "Yes, Sir, its off the new quilt that was put on to-day." New blue quilt ordered to be washed before use.

## DONATIONS.

The Hon. Treasurer acknowledges with thanks the receipt of the following donations:—

### GENERAL PURPOSES FUND.

£3, Miss Liddiatt; £1, Miss Starke; 15s., Miss C. Brunt; 10s. 6d., Miss A. Rider; 10s., Misses A. Richardson, I. Sumner, and M. Trevena; 5s., Mrs. Ramsay, Misses E. Glanville, A. Lapeyruse, E. Munson, and F. Sleight; 2s. 6d., Misses A. E. Briggs, A. Cattell, M. Halkett, M. Holt, A. Ransom, M. Rose, and L. G. White; 1s. 9d., Miss M. C. Dempster; 1s. 6d., Misses A. M. Coote, M. Evans, and Everdell Lees; 1s., Misses L. Martin and E. Balding.

### TRAINED NURSES' ANNUITY FUND.

Amy Elizabeth Good Annuity (Memorial Annuity to benefit an aged member of the R.B.N.A.)—£21, J. T. Smith, Esq.; £1 1s., Mrs. Brameld, Misses C. Liddiatt and I. Macdonald; £1, Mrs. Blick; 10s. 6d., Mrs. B. Morris, Misses A. Rider and E. Davis; 5s., Miss A. Ransom.

### HELENA BENEVOLENT FUND.

(For giving Temporary Relief to Sick Nurses.)

£1, Miss C. Liddiatt; 5s., Misses A. E. Briggs and Roberts; 2s., Misses Ford and Whatling; 1s., Misses E. Glanville, M. Halkett, E. Hanrahan, Richmond, and Mrs. Welch.

### SETTLEMENT FUND.

(For Maintenance of the Princess Christian Home for Aged Nurses.)

£1 1s., Miss E. Lawrence; 5s., Misses A. E. Briggs and S. Watts; 1s., Mrs. Welch.

### MEMBERSHIP SUBSCRIPTIONS.

We remind our members that a considerable number of membership subscriptions are still unpaid. We shall be glad if these are forwarded at an early date, as delay in doing so involves for the Association considerable expenditure in the matter of postage, and, also, such delay materially increases pressure upon a staff which is already very overworked.

ISABEL MACDONALD,

Secretary to the Corporation.



## NURSING AT THE ISLINGTON INFIRMARY.

### MISS WAMSLEY'S REPORT.

The Guardians of the Parish of St. Mary, Islington, at their meeting on February 11th, held in the Board Room, St. John's Road, Upper Holloway, received the Report of the Highgate Hill Infirmary Visiting Committee, on their "Enquiry into the whole of the matters raised in the Extract from the Report of Miss L. M. Wamsley, one of the Inspectors of the Ministry of Health."

Mr. W. B. Parker, Chairman, presided.

The Committee state that "the officers in the employ of the Guardians principally concerned in the matters referred to in the Report have been interrogated by the Committee, the Female Nursing Staff being represented by a deputation consisting of four Staff Nurses and two Probationer Nurses, appointed by the members of the Nursing Staff to protest against the allegations made with regard to them."

The following are the principal items; followed by the Committee's reply in each case:—

#### INSPECTOR'S REPORT.

"The Nursing in some of the Wards is unsatisfactory and supports the idea that many of the nurses now think of little else but off-duty time and money, of which there is no lack. I understand they come on duty tired and jaded after late hours and constant excitement. Many nurses seem to have no regard for the inconvenience and extra work caused when they fail to return to work at the appointed time."

#### INFIRMARY COMMITTEE'S REPLY.

The Committee state that "after the fullest investigation they cannot find any justification in these statements which are responsible for a universal feeling of indignation among the nursing staff."

The Committee hope that the Board will unanimously accept their findings.

#### INSPECTOR'S REPORT.

"Third year Probationers receive £82 18s. per annum, including War Bonus; Staff Nurses, £86 9s., rising to £93 11s.; and Sisters, £97 2s., rising to £107 15s."

#### THE COMMITTEE'S REPLY.

"With regard to the salaries paid . . . the Bonus is calculated in accordance with the terms of the Arbitrators' Award of February 11th, 1919."

#### INSPECTOR'S REPORT.

"In the Male Chronic Ward, nursed by men trained in the R.A.M.C. and Asylum work, the Head Nurse reported two bed sores. On examining the patients, I found twelve others with broken skin on hips, back and heels, of which the nurse knew nothing. In one case only had he applied for a water pillow in spite of the fact that the wool mattresses and springs of the beds are very hard for thin patients with tender skins.

"The sheets and shirts were fouled and in

rucks under the patients' backs, the beds were loosely and badly made, with no protection from pressure on prominent joints and back; crumbs and treasures were found in the beds; lockers were untidy and not clean, and sanitary utensils were not properly cleansed. There was also waste of bread."

#### INFIRMARY COMMITTEE'S REPLY.

"The male nurse apparently did not regard the twelve cases mentioned as bed sores, and so did not report them to the Inspector, but the majority of the cases had remarks entered on the medical case papers in regard to the abrasions. . ."

"Sufficient water pillows were in stock, but there appears to have been some misunderstanding between the officers in regard to the distribution and issue of the same; this has now been rectified.

"The beds being disarranged, crumbs, &c., in the beds, and the patients' shirts fouled and in rucks is accounted for by the fact that inspection was made immediately after the dinner-time, and the nursing staff had been unable to straighten the Ward in such a short time. One of the staff having been sent off duty sick on the morning the inspection was made, the Ward was understaffed at the time.

"The statement that there was waste of bread does not seem to be fully substantiated, although a certain amount left by the patients is unavoidable in an institution for the sick."

The Medical Superintendent, Dr. A. H. Robinson, reports: "The conditions noted by the Inspector were not all what I should call bed sores. Several were backs which had become irritated by the very rough material used for drawsheets, possibly rendered worse by the chemicals used in cleansing them. In two cases the conditions seen were due to local disease and were not sores due to pressure. In most of the cases the skin was merely abraded owing to the cause stated above."

#### INSPECTOR'S REPORT.

"In B 2 and 3, nursed by women, the conditions were better than in the Male Nurses' Ward, but I found two sore backs unreported and unprotected by water pillows, and there was evidence of carelessness and want of attention to the beds after dinner."

#### INFIRMARY COMMITTEE'S REPLY.

"The reason for the beds being disarranged is accounted for as in the Male Chronic Ward."

Dr. M. J. Panthaky states: "All the bed sores in B 2 and 3 were reported to me except two, which were considered by the Inspector to be bed sores. One of these two was not a bed sore but it was an eczematous patch on the sacrum. The other was a bed sore quite recently produced. It was not reported by the night nurse to the Sister."

#### INSPECTOR'S REPORT.

"(1) In several wards sanitary utensils were not well washed; (2) In the Male and Female Phthisis Wards no tooth-brushes were used."



## INFIRMARY COMMITTEE'S REPLY.

"(1) This was partially admitted by the Matron; (2) There seems to have been a lack of tooth-brushes in the Male and Female Phthisis Wards which has since been remedied."

## INSPECTOR'S REPORT.

"The Children's Ward was unusually heavy. There were 22 bottle-fed infants suffering from marasmus and enteritis, needing far more care than the capable, kind Sister-in-Charge was able to give them with the nurses at her disposal. The day staff for 52 babies was eight nurses, but two of these are always relieving those who are off duty. At least two extra nurses on day duty and one on night duty are needed as long as these very sick children are in the ward."

## INFIRMARY COMMITTEE'S REPLY.

"In the Children's Ward the work is undoubtedly heavy at present, and this fact has been recognised by sending any available nurses to help there from time to time. The Committee are considering the question of appointing an additional nurse for this Ward."

"From the above it will be seen that the comparatively slight complaints are in reference to 4 Wards out of a total of 23 Wards now in use."

## INSPECTOR'S REPORT.

"Further evidence of a deterioration in the standard of work was seen in the unsatisfactory results of the last final examination. Of 15 candidates 6 failed to satisfy the examiner." Miss Wamsley further suggested a revision of the whole theoretical training of the nurses, and of the syllabus, the appointment of a Tutor Sister, and the alteration of the agreement for future candidates from three to four years, as "with the shortened hours of work the experience gained in three years' training is very much less than was formerly the case."

Miss Wamsley further drew attention to the fact that "the administrative work of the Matron had increased out of all proportion to the extra help granted to her," and pointed out "Arrangements should be made by which the Matron and Assistant Matron's time is less occupied by clerical work, which has grown considerably owing to the introduction of the 48-hour week, with its consequent increase in the nursing and domestic staff. Much more time than is at present possible should be spent in supervising the nursing in the wards. The time of the extra Home Sister granted some months ago is almost entirely taken up in relieving the off-duty hours of the First Home Sister and the Assistant Matron, both of whom only work eight hours daily. Night nurses having their three nights off duty each week attend some day and some night meals, which renders supervision and catering more difficult and complicated." Miss Wamsley also drew attention to the need for extra sitting-room accommodation.

## INFIRMARY COMMITTEE'S REPLY.

The Committee state that five not six candidates failed to pass their examination, and the Medical Superintendent does not agree that this should be taken as evidence of the deterioration of work generally. Much, he says, depends on the general education of the candidates and, unfortunately, several were defective in that respect. In one case failure was probably due to the fact that the candidate had been on duty all night, and was not in a fit condition to sit.

The best method of imparting instruction, both Committee and Medical Superintendent point out, is a matter of opinion.

"The whole subject of instruction to nurses is," the Committee state, "under consideration by the General Nursing Council, who are preparing a Syllabus, and will arrange for the Central Examination."

"The other points are all concerned with the 48-hour working week scheme, at present in the experimental stage..."

"The present experimental arrangement of the staff has not proved quite satisfactory, as it interferes with the continuity of observation of a patient by the nurse, and the Committee are considering the best method of rearranging the hours of duty, and are obtaining information from all available sources."

## INSPECTOR'S REPORT.

"When selecting draw-sheeting the attention of the Contract Committee should be drawn to the importance of choosing a soft absorbent material. The kind in use at present is very harsh and unsuitable for its purpose."

"I would also recommend a better quality of red rubber sheeting as being less likely to crease under the patients' backs than either the red or white mackintosh now in use. The present practice of sending the draw-sheets to the wards rough dry is calculated to increase the tendency of patients to bed sores. It is always desirable that draw-sheets should be calendered in the laundry."

## INFIRMARY COMMITTEE'S REPLY.

"The material used for draw-sheets is satisfactory if mangled in the laundry. This is now being done."

"The Committee have instructed the steward to obtain some samples of red rubber sheeting for a test to be made, although the sheeting at present in use... has never before formed a subject for complaint."

The Committee, in the concluding paragraphs of their Report, take great exception to the "generalities of the Inspector, evidently based on hearsay, and not borne out by the evidence heard or the records seen by the Committee." It states it "strongly objects to any Inspector making random statements, which in the term 'many' give an impression liable to injure the staff as a whole. Miss Wamsley, in departing from purely Inspectorial comments, has largely deprived her Report of its otherwise valuable recommendations."



## DISCUSSION.

Discussion of the Report of the Infirmary Visiting Committee then took place, which was so interesting from a nursing point of view that we shall deal with it in our next issue. At its conclusion, this Report was adopted by 13 votes to 6, including the Clause that the Committee cannot find any justification in the statements that "The nursing in some of the wards is unsatisfactory and supports the idea that many of the nurses think of little else but time off-duty and money, and that they come on duty tired and jaded after late hours and constant excitement."

We reserve our own summary and comments.

## THE NATION'S FUND FOR NURSES.

We have received the very belated Report of the Nation's Fund for Nurses (included in the British Women's Hospital Report). The audited accounts will require the careful consideration of the public and the Nursing Profession, and we will discuss them at length next week.

## OUR FOREIGN LETTER.

(Continued from page 96.)

## FOUR FLORENTINE HOSPITALS.

## II.

## THE HOSPITAL OF SANTA MARIA NUOVA.

This building is of great historic interest. It is the oldest and largest hospital in Florence. It is on record that Monna Tessa, a maidservant to Folco Portinari, who was the father of Dante's Beatrice, persuaded her master to build a hospital for the sick poor of the city. This was in the year 1288. It is evident that the original building was of small dimensions, and inadequate to the requirements, for we read that it was three times enlarged, namely, in 1315, in 1334, and again in the sixteenth century. At the present time it is capable of accommodating over 2,000 patients. Italy can boast of many men distinguished in medicine and surgery, among them three famous surgeons may be mentioned in connection with this hospital at the present time, namely, Dr. Stori, Dr. Machètti, and Dr. Burci. Dr. Taddei very courteously showed us over the building, or rather a considerable portion of it (a whole day would have been scarcely too much time to see it all!)

It is said that the aim of the Italian builders to "express light and space is a priceless inheritance from the Romans." There is ample evidence of it in their beautiful cathedrals, churches and other great buildings. Here, too, in this hospital the same aim is noticeable in the large, lofty wards and corridors; but hospital construction was probably not understood in those days, and it would be unreasonable to expect all modern requirements to be satisfied in so venerable a building. It appears to be common law in Italy that no colour shall obtrude itself into hospital wards, for here again, and in all the hospitals I visited, both here and in Siena, it was entirely absent. Certainly white gives a charmingly clean appearance.

It is the custom in the Santa Maria Nuova Hospital for male nurses to nurse the men; female nurses are only employed for the women. The training is for two years.

There are three classes of patients, and the charges are made according to the classification. First class, lire 38. Second class, lire 25, and Third class, lire 18. (The value of a lira before the war was 10d., it is now very much less.)

I must not forget to mention that this hospital is provided with valuable physiological and pathological laboratories, also a library containing about 9,000 volumes. The days of this ancient hospital are numbered. A new and up-to-date hospital has been built, beautifully situated at the foot of Fiesole hills, an ideal spot.

## III.

## THE CHILDREN'S HOSPITAL OR OSPEDALE MEYER.

The contrast between this hospital and the one first described is just the contrast between the *ancient* and the *modern*. Nurses who interest themselves in nursing activities in other countries, and those who, through their own National Councils are affiliated with the International Council of Nurses, will surely do so, will be glad to learn that this is the *first* and the *model* children's hospital in Italy. It was founded by a wealthy gentleman of the name of Meyer, in memory of his wife (or daughter) rather more than twenty years ago. It is well situated on the outskirts of the city, and stands alone on open ground. Dr. Comba presides over it; his assistant, Dr. Grazzini, most kindly and readily granted our request, and conducted us all over it. This fine hospital is built on the block system, and contains about 350 beds, but, if necessary, accommodation for 400 children can be provided. Light and space is everywhere noticeable. In fact it is just what a children's hospital ought to be. One specially attractive feature is the beautiful wide and lofty corridors, two of them form verandahs, with glass walls and plentifully adorned with plants—a splendid recreation ground for convalescent patients, a kind of winter garden. The hospital consisted, when founded, of one central building, other blocks have been subsequently added as the need arose. The blocks are used as isolation hospitals for different infectious diseases. There are, for instance, the Measles Block, the Whooping Cough Block, the Diphtheria Block, &c. The nurses of the infectious blocks never enter the main part of the building. A very favourite material for flooring in Italian hospitals seems to be what is called *Mattonelli*. I can best describe what it is *not!* It is not stone, it is not brick, or wood. The effect is excellent, it looks well, and is easily cleaned and disinfected, and would probably wear for ever. The hospital is equipped with laboratories and bacteriological departments. Needless to say that open-air treatment is one of the principles of this fine model hospital. The nurses train for three years, and are recruited from the General Hospital after two years' training there.

(To be concluded.)



## HATS!

Hats!—In presenting an agreeable appearance do we not all realise that a hat may make all the difference? Anyway, it became a sort of tradition that when we pioneer registrationists were out to conquer and also to celebrate great nursing occasions, a new and, if possible, becoming hat we must have. We all did it, and great fun was the result.

In these hard times of costly clothes the selection of a new hat is a matter of considerable anxiety. Winter is passing and the penetrating spring light will soon be with us—the light which searches out without the slightest sympathy spots and creases, and points an accusing ray at one's long-suffering headgear. Alas! an excuse must be found for replacing last year's hat, and we gladly recognised that the laying of the foundation stone of the new Nurses' Home at Bart.'s was a splendid excuse for choosing a new one. We peeped into millinery shops and beheld numerous monstrosities, we asked prices at fashionable emporiums, and in one instance were told *29 guineas* was the price for a bit of straw and a blue feather! We remarked in dulcet tones, "I presume some poor fool will pay it!" and then we made tracks for Mills (from Emelie), No. 296, Regent Street, W., and there were shown with patience and courtesy an embarrassing selection of hats—one more becoming than the other. Just lovely! And at prices within a nurse's moderate income. In one, composed of pink roses and blue aerophane grapes, we saw ourselves competing with Queen Mary's exquisite floral toques, at Bart's on the 17th. In another of shot blue taffeta with mauve and blue gold backed flowers, we fancied ourselves addressing crowded halls of nurses, all anxiety to fathom the *raison d'être* of Registration Rules! Again—but why pursue the theme? A large box contained the spoil when delivered the following day, and we advise those of our readers who feel a twinge of envy to hurry off to Madam Mills before she disposes of the *crème de la crème* of her spring show.

## PROFESSIONAL WOMEN AND TRAINING SCHEME.

Following the recent conference of women of the professional classes, the Minister of Labour has agreed to the appointment to the Central Committee on Women's Training and Employment of Dr. Louisa Garrett Anderson, Miss Isabel Drummond (headmistress, Frances Mary Buss School), and Miss Lena Ashwell. They are not chosen to represent the particular professions to which they belong, but women generally who are working in professions.

Nurses, as usual, are left out. We wonder how doctors, teachers and actresses would like to be represented by nurses!

## 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.*

### KERNELS FROM CORRESPONDENCE.

*A Hospital Patient.*—"There is no doubt that the day has gone by for voluntary hospitals containing hundreds of free beds—the cost of maintenance is far too high. Again, if the majority of patients are to pay according to their means the system of nursing will have to be modified, as many of the beds will be occupied by persons used to a certain amount of privacy, who will naturally be more exacting than those who come from rougher surroundings and who were more ignorant of what nursing should entail. For instance, noise must be systematically modified—it never seems to cease in a hospital ward or corridor. Windows and lights must be shaded during the night. More screens must be provided, so that one's wounds are not exposed to the curiosity of one's neighbours, and certain functions not performed in public. Then a trained nurse should always be on duty in the ward, and young probationers placed under trained direction, instead of being as they now often are, left in charge of serious cases on Sisters' and Staff Nurses' whole days and half-days off. In fact the present rush and turmoil (V.A.D.s' style) will certainly have to be modified. The everlasting tip-taps of high heels and general lack of repose is very trying, and all the chatter and clatter, beginning as it often does at 5 a.m., certainly is not necessary. Neither does an educated woman of fifty care to be known by a number, and generally advised by a chit of nineteen, with no social experience whatever and occasionally tickled or smacked on the buttock by way of a joke. I am not grumbling, but just hinting that the paying patient will require certain amenities which apparently have not always been included in the 'voluntary' régime."

### PRIZE COMPETITION QUESTIONS.

*February 26th.*—Mention diseases which are frequently conveyed by (a) milk; (b) water. Suggest any precautions which can be taken to prevent such infection.

*March 5th.*—What is the cause of scabies? Describe the symptoms. How may it be treated?

*March 12th.*—In what ways may infection take place in the parturient and puerperal woman? How can a nurse or midwife help to prevent sepsis? What is her duty when it occurs?

### OUR ADVERTISERS.

Do not omit to buy, as far as possible, everything you need from "Our Advertisers" and to recommend them to your friends. They are all first-class firms.



## The Midwife.

### THE INCIDENCE OF CONGENITAL SYPHILIS AMONG THE NEWLY-BORN.

Dr. S. M. Ross, D.P.H., Bacteriologist to the Derbyshire County Council, and Dr. A. F. Wright, late Bacteriologist to the Staffordshire County Council, have presented to the Medical Research Council a Report on the Wassermann reaction of placental blood in a series of 340 unselected cases in a Midland county, which is published in the *Lancet* of February 12th. The particular interest of the Report to midwives is that in both areas in which the research was conducted, midwives were utilized to collect the material for investigation. The authors write in part:—

"The object of this investigation was to determine if possible the incidence of congenital syphilis among the newly born in a mining town and an industrial town in one of the Midland counties. The cases were entirely unselected, and in no instance had either parent been treated for recognised syphilis. It must be generally admitted that our knowledge of the transmission of syphilis is very incomplete, and that the term 'congenital syphilis' is very loosely applied. Cases are dubbed congenital syphilis on the flimsiest of data, while others are missed through want of proper appreciation of symptoms slight in themselves, but the only visible manifestations of this insidious disease, where a Wassermann reaction might have enlightened the practitioner as to the true state of affairs.

"John A. Kolmer, of Philadelphia, who has published much original work on syphilis, holds:

"Every untreated or inadequately treated syphilitic of either sex, and particularly the woman of child-bearing age, is potentially capable of transmitting the disease, and that the number of such persons must be appallingly large, and secondly, that 'it would appear that the foetus possesses no natural resistance to infection with *Treponema pallidum* in so far as its own tissues are concerned, and that it may be infected through the mother at any time from conception to late in pregnancy.'"

After stating that "any figures based upon the examination of placental blood alone will give a probable under-estimation of the amount of congenital or pre-natal syphilis," the authors continue:

#### "COLLECTION OF MATERIAL.

"For the collection of the material employed in this investigation, for the mining area two midwives with a large working-class practice were chosen, whose technique in midwifery and trustworthiness in carrying out instructions could be relied on. They were instructed that the cases were in no way to be selected, and that with each case a few essential particulars were to be sent.

"The particulars demanded were as follows: Name, age, address; date of marriage, number of pregnancies, abortions or miscarriages and period; patient's health, husband's occupation, and husband's health.

"The blood was taken from the placental end of the umbilical cord immediately after it was severed, from the infant. Sterilised collecting tubes were supplied from the county laboratory, and it was impressed upon the midwives that strict aseptic precautions should be taken in the collection of the specimens. These specimens were then posted to the county laboratory, and after removal of sufficient serum for S.M.R. were forwarded to the Central Hospital, Lichfield, for A.F.W. The period of time covered by the investigation was 16 months (1918-19)."

In the mining area the result of the investigation into the 300 cases collected was that in 284 cases or 94.6 per cent. the results of both workers were identical. Ten cases, or 3.5 per cent. were definitely positive.

#### "INDUSTRIAL AREA: SUMMARY OF RESULTS.

"A similar investigation was also carried out amongst the patients of a large charity practising midwifery in an industrial town in the Midlands, but owing to circumstances over which the investigators had no control only 40 specimens were sent. In this series one case was found positive by both observers, a percentage of 2½. Unfortunately, owing to the difference in the numbers of specimens from the two towns no sort of comparison into the infection of the two areas can be deduced."

It is evident that if scientific investigators are to depend upon midwives for the material they need, such midwives must be very carefully instructed in the special duties required of them, and, moreover, suitably remunerated. We learn from the report that the incidental expenses of the research were defrayed by a grant from the Medical Research Council; we hope, therefore, that remuneration of the midwives concerned was included in these expenses. One other point—surely numbers, and not names and addresses, should be sent with specimens.

### CENTRAL MIDWIVES BOARD FOR SCOTLAND.

At the first meeting of the newly constituted Board, held recently, Dr. James Haig Ferguson, F.R.C.S.E., &c., was appointed Chairman, and Dr. A. Campbell Munro, D.Sc., &c., was appointed Deputy-Chairman.

The following results of the examinations held simultaneously at Edinburgh, Glasgow, Dundee and Aberdeen, were reported:—

	Candidates		
	Appeared.	Passed.	Rejected.
Edinburgh ..	42	37	5
Glasgow ..	53	44	9
Dundee ..	14	14	0
Aberdeen ..	7	6	1
	116	101	15



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE NATION'S FUND FOR NURSES.

At last, the British Women's Hospital Committee, after an existence of four and a half years, during which they received and spent large sums of public money, have sufficiently yielded to public opinion to publish a Report of their work, and of their receipts and expenditure. Such protracted delay in giving account of their stewardship must be almost unique amongst Associations receiving and spending public funds. Section III of this Report deals with the Nation's Fund for Nurses, and is, therefore, the part which will chiefly interest our readers. In view of our criticisms of this Fund, it is noteworthy that the Report commences, and occupies most of its space, by describing the rise and progress of the College of Nursing. It states the British Women's Hospital Committee was approached by the Council of the College with the request to collect funds to Endow the College, and to create "a Benevolent or 'Tribute' Fund for the relief of individual nurses during sickness and disablement."

The Report gives a most inaccurate and misleading account of the action of the College of Nursing in reference to the Act for the Registration of Nurses. It excellently illustrates the professional ignorance and biased credulity of the Nation's Fund Committee by the statement that "important as State Registration undoubtedly is for the betterment of the nursing profession, the College programme is planned upon ampler lines and contemplates the use of all efforts to standardise the education of nurses by a three years' general training, a uniform curriculum and one portal examination." The British Women's Hospital Committee is evidently unaware of the simple fact that the Act was passed by Parliament in order to obtain these results; and that no limited liability company like the College of Nursing could, in the most minute degree, carry out such a national reform. It is noteworthy,

as evidence of the unbusinesslike methods of the British Women's Hospital Committee that none of the Reports are dated, and that no address of the Committee can be found anywhere in the whole Report. And it is, therefore, not surprising that although the Report is said to be up to December 31st, 1919, statements are made in Section III concerning events which took place in 1920.

The one outstanding feature of the Report which we desire to emphasise is that the closest possible connection is proved thereby to exist between this so-called Nation's Fund for Nurses and the College of Nursing, Ltd.

We pass now to the consideration of the audited accounts of the Nation's Fund for Nurses from June 6th, 1917, to December 31st, 1919; that is to say, for a period of two and a half years; and only made up to a year ago, although just issued now. In doing this, we must ask our readers to remember clearly the objects of the Fund as above expressed:—

(1) To Endow the College of Nursing, Ltd.

(2) To form a Benevolent or "Tribute" Fund for the relief of individual nurses in sickness or distress.

The Receipts, as shown, then, should fall under these two perfectly distinct headings, and it must be remembered that the appeal for the Fund, the appreciative letters it received from Earl Haig and the heads of the Medical Department of the Army, all and only advocated the idea of benevolent assistance to nurses disabled in the war. The guileless public were told very little of, and undoubtedly gave very little cash to, the College of Nursing, Ltd. In the first place, then, it is noteworthy that the audited accounts do not definitely state what was received for the special purpose of endowing the College, excepting one item, and one item only, viz., £18,636 2s. 9d. All the other items on the Receipts side were therefore, presumably, given and collected for the purpose of assisting disabled nurses. It can easily be understood that this would be so. The apparent net result for the College of Nursing,



Ltd., speaks volumes as to the lack of public interest in that body.

In the next place, the amount definitely stated for the Tribute or Benevolent Fund is given as £78,401; while, as we have said, it is not definitely stated to which of the two purposes of the Fund, the Donations, Collections and proceeds of Entertainments and sale of goods—amounting, in all, to £51,678, were allocated. But when the Expenditure side is turned to, it is obvious that no less than £20,000 was deducted from those receipts, and handed over to the College of Nursing, Ltd., for its Endowment, because that is stated to amount to £38,650.

The Nation's Fund was certainly not successful in its collecting boxes and books, for it seems to have cost £39 to collect £68 by this means! The expenses of the Fund appear to us to have been excessive; no less than £4,214 being spent on advertising, nearly £1,200 on salaries and bonuses, and nearly £1,000 on printing and stationery; while the Entertainments cost no less than £966. In short, it cost the Fund more than £8,000 to collect £96,000, or 1s. out of every 12s. it collected—a fact which is certainly open to question. In this calculation, we take no account of the two gifts to the Fund by the Red Cross Society and the Women's Emergency Corps because they involved no expense to the Fund.

But now, as to the Benevolent or Tribute Fund for Distressed Nurses, noted specifically in the accounts as £78,401. Added to this must be the £14,000 of the other receipts above alluded to, after endowing the College, making £92,000 in all. Let us remember for a moment how the public was urged to help poor destitute broken-down nurses. Let us remember the picture posters which defaced the streets of London, the Victory Dances, the Stage Entertainments, the wholesale degradation of the nursing profession by actresses and others holding up nurses as objects of public pity and pauperisation.

And be it always remembered that all this was done, deliberately, in the face of the strongest protests from self-respecting nurses, and their old and independent Associations, to the effect that Nurses did not require charity, and that they strongly resented the attempt to use the Nursing Profession as a means of self-advertisement by a Committee of actresses and others.

And now behold the results! An ever generous public gave the so-called Nation's Fund, according even to its own showing, £92,000; and in two and a half years the Fund

found sufficient "distressed" nurses to receive £2,144 11s. 6d.! Just think of it!! £1 out of every £46 given to—cadged for by—the Nation's Fund for Destitute Nurses, is all that was actually given to those poor objects of public pity!!! We need not go further, at present, into the accounts. But we have no hesitation in saying that we consider that a Select Committee of the House of Commons should be sought for, and appointed as soon as possible, to inquire into the origin and working of the so-called Nation's Fund for Nurses.

### OUR PRIZE COMPETITION.

**MENTION DISEASES WHICH ARE FREQUENTLY CONVEYED BY (a) MILK; (b) WATER. SUGGEST ANY PRECAUTIONS WHICH CAN BE TAKEN TO PREVENT SUCH INFECTION.**

We have pleasure in awarding the prize this week to Miss Constance Wilson, the Woodlands, Raydon, Hadleigh, Suffolk.

#### PRIZE PAPER.

1. *Diseases frequently conveyed by milk.*—Tuberculosis, scarlet fever, enteric fever, diphtheria, cholera and diarrhoea.

2. *Diseases frequently conveyed by water.*—In addition to enteric fever and cholera, the following diseases may also be conveyed:—Dysentery, sickness, dyspepsia, digestive disturbances, constipation and diarrhoea. Various parasites may also find their way into drinking water, and enter the digestive system in the form of eggs or embryos, such as the round worm, guinea worm, &c.

Various precautions can be taken to prevent milk becoming infected.

1. Milk should be purchased from a reputable dairy, which will ensure, as far as possible, that the milk has been procured from healthy cows; that the milkman has been taught to wash his hands and the teats of the cows before milking; that the milk has been collected into pails which have previously been scalded; that the milk has been strained and then cooled directly after collection, and has been kept in scalded cans as cool as possible between its collection and distribution to the customer, who should take equal care of it.

2. *Sterilisation.*—In spite of all the above precautions, however, a certain number of micro-organisms will always be present in the milk. These can be destroyed, and also their spores, by sterilisation, *i.e.*, boiling for thirty minutes at least, and then cooling it in running water, and keeping in air-tight bottles. Unfortunately, by this method certain substances called Vitamines, which are necessary ingredients of food, are destroyed.



3. *Pasteurisation*.—By heating the milk for twenty minutes at a temperature of 155° F., the micro-organisms are destroyed, but not their spores. This method has the advantage of not killing the Vitamines.

The following precautions can be taken to prevent water becoming infected:—

1. The water supplied to a district should be selected from a source as little liable to pollution as possible. If there is the slightest chance that it may have become contaminated in any form, filtration and purification should be carried out before distribution. In addition to this, the consumer may, if he so desires, add to this public filtration purification by domestic filters at home. Filtration, if efficient, besides removing various organic substances, also removes micro-organisms. Public filtration is carried out in sand filter beds, to which are connected the mouths of the outlet pipes. These pipes conduct the water on to the surface of the filter beds to a suitable depth, and it then percolates slowly down. The micro-organisms are removed by means of a gelatinous film which forms on the surface of the sand, and consists of the suspended organic materials and masses of bacteria. If proper precautions as to aëration, rate of filtration and cleansing of the sand are carried out, these sand filters remove bacteria from the water in large numbers.

2. Domestic purification may be carried out by—

(a) *Distillation*.—This renders the water insipid, owing to deficient aëration.

(b) *Boiling*.—This method also destroys micro-organisms and leaves the water insipid.

(c) *Domestic Filters*.—These must be regularly cleaned, for if the organic matter is not removed it accumulates, and forms an excellent breeding ground for bacteria. The best known domestic filters are the Pasteur, Chamberlain, and Berkefeld.

Poisoning from metals, particularly lead, may arise from the metallic constituents of the water pipes. Water which has been found to act on lead may be treated by filters composed of sand and limestone; it is also possible to avoid the use of lead pipes where the water is known to act on this metal. It is calculated that one-tenth of a grain of lead in a gallon of water may give rise to lead poisoning.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, Miss Mary Douglas, Miss Eliza Noble, Miss P. Thomson.

#### QUESTION FOR NEXT WEEK.

What is the cause of scabies? Describe the symptoms. How may it be treated?

## NURSING ECHOES.

Both the General Nursing Councils for Scotland and Ireland have adopted their Seals. Both are very appropriate. Scotland has chosen the Cross of St. Andrew in the centre of a circle, surrounded by the title of the Council, and Ireland has in the centre of the Seal the figure of Hygeia with a leaf of shamrock in each corner, and the title of the Council in the surround.

Professor M. Adelaide Nutting, of Teachers' College, New York, has been in London for a few days on her way to Sicily, where she intends to enjoy three months' rest in that glorious climate, of which she is in need. In a delightful two hours "crack," Miss Nutting told us of the numerous experiments in nursing education and organisation "evolving" in the States, which has necessitated very arduous work in her Department of Nursing and Health, many of them serious problems which cannot be solved without regard to the relations of nursing to the whole scheme of social development throughout an immense continent. No wonder those in high places are working at top speed. Thus the question of national health at Teachers' College becomes more and more absorbing, and Miss Annie Goodrich is devoting her enthusiasm and talents to the closest study of this question. There is now a national organisation for Public Health Nursing, and a United States Public Health Service Nurse Corps, and many of the best brains in the nursing profession in America prefer this branch of work to any other.

Miss Nutting reports great progress in support of the Nursing and Health curricula at Teachers' College. Beginning with some 20 pupils, in a few years the number has risen to 500.

Miss Lavinia Dock is now busy writing up the history of the American Red Cross, with special reference to its activities during the war. We hope she lays special stress on its splendidly organised Department of Nursing, with its headquarters at Washington. A Red Cross Nurse in America signifies a well trained graduate nurse, whereas in Britain it signifies an amateur with a smattering of book instruction, wearing nurses' uniform and given powers and privileges to which, in our opinion, she has no right. The sooner we study and adopt the American system the better. No doubt Miss Dock's book will help us to realise the use and abuse of the recent Red Cross system. Its



original aim was ideal, but in practice these ideals were not always apparent during the late war.

A Geneva message says that Great Britain, France and Belgium are expected to abstain from sending representatives to the next meeting of the International Committee of the Red Cross, the tenth of its existence, which will take place there next month.

England contends that the committee made no protest against the execution of Miss Edith Cavell, while France and Belgium consider the committee showed indifference to offences committed by the Germans during the war on various Red Cross formations.

American representatives will be present, but it is said that they will insist on reading a list of offences charged against the Germans, and against which the committee, in their opinion, should have protested.

We hope the fiendish bombing of hospitals and consequent murder of sick and dying men and nurses, and the sinking of hospital ships, and consequent drowning of helpless wounded and their courageous attendants, will be specially cited. The neutral nations in many instances have shown a sad lack of righteous indignation with these barbaric crimes, and until they do so we are glad to know that Great Britain, France and Belgium will make their rightful disapproval felt through their Red Cross organisations.

### THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

A meeting of the R.N.P.C. will be held on Saturday, February 26th, at 431, Oxford Street, W., at 4 p.m., to consider the following Agenda:—

- (1) Rank for Service Nurses.
- (2) Equivalent Standards for Registration.
- (3) The Report of the Nation's Fund for Nurses and to consider a Resolution.
- (4) Unemployment Insurance for Nurses: To receive a Report from the President.

Members will receive a Notice of the meeting, and it is hoped they will be present, if possible, as the items on the Agenda are of importance to the profession as a whole.

It is probable that the Government will take all the time until Easter usually allotted to private members' Bills.

### THE BRITISH HOSPITALS' ASSOCIATION AND NURSES' SALARIES.

The Midlands Regional Committee of the British Hospitals' Association, at a meeting recently held at the General Hospital, Birmingham, had under consideration the revised scale of salaries recommended by the College of Nursing, Ltd., and adopted the following resolution:—

"That the Midlands Regional Committee of the British Hospitals Association, whilst fully desirous of giving the nurses adequate remuneration for their services, consider that the proposed increase in the scale of salaries recommended by the College of Nursing in their circular dated December, 1920, is undesirable in the present financial position of the hospitals."

The British Hospitals' Association is composed of senior officials of the voluntary hospitals, including governors, secretaries, matrons, &c. The Hon. Sir Arthur Stanley is Chairman of Council, both of the British Hospitals' Association, and of the College of Nursing, Ltd., and we have thus the unsatisfactory position of the proposals of one body being turned down by the other.

After all, it is an economic question of great importance to the hospitals, as it is a question of demand and supply.

The serious shortage of educated probationers entering hospitals and infirmaries for training is one of the most important questions in relation to future standards of national health, which the community has to face, and if it is not possible for these institutions to procure a sufficient supply of the right type of woman for training at the present rates of payment the personnel of the Hospitals Association will find itself in an exceedingly untenable position at no distant date.

In the near future, to meet the minimum educational standards laid down by the General Nursing Council only those hospitals which provide adequate teaching can hope to attract pupil probationers. We are, therefore, of opinion that to pay high salaries to pupils may defeat the object aimed at, by attracting uneducated and unsuitable persons as probationers, and that moderate salaries should be paid to probationers in training, or even, following the example of the Nightingale Training School for Nurses, fees might be charged in return for efficient professional training and teaching.

In addition, these pupils should have security that once trained and registered, their skilled work will command an adequate return, of an initial salary of not less than £60 per annum for staff nurses, and £100 per annum for sisters of wards. Government Departments might well adopt these scales in branches of nursing outside institutions, and registered nurses should command emoluments from which they can save sufficient to provide for independence in old age.

It is an anomalous position that Matrons of hospitals and infirmaries are apparently recommending through their Council a scale of salaries which are not approved by the Council representing the authorities under whom they serve.



## HONOURS FOR NURSES.

### FRENCH FLAG NURSING CORPS.

#### CROIX DE GUERRE AVEC ETOILE EN BRONZE.

Mrs. Sarah Hallam, who was a Sister in the French Flag Nursing Corps from 1915 to 1918, has been awarded the Croix de Guerre with bronze star by the French War Office. The citation is as follows:—

#### THE CITATION.

En execution des dispositions de l'additif No. 7.374, M. du 1er Mai, 1918, a l'instruction du 13 Mai, 1915, Le Marechal De France, Commandant en Chef les Armees de l'Est cite, a l'Ordre du Regiment.

Mistress Hallam, Sarah, Infirmiere Anglaise de 1 Ambulance 3—Marocaine.

"Affectue depuis le debut de la Guerre aux formations Sanitaires de l'Armee Francaise a fait preuve en toutes circonstances et sans souci du danger notamment à Dunkerque en Fevrier—Avril, 1915, et Fevrier, 1918, et pendant les dernieres operations du Corps d'Armee en Novembre, 1918, du devouement le plus absolu se depensant sans compter aupres des malades et des blesses."

Au Grand Quartier General, 15 Mai, 1919.

Le Marechal Commandant en Chef les Armees de l'Est.

PETAINE.

#### MEDAILLE DE LA REINE ELISABETH AVEC CROIX ROUGE.

The King of the Belgians has conferred upon Miss M. S. Riddell, R.R.C. (Registrar of the General Nursing Council) the "Medaille de la Reine Elisabeth, avec Croix Rouge," and on Saturday last Miss Riddell attended at the Belgian Embassy, where the Military Attaché presented her with the medal in the name of his King, presumably because when Matron of No. 2 General Hospital T.F.N.S. Miss Riddell had many Belgian officers and men under her care. The beautiful medal, apparently in dull gold, bears on the front the effigy of the Queen of the Belgians, and on the back the figure of "Charity," and the inscription, "Pro patria, honore, et caritate." It is suspended by a ribbon of ribbed watered silk, blue-grey in the centre with rose-coloured borders—a thing of beauty to be prized.

## APPOINTMENTS.

### LADY SUPERINTENDENT.

**Kent County Ophthalmic Hospital, Maidstone.**—Miss Grace E. Coe, A.R.R.C., has been appointed Lady Superintendent. She was trained at the West Kent General Hospital, and has been Night Sister and X Ray Sister at the West Kent General Hospital, and Matron of Hayle Place V.A.D., Maidstone.

### MATRON.

**West End Hospital for Nervous Diseases.**—Miss H. V. Goldthorp has been appointed Matron. She was trained at the London Hospital, and has been there Assistant Matron, Queen Square, Acting Matron Bethnal Green Military Hospital, Matron Highfield Hospital, and Sister-in-Charge O.P. Dispensary, Bermondsey.

**Ministry of Pensions Hospital, Orpington, Kent.**—Miss Kathleen A. Smith, R.R.C., has been appointed Matron. She was trained at the Essex and Colchester Hospital, and at the Royal Hants' County Hospital, Winchester. She has held the position of Sister at the first-mentioned hospital and was Theatre Sister at the West Norfolk Hospital, King's Lynn, Ward

Sister and Assistant Matron at the Royal Hants County Hospital, Housekeeper at the Leicester Infirmary, and Matron of the West Kent Hospital, Maidstone. She was called up for duty as Matron of the Fifth Southern General Hospital, T.F.N.S., in 1914, and has recently been Matron at the Ministry of Pensions' Hospital, Knotty Ash, Liverpool.

**Peel Hall Pulmonary Hospital, Lancashire County Council, Preston.**—Miss Leila Wood has been appointed Matron. She was trained at the Preston Royal Infirmary, has been Matron of the Ainsworth Pulmonary Hospital near Bolton, Assistant Matron of the 2nd Western General Hospital, and Assistant Matron of the Aitken Sanatorium, Holcombe Brook, Ramsbottom. She is at present Matron of the Salterley Grange Sanatorium, Birmingham.

**Isolation Hospital, Huntingdon.**—Miss F. Dale has been appointed Matron. She was trained at the Leeds Infirmary, and has been 12 years at the Isolation Hospital, Newton Abbot, Devon, and previously for six years at Biggleswade, Beds.

**Leeds Township Infirmary, Beckett Street, Leeds.**—Miss Hannah Josephine Harkin has been appointed Matron. She was trained at St. Pancras Infirmary, London, and has held the following posts: Theatre Sister, Wolverhampton Infirmary; Superintendent Nurse, Hartlepool and Bromley Infirmary; Assistant Matron, Edinburgh War Hospital; and is at present Matron of the Birkenhead Infirmary.

### NIGHT SISTER.

**Infants' Hospital, Vincent Square, S.W.**—Miss Edith Clegg has been appointed Night Sister. She was trained at Crosland Moor Hospital, Huddersfield; and has been Sister at the Women's Settlement Hospital, Plaistow, and at the Crosland Moor Hospital. She has had experience of private nursing and is a certified midwife.

### SISTER.

**Bagthorpe Institution, Nottingham.**—Miss Mary Emma Healey has been appointed Ward Sister. She was trained at the West Derby Union Institution, and has been Staff Nurse at West Derby Walton Institution.

Miss Eileen E. Piggott has been appointed Sister. She was trained at the Prescott Union Infirmary, and has been Ward Sister at Wigan.

### DISTRICT NURSE.

**Cruden Nursing Association.**—Miss Cuthill, Queen's Nurse, has been appointed Nurse. She was trained at the Dundee Royal Infirmary and at the Queen Victoria Jubilee Institute District Home, Edinburgh.

### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss G. Clark and Miss E. Currant have been appointed Staff Nurses (temporary). The vacancies have now all been filled.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

#### TRANSFERS AND APPOINTMENTS.

Miss Cecilia B. Robb is appointed to East Sussex C.N.F., as County Superintendent. Mrs. Agnes Taylor to Somerset C.N.A., as Assistant County Superintendent. Miss Alice M. Gillett to Sheerness, as Senior Nurse. Miss Sarah E. Bailey to Lincolnshire (Lindsey) C.N.A., as Dental Nurse. Miss Gladys Copelin, to Farnborough; Miss Harriet A. Green, to Buxton; Miss Jessie Howard, to Sidcup; Miss Georgina A. Inston, to Buxton; Miss Emily K. Rawlings, to Reading, as School Nurse; Miss Myra Sambrooke, to Redditch; Miss Winifred H. Silvester, to Birmingham (Moseley Road).



## "A PROUD DAY FOR BART'S."

His Royal Highness the Prince of Wales, President of St. Bartholomew's Hospital, happily interpreted the feelings of the staff of the hospital when he told the Queen, on February 17th, when her Majesty visited the hospital to lay the Foundation Stone of Queen Mary's Home for St. Bartholomew's Nurses, that it was "a proud day for Bart's."

The grand old Square lent itself admirably to a function of this kind. Round the fountain students foregathered, and patients, some on stretchers with the characteristic scarlet blankets and others in wheel chairs, and groups of nurses, added to the picturesqueness of the scene. The coming of the Prince of Wales, the staff, past and present in academic robes, the nurses passing to and fro to take up their positions in forming the Guard of Honour for the Queen, all were noted, while at every ward window eager faces peeped for a glimpse, if it might be, of the Royal visitors.

The large pavilion erected on the ground between the hospital and the General Post Office, which held over 1,000 people, was filled to the limit of its capacity. On the dais at the end, decorated with the national flags, a chair of State for her Majesty, in gold and crimson, occupied the central position. To the right, as one faced the platform, the great stone hung suspended. Below, the decorations very effectively carried out were palms, arum lilies, azaleas and blue cinerarias. The string band of the Honourable Artillery Company was in attendance, by the kind permission of Colonel the Right Honourable the Earl of Denbigh, C.V.O., A.D.C., T.D., and during the time that the audience was assembling, rendered an admirable programme of music.

Her Majesty, on her arrival, by way of the Smithfield Gate, was received by the Prince of Wales, who, as President, presented to her the Treasurer and Almoners, the Chairman of the Nurses' Home Building Committee, the Senior Physician, the Senior Surgeon, the Hon. Secretary Nurses' Home Appeal Committee, the Clerk to the Governors, Mr. Thomas Hayes, the Matron and Superintendent of Nursing, Miss McIntosh, C.B.E., R.R.C. and the Assistant Matron, Miss Baines. The Queen, who was accompanied by Princess Mary, and attended by the Dowager Countess of Airlie and Mr. Harry Verney, wore a most becoming coat of black velvet, embroidered with silver, furs of silver fox, and a mauve toque, with which the bouquet of lovely orchids presented by Miss McIntosh harmonised charmingly. Princess Mary, who wore black relieved with blue, was presented by Miss Baines with a bouquet of pink carnations.

Among those present, wearing the Badge of the League of St. Bartholomew's Hospital Nurses were Mrs. Bedford Fenwick, a former Matron of the hospital, Miss Beatrice Cutler, formerly Assistant Matron, Miss Beadsmore Smith, R.R.C., Matron-in-chief of Queen Alexandra's Imperial

Military Nursing Service, the Matrons of University College Hospital, the Royal Free Hospital, the General Hospital, Birmingham, many gold medallists and other distinguished graduates of the School. The President of the Nurses' League, Miss Helen Todd (Inspector under the Ministry of Pensions) was allotted, as was fitting, a seat on the platform, for, as its elected leader, she represents over 1,000 certificated Bart's nurses. Mrs. Lancelot Andrews and Miss Margaret Breay, Vice-Presidents of the League, were present, and a number of matrons and nurses of other schools came to rejoice with their colleagues at Bart's, including Miss Lloyd Still, C.B.E., R.R.C., Matron of St. Thomas's Hospital, Dame Maud MacCarthy, Matron-in-chief, T.F.N.S., and Miss Constance Todd, M.M., R.R.C.

On her arrival at the pavilion the Queen had a most enthusiastic reception, not least from the sisters and nursing staff and repeatedly bowed her acknowledgments.

The prayers offered by the Bishop of London (whose pastoral staff was carried by the Rev. R. Moseley, Vicar of St. Bartholomew's-the-less, and Chaplain to the hospital) were specially appropriate, and the following Address was then read by His Royal Highness the Prince of Wales, in his capacity of President of the hospital:—

TO THE QUEEN'S MOST EXCELLENT MAJESTY: May it please your Majesty,—As president of the Royal Hospital of St. Bartholomew, and on behalf of the Governors, I desire to express to your Majesty, with loyal duty, our very grateful appreciation of your unfailing interest in the welfare and progress of the institution, and of the honour you have conferred upon the hospital in coming here to-day to lay the foundation stone of the new home for the nursing staff, which your Majesty has been graciously pleased to allow to bear your name. The Governors have long recognised the need of improved accommodation for the nursing staff, and are deeply grateful that, thanks to public munificence, they are now in a position to erect the first block of a new home which will ensure healthy conditions of housing, comfort, convenience, and economy of administration. The building will be simple and practical in construction, and, as planned, can be erected in blocks as funds for the purpose are available without materially augmenting the cost. Each block, and each floor in each block, is self-contained, and can be isolated entirely, if necessary, without in any way interfering with access to, or the utility of, the remainder of the building. Your Majesty's presence here to-day is a further testimony of the solicitude you have always shown for the health and comfort of those engaged in the nursing of the sick, and I desire to assure you of the deep sense of gratitude your Majesty's gracious and sympathetic interest has inspired in every person in this most ancient and charitable foundation of the City of London. It but remains for me to ask that your Majesty will be graciously pleased to lay the foundation stone of this new home for St. Bartholomew's nurses.





Elevation : Queen Mary's Home for S. Bartholomew's Hospital Nurses.

By courtesy of the Clerk to the Governour



The supreme moment of the afternoon came when the architect, Mr. H. Edmund Mathews, F.R.I.B.A., handed to Her Majesty the trowel bearing the hospital arms. Slowly the great stone was lowered on to its bed of mortar carefully spread by Her Majesty, in a cavity in the brick-work there were deposited the last Report of the Hospital, the last copy of the *League News* (the Journal of the League of St. Bartholomew's Hospital Nurses), and the Programme of the day's proceedings. The Queen declared the stone to be "well and truly laid," and the long-hoped-for event was successfully accomplished. The inscription on the stone is as follows:—

QUEEN MARY'S HOME FOR ST. BARTHOLOMEW'S HOSPITAL NURSES. THIS STONE WAS LAID BY HER MAJESTY THE QUEEN, 17TH FEBRUARY, 1921.

But the Prince of Wales was not content with his formal Address of Welcome, and in a most happy, impromptu speech, assured Her Majesty of the welcome not only of the Governors, but of the deep appreciation and gratitude of the staff and workers in the hospital. His Royal Highness assured the Queen it was "a proud day for Bart's."

Three ringing cheers, led by the Prince, were given for the Queen, and then Dr. Walter Griffith called for "three cheers for our President," which were given till the echoes rang.

Then the Queen, accompanied by Princess Mary, and conducted by the Prince, as President, and the hospital officials, gave supreme pleasure by visiting three of the wards—Lawrence, Matthew and Elizabeth being selected for this honour.

The wards always beautifully kept, and more, conveying an impression of comfort and homeliness, which are the foundation of good nursing, looked their best. It seemed to be daffodil day, and these lovely harbingers of spring nodded a welcome with the green walls for background, and set off by the deep golden brown of the floors, shining and polished, the handsome old mantelpieces, and the deep window ledges.

Her Majesty spoke to every patient in each ward, and took much interest in a case in Lawrence, where a woman had a contracted hand after an accident, and the splint used for rectifying this condition, devised by the house surgeon was a circular ring in shape, with each finger separately extended by means of rubber tubing covering the fingers and attached to the ring, held in position by a plaster splint on the forearm. In Matthew, to the joy of a man who woke up just as the Queen had passed his bed, Her Majesty went back to speak to him. In Elizabeth, the maternity ward, where the babies reign supreme, the walls are cream in colour, and the pink azaleas and white tulips and other spring flowers beautifully arranged were an ideal decoration. Stanley received a visit from the Prince of Wales entirely on his own, and was greatly set up thereby. It was indeed "a proud day for Bart's," long to be remembered. It concluded with a merry dance for the medical and nursing staffs in the Pavilion, for which the hospital jazz band provided the music.

ETHEL G. FENWICK.

## NURSING AT THE ISLINGTON INFIRMARY.

Last week we published the principal items in the Report of Miss L. M. Wamsley, one of the Inspectors of the Ministry of Health, made to that Department after a visit to the Highgate Hill Infirmary of the Parish of St. Mary, Islington, and the reply of the Infirmary Visiting Committee thereto, also incorporated in a Report. In this issue we publish the discussion which took place at the meeting of the Guardians, in the Board Room at St. John's Road, Upper Holloway, after the Report had been presented, as we consider the whole question of great interest to the managers of Poor-Law Infirmarys and their nursing staffs, and to the sick poor admitted to them.

### DISCUSSION ON MISS WAMSLEY'S REPORT.

The adoption of the Report was moved by the Chairman of the Infirmary Committee, Mr. W. Finimore, and the discussion which followed was amazing. Incidentally one asked oneself was it possible that this was a responsible public body, considering a Report sent down to it by a Government Department? When considering the previous item on the Agenda, members were hurling such epithets at one another as "hypocrite," and appealing to a hotly partisan chairman for the right of the floor, and protection against such accusations. Shouting was a pastime in which even the chairman of the Board (Mr. W. B. Parker) indulged, and when a Guardian exclaimed, "I can shout as loud as you, and I won't be shouted down," the chairman was understood to reply with some slighting reference to a past occupation of the Guardian calculated to develop the voice, who retorted that he was not ashamed of it.

Mr. Thomas was in favour of incorporating in the Committee's Report a paragraph which it had discussed, but not ultimately included, to ask the Ministry of Health not to send Miss Wamsley again to the institution, as in that event she would not be received. He moved an amendment to this effect.

Another member wished to know who gave Miss Wamsley the information that the nurses were "tired and jaded." The chairman of the Infirmary Committee stated that the Matron said some remarks she had made in the course of conversation might have been misconstrued.

Mr. Griffiths said the Report presented was of a sort for which they were quite prepared; he might almost have written it himself. The nurses were indignant at certain statements in the Inspector's Report, but was that proof that there was no neglect? They were insistent on wanting to know who gave the Inspector the information, but that was no concern of the Guardians. She had a perfect right to acquire information where she thought fit.

One point struck him in regard to the Report. What steps were taken to verify, or otherwise,



the allegation that nurses returned to work behind time? Was the porter's book inspected, and its accuracy ascertained?

In regard to the question of bedsores, did not the explanation strike one as rather lame? Moreover, it was an amazing thing for a medical man to say that bedsores cannot be avoided (Report of Dr. J. L. Perceval, Assistant Medical Officer: "A certain number of bedsores are unavoidable."). If a patient in a London Hospital developed a bedsore it would be considered a scandal.

With regard to the fact that the Inspector found the backs of patients with bedsores unprotected by water pillows, the Committee reported that sufficient water pillows were in stock, but, through some misunderstanding, they were not in the wards. Who were the officers responsible? Why was it not known where they were? Was that thing going to be passed over; was nobody to be censured?

Miss Wamsley might have exaggerated, but the medical officer stated that several backs had become irritated by the very rough material used for draw sheets, possibly rendered worse by the chemicals used in cleansing them. Surely that was negligent. Was it necessary for an Inspector to come down to point out such conditions?

He knew the Report would be accepted, although it said everything possible for the nurses and everything possible against the Inspector, but it would serve one useful purpose if it had the effect of putting a little more energy into rectifying the conditions complained of.

#### COMPLAINTS NOT "COMPARATIVELY SLIGHT."

Miss Michael moved the deletion of paragraph 11 on page 8 of the Agenda. "From the above it will be seen that the comparatively slight complaints are in reference to four wards out of a total of twenty-three wards now in use." She objected to the words "comparatively slight complaints." They could not say that any of the complaints made by the Inspector were slight.

She was glad that attention had at last been called to the rough-dried uncomfortable draw sheets. It was a pity for the Committee, or for members of the staff, to be so touchy as to any criticism whatever.

Another Guardian drew attention to the fact that one most important thing had been left out, "the great scandal of the dilution of the milk."

The Chairman said that would come up at the meeting of the Infirmary Committee on the following Monday. The speaker said he was there to stop robbery, and the Chairman ruled him out of order.

Mr. Finimore, Chairman of the Infirmary Committee, here corroborated the Chairman's statement that the Infirmary Committee were investigating this matter.

The Chairman: "I've told him he's out of order, but he has got out what he wants."

Mr. Reed said that the Inspector was one of those "know nothings." What did they know? The dinner hour was twelve o'clock,

and the Inspector came round at 12.30. The male nurse had fifty-eight helpless patients to feed. It was not many minutes after dinner, and the things were not cleared away. Had the Inspector come later the ward would have been straight.

Another speaker said the male staff in the ward was under staffed at the time. He referred to the spitefulness of the nursing profession to male nurses, and said that bread crumbs in the beds were a minor consideration.

The Chairman stated that the Report of the Ministry of Health's Inspector had been circulated all over the country. Parents would read it and think that their Infirmary was not a place for their daughters to come to. Many of their nurses were absolutely upset about it.

In regard to bedsores, he had lain in hospital two or three days and had an inflammation come on his back. The Inspector did not mention anything about the bedsores being dressed.

When she said that there was no lack of money he supposed it was because she moved a cloth on a nurse's dressing table and five treasury notes (which the nurse was probably saving for some purpose) flew out. It was impossible for the Inspector to frame a report of value in the time she stayed in the wards for inspection. She came into contact with the staff in each ward for about five minutes.

The Board had nothing to complain of about the nurses coming on duty late. They might be held up by a coal strike, or a railway strike, but it was very seldom they came in at the gate late.

He agreed with Mr. Thomas. He hoped the next time an Inspector was sent she would be unbiassed and of open mind. One who would know if a nurse had fifty-eight patients to keep clean.

It was disgraceful, the Guardians were of opinion, that the cases in the Male Chronic Ward were such that no female ought to handle, and at the time of the Inspector's visit there was one man to attend to them all.

The Chairman said he was astonished at the low tone with which the debate was opened. It indicated a party spirit which did not mind what tools it used to back up its party. Reforms must be made, but to go to the world and say that the Report was even fair was disgraceful. The characters of their nursing staff were stolen from them by this woman on conversation and gossip. If they went elsewhere they would be turned down. It was scandalous the letters that had been put in the papers.

He had been in hospital himself, and knew that abrasions could not be avoided. The Report was manifestly unfair. But in spite of the Infirmary Committee's Report the Infirmary was attacked.

It was a silly thing to foul one's own nest. Certainly they should stand up for their Institution. All those who attended the meetings of the Infirmary Visiting Committee were unanimous that the Inspector's complaints were comparatively slight. (Shouts of No, No, NO. Very grave.)



The Chairman reiterated: "It's a dirty thing to foul one's own nest, and it's only a dirty bird as does it." That was, he said, an axiom decent men and women take to heart.

Another Guardian who supported the Committee's Report, said that they must back up the institution and make it as popular as possible with the poor of the borough. The Inspector's Report had been circulated all over the country. There were fourteen labour members on the Board. They had done what they could to better conditions, and had increased the wages of their staff. Yet, wherever it went, it would be thought that Labour had carried on the Institution in a style which showed that they were unfit to govern. It would be made an electioneering plank. Labour could go to the electors and give proof of the result of their three years' work, and that they had raised the salaries of their staff. What was there to put up against it? Only Miss Wamsley's Report. That was the way the strings were pulled.

He was supporting the Institution. He went to dances himself, and why should not the nurses do so? They were at liberty to spend the money the Guardians [the ratepayers.—Ed.] gave them as they chose.

The Chairman then put to the meeting the amendment moved by Mr. Thomas, namely to add to the Committee's Report a paragraph that the Ministry of Health should be asked not to send Miss Wamsley to the Institution again, as in that event she would not be received.

The Chairman, in counting the votes, said, "One, two, three, four, five, six, seven, and myself, that's eight," but, in spite of the strong lead from the chair, the amendment was lost. Miss Michael's amendment dropped as it had no seconder.

#### SUMMARY BY THE CHAIRMAN OF THE VISITING COMMITTEE.

Mr. Finnimore, Chairman of the Infirmary Visiting Committee, then summarised its Report, and said that Mr. Griffiths had repeated what was a libel on the greater part of the staff. The Committee did not support random statements based on some kind of hearsay, and they reiterated and were unanimous as to Clause 11 (*i.e.*, that the complaints were comparatively slight). These referred to bedsores, draw-sheets, absence of water pillows. In regard to these pillows, the Committee admitted that certain members of the administrative staff had been lax. When the nurses applied to the needle room the person in charge sometimes said they were not available. But the Matron kept a reserve stock, and these should have been obtainable.

The Committee also admitted that the draw-sheets were rough dried, and should not be supplied in this condition. They further found that these sheets were of suitable material, but that they were not properly treated. He thought it was the business of the Matron and nurses to see to these elementary things. He did not consider it in his province to turn down the bed clothes and examine the sheets.

Another item which had been referred to was the quality of the milk. When the Committee had the nurses in, one of them blurted out that the milk was not of good quality, nor was the beef tea. It was not until the nurses were up against something themselves that they heard anything of this. The milk, as sent to the wards, was quite up to the required standard. The Committee were inquiring into the matter.

All the points that Miss Wamsley had raised were going to be inquired into. They did not say the institution was perfect.

In regard to the 48 hours' week, they wanted to get the best knowledge available. They knew the defects. They did not need Miss Wamsley to tell them those. Miss Wamsley, however, did embody in her report hearsay and tittle-tattle, for which the Committee could not find any justification. He hoped the Board would accept the findings of the Committee.

Mr. Griffiths remarked that as the Committee did not directly deny Miss Wamsley's Report, it made it appear true.

The Motion for the adoption of the Infirmary Visiting Committee's Report was then put to the meeting, when there voted *for the adoption* 13, *against* 6.

#### CONCLUSIONS.

The points that emerge first are (1) that an Inspector is sent down by a Government Department with the object of presenting for its information a faithful Report on the matters which come under her survey, and (2) that Miss Wamsley has presented an extremely expert, useful, and dispassionate Report, (3) that the strong resentment shown by the Chairman of the Board and many of the Guardians of any criticism whatsoever deprives their opinion of the weight which would otherwise attach to it. "Its a dirty thing to foul one's own nest, and its only a dirty bird as does it," is not a sentiment which inspires one to think that the speaker has weighed evidence in a judicial spirit. Politics in regard to an impending election indeed seemed to overshadow the discussion. Labour could go to the electorate with a good account of its term of office. What was there to counteract it? Only Miss Wamsley's Report, and so the minority were accused of using it as a political weapon.

But the sick poor are not pawns in the game of politics and we are glad to know that all the Labour members did not take this view, for there was some cross-voting, but the heat engendered by the discussion could only be aroused by political or financial issues.

The paragraph in the Inspector's Report which seems to have given the greatest offence is that which states that "the nursing in some of the wards is unsatisfactory, that this supports the idea that many of the nurses think of little else but off-duty time, and money, of which there is no lack." (N.B.—Third-year probationers receive £82 18s. a year.) Further, Miss Wamsley understands that "they come on duty tired and jaded after late hours and constant excitement, and



many nurses seem to have no regard for the inconvenience and extra work caused when they fail to return to work at the appointed time.

In this connection the Chairman of the Infirmary Committee stated that the Matron said that some remarks she had made in the course of conversation might have been misconstrued, and the Medical Superintendent, in his Statement appended to the Committee's Report, says, "I am aware that considerably more late leave is given than was formerly the case."

The next general point to which we draw attention is that the Infirmary—at any rate in some of the wards—is understaffed. No nurse, or even two nurses, male or female, can properly feed and care for 58 helpless patients, the number in the Male Chronic ward. Miss Wamsley's criticism is met by the comment, "The ward was understaffed at the time," and her comment on the need for more nurses in the Children's ward by the statement that "the Committee are considering the question of appointing an additional nurse."

Our own comment here is that while there is a shortage of nurses, nurses must be prepared to stay more than eight hours on duty. Nor would this appear to be a great hardship since, at present, night nurses are only on duty four nights out of seven.

We recommend additional nurses on duty throughout the Infirmary.

#### "MERELY ABRADED."

In regard to bedsores, the Medical Superintendent's statement that they were "not all what he should call bedsores; several were backs irritated by the very rough material used for draw-sheets, possibly rendered worse by the chemicals used in cleansing them . . . in most of the cases the skin was merely abraded owing to the cause stated above," offers ample justification for the recommendation of the Inspector that a soft absorbent material should be selected.

The statement as to sanitary utensils not being well washed is "partially admitted by the Matron." The lack of tooth brushes in the phthisis wards has now been remedied.

We agree with Miss Michael that the complaints are not slight, and what is also to the point, the Committee have admitted most of them, and rectified some.

The Committee admit that the majority of Miss Wamsley's recommendations are "valuable."

The last word can scarcely have been spoken on this matter. Nothing can justify the abuse levelled at Miss Wamsley for doing what she held to be her duty, and an official has a right to protection in its discharge. An independent inquiry by the Ministry of Health appears to be desirable.

#### THE BLIND AND MASSAGE.

We are glad to hear that St. Dunstan's Massage Clinic at 18, Christopher Street, Finsbury Square, has already been very successful. All the clinic needs is that it should be known.

## THE CONSTITUTIONAL LABOUR PARTY AND THE ORGANISATION OF NURSES.

Mr. G. K. Naylor, J.P., presided at a well-attended meeting convened by the Constitutional Labour Party to discuss the need of organisation amongst nurses, when some very pertinent speeches were made, and questions asked, and resolutions carried.

The Chairman stated that after years of effort the Nurses had been successful in getting an Act for the State Registration of Nurses placed upon the Statute Book, and said that those who had watched the movement closely from the outside could see what a good thing it was for the profession as a whole that the nurses' organisations had had the foresight to see the dangers that might arise from the monopoly that the College of Nursing was trying to obtain, and that they had had the courage to struggle and fight against it. It must, he said, have been very gratifying to those independent nurses who had fought so courageously, to see the Government at last carry through an Act just to the nurses. The Minister of Health had set up a Council representative of all sections of the nursing profession, and it was to be the duty of this Council to draw up the regulations under which the profession will be carried on in the future.

The Chairman then called on Mr. R. Cooper (National Union of Teachers) to move the first Resolution:—

#### RESOLUTION I.

That this Public Meeting protests against the fact that funds subscribed to by the Public for the Nursing Profession as a whole should be used to endow and maintain a Limited Liability Company, and that other Funds also, subscribed to by the Public for the British Red Cross Society, for those wounded in the war, should be handed over to a Limited Liability Company to dispense, and considers this a violation of the purposes for which the Funds were subscribed.

Miss Maude MacCallum (General Secretary Professional Union of Trained Nurses) seconded, and Mrs. Paul (Chairman P.U.T.N.) supported.

The resolution was carried.

The following Resolution was then moved by Dr. E. A. Gregg (Medico-Political Union), seconded by Mr. J. H. Todd (Chairman Islington Constitutional Labour Movement), and carried:—

#### RESOLUTION II.

That this Public Meeting calls upon the College of Nursing, Limited, to show proof of the existence of Nurse Juliet, on whose behalf they appealed for funds; or, if such evidence does not exist, to make a public statement as to how the money, collected on her behalf, was spent.

Dr. Gregg referred to the fact that more and more would both professional and craft workers find it necessary to organise. The various Government Departments understood Trade Union language better than any other. In time all workers, whether professional or otherwise, would be classed under the generic name of Labour. They would be proud to be so classed, and Labour



had a great programme before it in connection with the health of the nation. He had heard of the College of Nursing, Limited, he thought the title of it horrible anyhow. This word "Limited" in the profession of nursing did not suggest union, it suggested worldliness. To the man in the street, who viewed actual facts, it implied no high ideals and itself gave away what the College actually was.

Mr. Todd (Chairman of the Islington Branch of the Constitutional Labour Party) said that he had studied the question, and he considered that the independent nurses were up against a very stiff task. He had tried to get this meeting known in the hospitals, and he was astounded to hear that it was made practically impossible for the nurses to attend such a meeting if they wanted to. Could tyranny be carried farther? Mr. Todd referred to the fact that voluntary collections had been made in many Trade Unions for the Nation's Fund for Nurses, how little did men know the real state of affairs when they gave that money. He considered that the Trade Unionists present would help the nurses by bringing the information laid before them that evening to the notice of their own Unions.

The Resolution was carried, and both Resolutions were subsequently forwarded to the Council of the College of Nursing, Limited.

## THE PROFESSIONAL UNION OF TRAINED NURSES.

### Members Please Note!

The Monthly Meeting of the Public Health Section of the Professional Union of Trained Nurses will be held at 17, Evelyn House, 62, Oxford Street, W. 1, on Friday, February 25th, at 6 p.m., also the Social Club will be open from 4 to 7 p.m. on Saturday, February 26th, at the "Plane Tree" Restaurant, 106, Great Russell Street, W.C. 1.

### A LIVING SALARY.

I am sure those readers of THE BRITISH JOURNAL OF NURSING who are also members of the P.U.T.N. will be gratified to learn that although the Union has been in existence only one year it has already been able to exercise a certain amount of influence for the benefit of Nurses.

Alderman —, of —, called upon me lately for the express purpose of informing me that the Salaries of the Health Visitors, etc., in Bethnal Green have been raised from £105 to £300 per annum, through the suggestions and Scales of Salaries that this Union sent to the Guardians.

One of our Members from the Midlands has also sent us the following letter:—

"Many thanks for what I think is due to your effort, namely, that I, along with other Nurses under the —, have been given a bonus of £41 15s. per year, which brings our salary to a sum we can pay our way better with."

MAUDE MACCALLUM,

Hon. Secretary.

## THE HOSPITAL WORLD.

### ST. MARK'S HOSPITAL.

FOR CANCER, FISTULA, AND OTHER DISEASES OF THE RECTUM, CITY ROAD, E.C.

For eighty-five years, without a break, each successive Lord Mayor of London has accepted the office of President of St. Mark's Hospital. The present Lord Mayor had intended presiding at this year's Annual Meeting at the Mansion House on Thursday, February 10th, but was unavoidably absent. Col. and Sheriff Wishart, V.D., took the chair on his behalf.

The Report, which was adopted, showed that £1,200 had been raised towards the much-needed improvement of the Nurses' quarters, but that a balance of £800 was still required.

During the past year 630 in-patients had been under treatment, including a clergyman and a captain of the Guards—both reduced to poverty through the war, and both belonging to a class not usually found in hospitals. 1,510 out-patients made 4,876 attendances.

Princess Helena Victoria, President of the League of the Roses (Great Northern Central Hospital) has kindly consented to distribute Badges to members in the Hall of the Northern Polytechnic, Holloway Road, on Tuesday afternoon, 1st March.

It is almost incredible that, at a meeting of the German Hospital at Dalston, Baron Bruno von Schroder should have been able to announce that the hospital had received a gift of £12,000 from the National Relief Fund. If there are people in this country who wish to give money to German institutions while many of our own hospitals are "on the rocks," and have to close beds for lack of funds, they are at liberty to do so, but subscribers to the National Relief Fund have a right to be indignant that their money should be so applied. This is a point of which we hope the auditors will take cognisance.

This Baron was naturalised the first week of the war, and sprang into fame when it became known that in coal famine days he had secured large supplies presumably for the heating of his orchid and fruit houses—and magnificent mansion.

The Islington Guardians propose, with the approval of the Ministry of Health, to admit paying patients to the Poor-Law Infirmary at Highgate Hill. The Guardians stipulate that no discrimination or difference in treatment shall be made between such patients and the ordinary patients, and that special wards shall not be set aside for them. The minimum charge will not be less than the full cost of the maintenance.

We wonder who is going to pay for the 58th part of a male nurse if admitted to the Male Chronic Ward!



## OUR FOREIGN LETTER.

*(Concluded from page 108.)*

## FOUR FLORENTINE HOSPITALS.

## IV.

THE HOSPITAL OF THE HOLY INNOCENTS, OR  
FOUNDLING HOSPITAL.

On the east side of the Piazza della Santissima Annunziata stands this well-known building. There are many foundling hospitals, where poor, little unwanted babes may be deposited. They do not as a rule attract much attention or interest I fear, but this one is famous, not on account of its small inmates, but because the great sculptor, Andrea della Robbia, has decorated the loggia by which it is approached with a series of roundels in blue and white terra-cotta ware, representing those charming swaddled babies which we all know so well; one between each arch of the colonnade. The hospital was designed by one of the greatest of Italy's mediæval architects, namely, Brunelleschi, who began it in 1421. His greatest work was the construction of the dome of the Cathedral, which was built without scaffolding! and which took fourteen years to complete. The hospital contains a fine courtyard, and is in the form of a quadrangle; a convent and church are attached, and the hospital is under the control of the nuns; one of them kindly showed us over. It gives one instantly the impression of a well-ordered, well-kept institution; exquisite cleanliness everywhere. Apparently there are different ways of swaddling babies. I was glad to observe that the method adopted here was much looser than I have seen elsewhere. In former times, an unmarried mother could bring her babe, place it in a basket conveniently placed for the purpose, ring a bell and run away! Things are not quite so easy now. The mother is obliged to come in with her babe, and nurse and tend it for four months, and sometimes, if need be, she is required to act as wet nurse to another. They wear a distinctive dress. The mothers are required to give every particular about themselves, but not of the fathers. The children are trained to earn their living, and may, at any time up to the age of twenty-one, regard the hospital as their home and return to it; but after that age they are not taken back. Some of the girls are kept by the nuns to look after the younger generation of babies. I could not but observe a general air of happiness and cheerfulness about them; it has evidently been a happy home to them under the good nuns.

I am greatly indebted to Dr. Verity for his courtesy in giving me the passport of his introduction, which enabled me to see so much of interest.

BEATRICE KENT.

## WORD FOR THE WEEK.

Search thine own heart. What paineth thee  
In others, in thyself may be;  
All dust is frail, all flesh is weak;  
Be thou the true man thou dost seek.

—John G. Whittier.

## OUTSIDE THE GATES.

A LASTING MEMORIAL TO THE WORK OF  
WOMEN FOR WOMEN.

When we visited the World's Fair at Chicago in 1893, as President of the Nursing Section of the British Royal Commission, we met some of the most famous women in the world, amongst them the pioneer suffragists, Lucretia Mott, Elizabeth Cady Stanton, and Susan B. Anthony. At that time there was a monstrous privileged opposition to votes for women in the majority of American States, as the leaders were known to be out against graft, dime salons, white slave traffic, and other lucrative works of the devil, and it took the pioneers and their daughters seventy years to convince Congress of the justice and righteousness of their cause.

Now what a change is here! We find in the programme of the National Women's Party held in Washington, U.S.A., last week, that on the 15th inst., a Memorial Service to Pioneer Suffragists was held in the Rotunda of the United States Capitol, when presentation of statues (works of great artistic merit by Mrs. Adelaide Johnson) of Susan B. Anthony, Elizabeth Cady Stanton and Lucretia Mott were unveiled, and received on behalf of Congress by Speaker Gillett of the House of Representatives, which will be placed in the Rotunda of the Capitol as a lasting memorial to the work of women for women. Wreaths were laid at the base of the statues by all the representative organisations of women, and we are glad to note amongst them the International Council of Nurses (Miss Dock writes: "I am going to have pretty young foreign nurses to lay the wreaths"), the American Nurses' Association, the Army Nurse Corps, the Navy Nurse Corps, the National Red Cross Nurses and other nurses' organisations. Mrs. Ida Husted Harper, who has done so much to gain this well-merited recognition for these great women, writes:—

"Those who have seen these exquisite busts do not hesitate to say that this will be the most beautiful and impressive sculpture in the Capitol. It will commemorate for all time what Wendell Phillips termed 'the greatest reform ever launched upon the world,' and will preserve in imperishable marble the portraits of the three great leaders in the movement to embody this reform in the Federal Constitution. They should be dedicated with the most memorable ceremonies ever seen in that historic building, with the most prominent organisations of women in this and other countries participating, and to this work of art every woman should contribute as a thanks offering for her freedom."

We should love to have been present at these "memorable ceremonies."

## COMING EVENTS.

February 26th.—Registered Nurses' Parliamentary Bills Council. Meeting, 431, Oxford Street, London, W. 1. 4 p.m.



## THE BOOK OF THE WEEK.

## "THE SEEDS OF ENCHANTMENT."\*

An "attempt to narrate the peculiar discoveries of Dr. Cyprian Beamish, M.D., Glasgow; Commandant Renée de Gys, Annamite Army; and the Honourable Richard Assheton Smith, in the Golden Land of Indo-China."

"International Socialism, . . ." began Dr. Cyprian Beamish.

"Too hot for Socialism, old man. Give it a rest." This in the unmistakable accents of Oxford University, from the Hon. Dicky.

"It was hot, despite the fans. Outside, Singapore City steamed under an equatorial rain-drizzle.

The two globe-trotters subsided into silence over their mulligatawny.

See Sim slipped deft lumps of ice into their glasses and resumed his impassive pose, hands tucked away in the sleeves of his blue silk jacket.

"Of these *Fan-qui-lo* (foreign devils)" thought See Sim, "the fair-haired one is undoubtedly great in riches, wisdom and strength. The other (Beamish) seems to me a person of lesser importance." See Sim was right in his summary.

"The eating of meat, by stimulating the animal passions," began Beamish . . . but the sentence died unfinished on his lips.

At that moment, not alone Beamish, but every single man throughout the big windowless tiffin room ceased talking abruptly. They sat, forty or fifty Europeans, motionless and staring, manners forgotten. Only the imperturbable Orientals still moved, silent on embroidered slippers, among the hushed tables. For suddenly, unexpectedly, each man saw the inmost vision of his heart, the dream girl of swamp and jungle-cabin, visibly made manifest before his astounded eyes.

She came among them, moving quietly, rhythmically, a tall, stately presence, golden-haired, rose-complexioned as women of the West, violet-eyed, white-handed, low-breasted, long of limb—a dream—and a temptation.

Her hair—she wore no hat—seemed to Dicky's eyes like a great casque of molten gold, under which the face showed flawless and alluring.

Behind her came a man, a red-haired, red-bearded giant of a man with fierce red-brown eyes, dressed un-Englishly in wide alpaca trousers, scarlet cummerbund atop, light green tropical shooting jacket, red-lined, hanging loosely on his vast shoulders.

"Good heavens!" thought Dicky, "it's de Gys."

Recognition was mutual. The giant strode across the floor, bellowing in a voice loud as the scream of a bull-elephant, "By the seven *sales Boches* I slew at Douamont, *c'est mon ami le Colonel Smith!*"

Beautiful Mélie's tragic death that same evening was the commencement of the wonderful happenings related in this book. In her possession were found the seeds, which gave such enchanting results to the eater, and set Beamish aflame with

desire to discover their source so that he might become a benefactor to the race.

De Gys confides in Dicky the mysterious circumstances under which he had first met his beautiful companion, and his conviction that she belonged to the "white women beyond the mountains," of French aristocratic ancestry, of whose descendants nothing had been heard for over a hundred years.

It was on this quest of discovery that these three ill-assorted men set forth, on the strangest and most picturesque adventure that has perhaps ever been imagined, and the description of which would be hard to surpass.

It must suffice us to relate that their quest ended in attaining the objects for which it was undertaken, and crystallised at the moment in which de Gys despaired of success.

At last they were in the Country of the Flower, and among the unearthly, cloying, tempting, enervating beauty of its atmosphere and its strange inhabitants.

"Dicky issued from between the rock-walls into sunshine. Sky above shone softest blue, rocks behind glimmered white as alabaster. Turf underfoot was softest, silkiest velvet, clumped here and there with golden daffodillies. Fragrance of strange flowers cloyed the air. Gradually the magic of this place took Dicky by the throat."

Beautiful girls, one surely dead Mélie, bathed unabashed in a turf-girdled pool of bluest water.

Even at that first encounter Dicky knew that the beauty of the Flower-folk was sterile, the beauty of an illusion. No warm humanity beamed from the violet eyes of Safrané; no flush of womanhood kindled the slender bodies of Pivoine or Pâquarette. They were perfect, but with a bloodless perfection, visions such as weary souls fashion for a refuge from life."

Beamish at once succumbed to the influences of the seeds of enchantment, and de Gys was fed with them in his collapse. Dicky resisted the drug for some time, while the girl Safrané woos him, and asks him what brings them into the Country of the Flower.

He tells her it was for the sake of a girl called Mélie.

"It is many moon-changes since Sister Mélie grew restless," said Safrané. "We have almost forgotten her."

So it had all been in vain—horrors endured, fights fought, risks run, dangers surmounted. Life came to this in the end—illusion. Well! he too would have his share of illusion. Only the tiniest share—one hour of the ecstasy he had known in Singapore when he had tasted the berry.

Safrané proffered the seed in her fingers. With a last effort of will-power he shook his head. All the fatal procrastination of the finest race on earth called to Dicky as he bent his casqued head and took the girl in his arms.

It was as though some crimson flower had kissed him, as though the tip of her savourous tongue gave the cool seed between his teeth.

A wealth of imagination is lavished on this period of this remarkable book—the transforma-

\* Gilbert Frankau. Hutchinson & Co., London.



tion of Dicky's splendid manhood into a bloodless semblance of a man is described in detail. "Yet this bloodless thing had been the Honourable Richard Assheton Smith."

"All the fine stubbornness of Anglo-Saxondom, of its meat-fed mothers and its ale-fed squires, of those who bled for individual liberty yet made the law which curbs individual lust, was out of the Honourable Richard Assheton Smith." "Flower-crazed" were Dicky and his companions.

But with the vestige that remained of his soul, he fought his way back to manhood.

He was praying. He wanted God to give him back his full-knowledged manhood, so that he might escape from hell.

"Our Father," prayed the Long 'Un, "cure me of illusions."

The setting free of our three heroes from their flower dope and their return to normal life brings the book to a conclusion.

He who runs may read, but we have no space to draw morals. Readers must do that for themselves—there are many to draw.

But a work of such merit, of such a wealth of description and power of imagination will not be easily repeated, so our readers must see to it that they on no account pass it by.

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.*

### KERNELS FROM CORRESPONDENCE.

#### PROBATIONERS AND PAYING PATIENTS.

*A Chit of Nineteen.*—"A Hospital Patient's" Kernel published last week will add one more reason why a "chit of nineteen" will hesitate to become a probationer. Already we realise that the 'paying patient' will require much more nursing than we have time to give in a general ward. Double the number of nurses will be required to satisfy 'educated women of fifty,' and I cannot deny that the average probationer is a somewhat rough-and-ready customer, with very little domestic training."

#### THE DIGNITY OF LABOUR.

*Miss Mary Davies.*—"Will you kindly allow me space in THE BRITISH JOURNAL OF NURSING to say how fully, after long experience (between forty and fifty years), I agree with 'Poor Law Infirmary Matron,' re pay of probationers? Although not drawn from the class to which she refers, having paid my entrance fee and signed for three years, serving six, I have often felt I could have done better work had I been given a better education, especially in subjects— anatomy, physiology, chemistry, botany, &c., to say nothing of domestic science. I have had

good practical experience as Nurse, Sister, Matron, C.C. Teacher for the R.B.N.A., &c., but feel to-day how much more I could have done, given those advantages; and also how much better some nurses I have met would have done had they realised the dignity of labour, fulfilling in their own sphere of life work for which they were fitted, and so avoided the difficulty of being 'round pegs in square holes.'"

#### A FICTITIOUS AGITATION.

*Irish Sister (late F.F.N.C.):* "If I want to practise in England or Scotland I think it is only fair that I should pay the same registration fee as English and Scottish nurses. We always looked forward to paying £2 2s., so there is no need to demur. Considering the advantage of legal status to nurses—if it had been more I would have paid it willingly—a 7s. 6d. fee seems to depreciate the whole thing."

[So it does—just one more supposition that a nurse is an object of charity. There has never been one word from the midwives under the three Acts (nor will there be from the masseuses) in support of "cross" registration without a uniform standard at a reduced fee. In our opinion the whole agitation is fictitious, encouraged by sentimental M.P.'s and Government Departments.—Ed.]

#### NOTICE.

The Editor will be greatly obliged if any reader can send the present address of Miss Florence Burn, who was a Member of the French Flag Nursing Corps for four years, and who since her return to England has married and left her old address. The Editor has not been able to deliver to her the gold wristlet watch awarded to her for devoted service in France. Please communicate with the Editor, 20, Upper Wimpole Street, London, W. 1.

### THE FLORENCE NIGHTINGALE CALENDAR.

We have obtained from New York copies of the Florence Nightingale Calendar recently noticed in this journal. The Calendar has a word for each day of the year from the writings of Miss Nightingale, and one should certainly be in every nurses' home in the Kingdom. But we have only twelve, so it is "first come first served." The price is 3s. 6d. We wish that this country had had the honour of conceiving and producing the Calendar, but we are grateful to our American colleagues for having designed and arranged it so charmingly.

### PRIZE COMPETITION QUESTIONS.

*March 5th.*—What is the cause of scabies? Describe the symptoms. How may it be treated?

*March 12th.*—In what ways may infection take place in the parturient and puerperal woman? How can a nurse or midwife help to prevent sepsis? What is her duty when it occurs?



# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

At the meeting of the Central Midwives Board held at the Board Room, 1, Queen Anne's Gate Buildings S.W., on February 17th, letters were received from the following authorities notifying the election of their representatives:—

*The Royal College of Physicians.*—Sir Francis Champneys, Bart, M.D., F.R.C.P.

*The Incorporated Midwives Institute.*—Mr. John Shields Fairbairn, M.B., F.R.C.P., F.R.C.S.

*The County Councils Association.*—Mr. Leonard Henry West, O.B.E., LL.D.

Among the correspondence was a letter from Dr. Comyns Berkeley stating that all the examiners at the London Centre (with one exception) requested that the Examination fee should be increased.

It was decided that the Board inform Dr. Berkeley that it has given very careful consideration to the request from the majority of its examiners for an increase in examination fees; but having regard to the fees paid by other Examining Bodies for work of a similar nature, and to the fact that the amount of the fees payable by candidates is limited by Statute, regrets that it does not see its way to grant an increase at the present time. Should the Board at some future time be enabled to increase the fees payable by candidates, it will reconsider the question of increasing the fees of its examiners.

A letter was also received from Dr. Nepean Longridge as to the payment of the railway fares of London Examiners living at a distance.

It was decided to reply that for the present railway fares be paid to Drs. Alderson, Hicks and Longridge when they attend the Examination of the Board in London.

A letter was considered from Messrs. Stow, Preston & Lyttelton as to the jurisdiction of a Local Supervising Authority to enquire into the conduct of a midwife when acting as a monthly nurse.

It was agreed that Messrs. Stow, Preston & Lyttelton be informed that the Local Supervising Authority has jurisdiction to consider a charge of misconduct (other than professional misconduct) which may be preferred, if such misconduct tends to unfit the midwife for the discharge of her duties as a midwife, and this jurisdiction is not ousted by the fact that when guilty of such misconduct the midwife was not acting as either a midwife or as a monthly nurse (*Stock v. C.M.B.*). But in the opinion of the Board, the Midwives Acts confer no jurisdiction upon either the Central Midwives Board or the Local Supervising Authorities to investigate charges of malpractice, negligence or professional misconduct preferred against a midwife when acting as a monthly nurse, unless her conduct constitutes a violation of Rule E 6 of the Board's Rules.

## CENTRAL MIDWIVES BOARD FOR SCOTLAND.

### EXAMINATION PAPER.

The following is the paper set by the Central Midwives Board for Scotland at its Examination held on January 1st:—

1. In what ways may infection take place in the parturient and puerperal woman? How can a nurse help to prevent sepsis? What is her duty when it occurs?

2. What may give rise to hæmorrhage during the first three months of pregnancy? Indicate the treatment.

3. At what stage in labour may a full bladder cause difficulty? State fully and in detail how you would deal with this.

4. A woman, about two months pregnant, has a sudden and very violent attack of abdominal pain. She feels faint and passes a little blood. What may be wrong and what should you do?

5. What do you understand by ophthalmia neonatorum? What are its causes and dangers, and what precautions should be taken to prevent its occurrence?

6. Under what conditions occurring in newly-born children is it specified in the Rules of the Central Midwives Board that a midwife must advise a registered medical practitioner be sent for?

## CENTRAL MIDWIVES BOARD FOR IRELAND.

The third examination of the Central Midwives Board for Ireland was held simultaneously in Dublin, Belfast and Cork on the 8th February, 1921. Sixty-eight candidates presented themselves, of whom sixty-one passed. The following registered Medical Practitioners acted as Examiners: Reginald J. White, J. Gilmor, Thos. Neill, Alice Barry, T. D. Williamson, J. McLiesh, J. Booth, B. J. O'Brien.

### SUCCESSFUL CANDIDATES.

The successful candidates were as follows:—Rotunda Hospital, Dublin, 14; Coombe Hospital, Dublin, 5; National Maternity Hospital, Dublin, 16; Incorporated Maternity Hospital, Belfast, 6; Belfast Workhouse Infirmary, 7; Malone Place Refuge, Belfast, 3; Cork Maternity Hospital, 3; Cork Lying-in Hospital, 1; Military Families' Hospital, Curragh, 1; Birkenhead Maternity Hospital, 1; Limerick Lying-in Hospital, 3.

The ninth annual post-graduate week for midwives will be held at the General Lying-in Hospital, York Road, Lambeth, from May 23rd to 27th inclusive. Full particulars and programme will be published later.



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## EDITORIAL.

### THE CENTRAL COUNCIL FOR DISTRICT NURSING.

The Annual Meeting of the Central Council for District Nursing in London, held under the presidency of Sir William Collins in the Board Room of the Metropolitan Asylums Board, E.C., on February 28th, considered many interesting subjects. The most important business transacted was the decision of the Council, on the recommendation of the Executive Committee, to develop a scheme of visiting nursing.

The Executive stated that it appears clear that services rendered by District Nursing Associations should be limited to those who cannot pay the full fees necessary to put the scheme on to a profit-earning basis, but that it is, nevertheless, certain that a large number of cases fall below this level, and the Nursing Council consider that a scheme, or schemes, might usefully be drawn up for London districts for nursing, in their own homes, those who cannot be called sick poor, but cannot pay full fees.

For those for whom the difficulty is one of accommodation for the nurse rather than of fees, the Executive suggested that some organisation might be devised by which nurses should live together in small communities in various parts of London, and do visiting nursing. It is estimated that the weekly earnings of the nurse, with a due and manageable number of patients, should be from four to six guineas a week at least, and if each nurse contributed about thirty shillings a week for board and lodging she would have the remainder of the £3 3s. for personal expenses, travelling, dress, washing, &c. The margin beyond this amount could be reserved for insurance, sick fund, &c., and after these claims were satisfied any excess might be divided as a bonus at the end of the year in some proportional manner agreed upon.

On this point we would only say that we consider the nurse should receive the whole of her earnings, and apportion her expenditure as she chooses; undertaking, of course, to pay an agreed sum for board and lodging, which 30s. would not cover if any degree of comfort, and plentiful food, is supplied.

The Council considered the recommendation of the Executive that the attention of the Training Schools for Nurses should be drawn to the large amount of additional instruction needed before a fully trained nurse is equipped for district work, and resolved to communicate a note to the General Nursing Council for consideration in connection with the training of nurses. We believe that the General Nursing Council has already under consideration the question of alternative curricula for registration in the future.

It was resolved that it be a condition of a grant from the Council that the minimum salary in the case of a resident nurse shall not be less than £63 clear in a district home, and in the case of a non-resident nurse not less than £63 clear over and above a reasonable allowance for board and lodging, uniform and laundry.

It was agreed that it be an instruction to the Executive Committee to consider the need for, and desirability of, an appeal to the public for funds in aid of District Nursing in London, and to confer with the Q.V.J.I. in regard to securing contributions from Approved Societies.

Mr. Pennant suggested that the Approved Societies might give nursing as one of their additional benefits through the Societies affiliated in the Central Council for District Nurses in London, and through the County Nursing Associations in the country.

We hope that in approving any scheme for the nursing of insured persons, the Ministry of Health will make the condition that the nurses employed must be registered nurses.



## OUR PRIZE COMPETITION.

### WHAT IS THE CAUSE OF SCABIES? DESCRIBE THE SYMPTOMS. HOW MAY IT BE TREATED?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

#### PRIZE PAPER.

The Itch or Scabies is a distressing skin affection caused by a parasite known as *Acarus Scabiei*; it is a tortoise-shaped object, very minute, so that it cannot be seen except by the aid of a microscope; it has a projecting head and eight legs. The female is the cause of the trouble, and burrows under the skin and lays eggs, and this causes the great irritation.

Parts most frequently affected are the webbed parts between the fingers and the inner sides of wrists; sometimes it attacks the body, the back between the shoulders, nipples of women, umbilicus, thighs and feet; the itching usually becomes intolerable at night.

The burrows are visible as a fretted line roughened by the disturbance of the horny cells of the epidermis, and are usually about a quarter of an inch long; vesicles are often formed with inflammation, and these often break, causing scabs to form, which develop into eczema and other skin complications.

It is very contagious, and is frequently seen in dirty people.

Three things are essential for an effective cure:—

1. Complete destruction of parasite and ova.
2. Complete disinfection of patient's clothing and bedding.
3. Treatment of any skin affection occurring as a complication.

The parasite and its ovum must first be destroyed. This is best carried out by a hot bath, with or without the addition of sulphur. If sulphur is used, about four ounces is necessary to thirty gallons of water.

Soft soap should be well rubbed in, and parts affected well scrubbed with a stiff nail brush, especially hands and feet. After bathing, an ointment of sulphur or benzoin is used as an inunction, or parts painted with balsam of Peru. Patient must be given a complete change of night garments, and must wear gloves; socks are also better worn, or the bed linen may be stained. If feet are affected, a clean bed is an essential also, and patient should remain in bed until pronounced clean.

The second and third days inunction or painting may be sufficient, but if a bad case, baths are also necessary. On the fourth day the first day's treatment is repeated, and clean garments and bed given; usually this suffices

to kill the parasite, but treatment must be repeated till its destruction is sure, and patient must be kept under observation about fourteen days. If skin is very tender, or the patient a child, soft soap must be omitted and a toilet soap used. Everything a patient touches must be regarded as infectious.

2. All bedding and blankets should be sent to a reliable fumigator and treated by the disinfecting authority. Clothing should, as far as possible, be destroyed or placed in strong solution of carbolic (1-20) or perchloride of mercury (1-500) before washing, and then should be boiled if possible.

Any books and other things which cannot be disinfected must be burnt.

It should be borne in mind that balustrades, door-handles, &c., also need disinfection.

3. Treatment of skin complications will depend on their nature. If an irritation, a soothing lotion or ointment may suffice; but if eczema has developed, or other troublesome infection, prolonged treatment prescribed by a doctor will probably be necessary.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Zeigler, Mrs. Jepson, Miss Mary Douglas, Miss Linda M. Smith, Miss M. M. G. Bielby.

Mrs. Jepson writes: "Although there is a definite source of irritation, the effects on the skin may differ greatly, making diagnosis difficult in some cases. The tunnel which the insect excavates is sometimes observable on the skin as a black, zig-zag line. The favourite seats for its ravages are the thin skin on the webs of the fingers, the anterior borders of the axillæ, the areolæ of the nipples in females, in children round the navel, genitals and buttocks, also the feet. The general distribution is determined by the patient, being most marked in those parts which he can most easily reach to scratch; it is seldom seen on the back, while the lesions on the abdomen are usually numerous. The face is rarely affected, except when the disease is complicated by impetigo. Eczema is a common result in persons with a tendency to this complaint. Intense itching, which becomes almost intolerable at night, is the patient's chief complaint. Albuminuria is frequently present in patients suffering from scabies, probably due to renal hyperæmia caused by irritation of the peripheral nerves."

#### QUESTION FOR NEXT WEEK.

In what ways may infection take place in the parturient and puerperal woman? How can a nurse or midwife help to prevent sepsis? What is her duty when it occurs?



## THE PREVENTION OF VENEREAL DISEASE.

If, as Mr. W. W. Corbett (a member of the Executive Committee of the Society for the Prevention of Venereal Disease) tells us in an open letter addressed to parents and guardians, there has recently been an alarming increase of venereal disease, so that it already infects more than half of the male population, it becomes the imperative duty of all citizens to do everything in their power to prevent the spread of infection.

The report on the Prevention of Venereal Disease drafted by a Special Committee of the Birth-rate Commission, therefore, deserves grave consideration at this time, for knowledge must precede effective action, and effective action is imperative.

From the medical standpoint the report points out that there are two methods of arresting the spread of an infectious disease: (a) preventing the conditions under which contagion occurs, and (i) destroying by disinfection the infective organism before they have penetrated the tissues of the body. The first method is, of course, the best.

The Committee therefore consider that in any appeal the following should be the order of the conditions to be observed:—

First place, to the appeal for chastity as itself a moral obligation as consistent with good health, and the most certain safeguard against venereal disease.

Second place, to the moral obligation to consult a doctor if exposure to risk has occurred, or disease been contracted, to prevent its development and extension.

Third place, to the facts regarding the serious danger of communication to innocent persons which is involved, and appeal to family affection, patriotism and humanity should be made.

Fourth place, to self-disinfection.

The report also states:—

While the Committee fully realise that chastity is the best safeguard against the spread of venereal disease, they are also compelled to recognise that a large number of persons, male and female, do not respond to moral appeals, but indulge more or less frequently in promiscuous sexual intercourse, and thereby incur the risk of contracting disease.

They are of opinion that for the sake of both individual and national welfare, steps must be taken

Either to prevent intimate contact between healthy and diseased surfaces, or to destroy or prevent the growth of disease germs before they can invade the tissues. This means that some method of disinfection must be carried out as soon as possible after sexual intercourse, either by the individual concerned, or by or under the supervision of a medical practitioner or trained assistant.

The Committee therefore recommend that

No difficulty should be placed in the way of either—

1. The spread of knowledge . . . as to the use and value of disinfectants.

2. The obtaining by individuals of such disinfectants from chemists or other sources which may yet be recommended.

Prevention is better than cure, and the Committee's advocacy of methods of prevention should supersede treatment through ablution centres, emphasising cure rather than prevention.

## NURSING ECHOES.

We have received several letters from nurses on the question of a standard uniform for Registered Nurses, all approving of the institution of such a uniform, but one correspondent doubts whether the present-day nurse who has not the same respect for discipline as her predecessors, will ever realise how to wear a uniform—as she has been accustomed to vary that worn according to her own sweet will, and adorn it with all sorts of unsuitable accessories. She fears women—unlike soldiers of the King—will never realise the imperative importance of a button, or the keeping of such button bright! and that discredit will be brought upon the “registered” uniform by careless and untidy wearers.

We wonder.

We also wonder if a sufficient number of nurses will be prepared to pay for a handsome, well-made suit, for such a suit must be made of good material, well-cut and fitted, and then be kept scrupulously clean. Shoes, stockings, gloves and headgear should be “uniform,” and the wearer must be proud of her outfit if it is to be worn attractively.

At present most uniform appears as if it had reposed in the rag bag and was merely flung on to save expense. If a “registered” nurse's uniform inculcates respect for her cloth amongst nurses, it will be a boon and a blessing; but if, as at present, this respect is lacking, then the profession will benefit nothing by its adoption.

We shall see.

In the meanwhile, will all those with “ideas” on the subject submit them to the Registrar, General Nursing Council for England and Wales, Room 104, 3rd Floor, Ministry of Health, Whitehall, London, S.W.1?

Lady Baddeley, wife of Sir John Baddeley, who is a certificated nurse of St. Bartholomew's Hospital, and a member of the Executive Committee of its Nurses' League, has been appointed a Justice of the Peace for the Stoke Newington Division, and is, so far as we are aware, the first trained nurse to be so appointed. Her colleagues will watch with interest her career on the Bench. The special knowledge which she brings to her duties should make her services of great value.

At the recent meeting of the Council of Queen Victoria's Jubilee Institute for Nurses, which met at 58, Victoria Street, S.W., last week, Sir Harold Boulton, Bart., and Sir Cameron Gull, Bart., were re-elected chairman and vice-



chairman respectively, and Lord Athlone and Colonel F. W. Pixley hon. treasurers. Lady March, Mrs. Bruce Richmond, the Hon. Clarence Bruce, and Mr. D. F. Pennant were elected hon. secretaries. The report presented by the executive committee showed steady progress in all branches of the Institute's work, the chief anxiety being the raising of the necessary funds. The sum of £12,000 is required to meet the deficit on these estimates for this year.

Much of this sum will doubtless be contributed now that a scale of payments per visit is to be required from better-class patients. How this innovation will affect subscriptions remains to be seen.

At a recent meeting of the Committee of the Imperial Nurses' Club, the Report for the year 1920 was presented, and the figures contained in it testify to the steady popularity of this Club. The total number of beds used during the year amounted to 8,665, and the number of meals to 19,557; both these figures show an increase on the previous year, as does also the roll of membership, which now reckons well over 600.

The original purpose of the Club is adhered to, viz., to provide natural and home-like quarters for members of the Profession when a short visit to town has to be paid (either for business or pleasure), or when a night off from hospital gives an opportunity for a theatre, &c.; or again, when somewhere is needed for a quiet meal or a chat with a friend. Besides fulfilling this purpose, however, the Club is being largely used by Nurses doing private work; they find it restful and strengthening to be in something like a real home between their cases, and the limiting of each visit to seven nights seems to prove no obstacle to their becoming members.

With reference to the recent remarks in *Truth* on the inadequacy of the pay of the nurses of the Q.A.I.M.N.S., it is pointed out to its Editor "that the newly enlisted eighteen-year-old recruit in the R.A.M.C. receives 23s. a week, which is practically the same pay as that given to the trained and educated woman who joins as a staff nurse, and has to train such recruits as orderlies. No wonder the disparity in the pay rankles in their minds! But pay is not their only grievance. Pensions are graded on just as beggarly a basis in the new scale. Three pounds is the allowance for each year's service. The age of admission is from 25 to 35, and as members are compulsorily retired at 55, and as there are only 24 matrons on the establishment, the most that the majority of

these ladies can expect is a pension of £60 a year. These conditions are not likely to make the Q.A.I.M.N.S. attractive."

The Matrons of the Metropolitan Children's Hospitals have consulted, and recommended a scale of salaries, and although advances have been made, they do not yet come up to what the matrons recommend. At the Queen's Hospital for Children, Hackney Road, the new scale (as follows) comes into operation this week:—

Assistant Matron—at present, £90, to be £100 to £140; Home Sister—at present, £75, to be £85 to £125; Night Sister—at present, £70, to be £85 to £125; Ward Sister—at present, £60 to £70, to be £80 to £125; Staff Nurses—at present, £50, to be £50 to £60. This is a very good advance in these very hard times for hospitals.

A largely attended meeting of the East Midlands branch of the British Hospitals Association was held at the General Hospital, Nottingham. Mr. Frederick Acton, C.B.E. chairman of the General Hospital, Nottingham, was elected chairman. A long discussion took place on the subject of the scale of salaries for the nursing staffs of voluntary hospitals, as suggested by the College of Nursing, Ltd. It was resolved that further consideration of the matter be postponed until a future meeting.

In the course of the discussion Mr. Acton strongly advocated the adoption of a national scheme of superannuation for nurses.

At a meeting of the Board of Management of the General Hospital, Nottingham, held on Wednesday, February 16th, the recommendation of the College of Nursing as to minimum salaries was adopted, the scale for Probationers as from March 1st, being as follows:—

1st year Probationers, ...	£18
2nd " " " " " " " "	22
3rd " " " " " " " "	30
4th " " " " " " " "	40

The salaries of the other members of the Nursing Staff were also increased to the minimum suggested.

We consider a salary of £40 is quite inadequate for the fourth year of Service. The training period should cover three years, after which a certificated Staff Nurse should receive £60 as a minimum salary, and Sisters of Wards—a most responsible position—£100.

Nursing Associations are urging Approved Insurance Societies to adopt nursing as an



additional benefit, and to work such schemes through their organisations. No extra benefit could be more appropriate in the homes of the industrial classes than nursing, and as the Health Department has informed these Societies that they can devote surplus funds to such an object, we have no doubt it will be widely adopted. The Leicester District Nursing Association is moving in the matter, and at its recent annual meeting, the Mayor took the opportunity of calling attention to the great interest the city took in nursing.

"There were very few associations," he remarked, "in Leicester at all events, which had so large a subscription list, numbering as it did over 1,200 subscribers." In particular, his Worship mentioned the instance of the tribute paid to Nurse Barfield by the people of Belgrave, who had raised over £200 in recognition of her twelve years' faithful service in that district. He thought that the same appreciation should be extended by the public to all the nurses.

An effort is at present being made in Glasgow in furtherance of the Nurses' Memorial to King Edward the VII. A Home has already been established in Edinburgh, and it is now proposed that a similar institution should be founded in Glasgow, where it is required to meet the needs of a number of nurses who are incapacitated from further work and for whom there is no accommodation. In aid of this scheme a sale of work is to be held in the Victoria Infirmary on Saturday, 28th May, when it is hoped that a large sum of money will be realised. The sale of work has been postponed from Saturday, 16th April, the date previously arranged.

### REGISTRATION THROUGHOUT HIS MAJESTY'S DOMINIONS.

For many years we have kept up a wide international and imperial correspondence. This is the more easy, as through this Journal our colleagues overseas can keep an eye on our doings. Just now, of course, throughout the Dominions a very keen interest is taken in the doings of the General Nursing Councils, as by and by the Imperial clauses in the Nursing Acts will come into force, which provide for the registration of nurses in His Majesty's Dominions, where there is an enactment . . . having the force of law, providing for the registration of nurses under some public authority . . . if the standard of training and examinations required . . . is not lower than the standard of

training and examination required under this Act."

Turning to the Dominions, the nurses of New Zealand and Canada are, in many instances, ready to avail themselves of registration in the United Kingdom if they wish to do so, and in some instances nurses trained in South Africa and Australia. Throughout the Commonwealth of Australia, however, the opposition of the training schools, or lack of support given, has so far prevented Acts for the Registration of Nurses becoming law, although Bills have been before the Legislatures for this purpose, both in New South Wales and Victoria, and have been actively supported by progressive leaders like Miss Glover and Miss Gretta Lyons.

Now the lack of legal status for nurses in Australia will become a serious disadvantage to them, should they desire to practise in the Mother Country, and we therefore urge them to rouse themselves, and insist upon a liberal Act being passed to enable them to enjoy reciprocity throughout the British Empire. In South Africa, also, Nursing Acts are most necessary, providing for adequate representation of Registered Nurses on the Governing Body set up.

We are glad to know that in India the Nurses' organisations are moving on the question of registration, and are in high hopes of carrying legislation to enforce it.

Many of our correspondents acknowledge their gratitude to THE BRITISH JOURNAL OF NURSING in keeping them well informed on the subject. Miss J. Charlotte Hanington, the Chief Superintendent of the Victorian Order of Nurses for Canada, writes: "We consider out here THE BRITISH JOURNAL OF NURSING to be the standard Nursing Journal of England." We know it to be so, as it is the only weekly Nursing Journal owned, controlled and edited by trained nurses. Miss Hanington continues: "I am very interested in English nurses. Though I have had some very unfortunate experiences with them, I also have some particularly splendid nurses in this Order with Old Country training. I am convinced that England is still the mother of good nursing. I have one or two English nurses with public health training in England whom I have been able to put straight into districts, and you would think they had been there all their lives. Some day I am sending Miss C. over to bring back a ship load of such!"

This corroborates what we are often hearing at home—that district nurses must have preventive as well as curative nursing experience to fit them for social service.



# Royal British Nurses' Association.



THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION

## A STROLL THROUGH ANCIENT EGYPT.

A number of our members enjoyed a great treat on Saturday last when Miss Margaret Murray conducted them over the Egyptian Collection at University College, Gower Street. One of the first of the wonders pointed out to them was a very badly repaired fracture of a bone of an ancient Egyptian who had dropped this mortal coil not less than six thousand years before Christ. The collection of pottery came in for a considerable share of attention and, by pointing out certain features or peculiarities in different pieces, Miss Murray read a wonderful history from it of the parts of Egypt and the periods to which it belonged. Next to pottery she said that beads were the best historians, and from the long cases of wonderful, crude or beautiful specimens we learnt much of the races which inhabited Ancient Egypt at one time or another and much of their queer folk lore.

The collection of scarabs, which is the finest in the world, interested the nurses exceedingly, and we must not forget to mention the lovely gold and alabaster perfume bottles which belonged to Rameses II and his Queen Nefertare, the mother of the Princess who found Moses.

## “STAND UPON THY FEET AND I WILL SPEAK UNTO THEE.”

Although we have twice recently been requested by members of the Association to insert an article in the Supplement on the subject of charity for Nurses, it is questionable whether very many of the members of the profession at large have given much thought to the subject or to the effect which the widespread exploitation of the nurses as objects of charity has upon their economic condition and, what is far more serious, upon their character and mentality as a class. There are some who, in the face of every discouragement, yet can see visions and dream dreams still, for the future of their profession, and when those visions are realised, when the day comes when the profession at last shall be possessed, as a whole, of those attributes of mind which make any profession great, what will be regarded as one of the greatest blots on its history will be the fact that so many

nurses have been perfectly placid in connection with the long advertisements for doles for them in the newspapers, perfectly placid as regards the flag days on their behalf in the streets and the long tin boxes which the public are asked to fill with pennies for the nurses! The great majority of them have viewed with equanimity the collection boxes passed round the sergeants' mess, round to factory workers and others and not even from the "heads" of the profession has come one word of disapproval.

And what has been the net gain for the nurses? In two and a-half years £2,144 11s. 6d. has gone to those destitute nurses for whom a generous public subscribed, and nurses generally may, if they care to, share a club with other professional women who have never been called upon to tolerate the danger of being organised by their employers with money obtained by holding them up as objects of charity, too poor, and apparently too feeble-minded, to pay themselves for one of the most sacred things in communal life—their own organisation. But worse is to follow. It seems almost too terrible to believe that the nurses—or at least those who represent them on the Council of the College of Nursing, Ltd.—have actually accepted, perhaps even asked for, a sum of money subscribed for sick and wounded soldiers—money which belongs morally and legally to those men who, many of them, have had all the joy of existence torn from them because they chose to fight for England, and for the women of England; men, many of them, into whose eyes the light of the sun will never fall again, men crippled and broken in health, men whose dependants are faced with despair because the breadwinner's strong right arm is "somewhere in France." However much we may dislike the truth, there is no denying the fact that the nurses have taken £50,000, from the British Red Cross Society, which by right belongs to such as these, in order that sufficient money might thereby be set free for their own pleasure and advancement. That is what it comes to, neither more nor less.

As to the reference, in the Report of the Nation's Fund for Nurses, to the Registration Act, we do not need to remind the R.B.N.A. members that the Act was never won by doles from the public, rather it was won *in spite of them*; for many of our members can tell from their banking accounts how great an impediment those doles proved to



the passage of the liberal and just Act for State Registration of Nurses throughout the United Kingdom. The Act was won, solely through the energy of the leaders of the State Registration movement, and well those, who formerly opposed the measure, know this to be true, however ready they may now be to "steal the laurels" that rightly belong to those who "held on" when "heart and nerve and sinew," when everything seemed gone, except the will that said to them, "hold on."

And if the "heads" of the profession are not too proud to "gather where they have not strawed," it is not surprising that, in another direction, neither are the rank and file. It is worse than demoralising to the character of the nurses to find their employers, matrons, and the British public approving a system of widespread public begging, such as would be tolerated by no other class, whether professional or otherwise. In *forma pauperis* the nurses stand before the public! In *forma pauperis* they are regarded by the public! What is worse still, in *forma pauperis* they stand before themselves, unblushingly content to eat of the crumbs that fall from their masters' table, instead of shouldering their responsibilities and their *opportunities* and becoming masters in their own house.

Somewhere in a wise old book (Ezekiel), a book rich in profound, esoteric wisdom, we find the words: "And He (God) said unto me, Stand upon thy feet and I will speak unto thee." Therein lies the answer which the British public might well have given to the nurses of to-day. Let our efforts to help them be what they may; *nothing* will ever give them any real help until they are prepared to "stand upon their feet." "Give them of your charity," says Lady Cowdray. "Give them of your charity," pleads the Hon. Sir Arthur Stanley. "Give them of your charity" faces us from the lay press and from the street hoardings; but, like a clarion call to the nurses, there comes ever from the free nurses' pens, "STAND UP, NURSES! STAND UPON YOUR FEET." Stand up each one of you in her own place and give of brain and sinew to the upbuilding of that mighty fabric—a New Profession.

Her Royal Highness, the President, graciously sent to the nurses several tickets for the Royal seats at the performance given by the Merry Gitana's Company at the St. Marylebone Institute last Saturday afternoon. We learn that the nurses greatly enjoyed the entertainment. A little duet by a page and a wood nymph "brought down the house," and the dancing of the children was most charming. The programme was long and delightfully varied.

Nurses are reminded of the lecture to be given at 10, Orchard Street, on Saturday, 12th inst., at 3 p.m., by Miss Holman, on the subject of "School Nursing." The charge for admission, inclusive of tea, will be one shilling.

## CORRESPONDENCE.

### ARE NURSES INCAPABLE OF MANAGING THEIR OWN AFFAIRS?

To the Secretary of the R.B.N.A.

MADAM,—By a curious coincidence the Report of the Trained Nurses' Annuity Fund, and that of the Nation's Fund were published in the same week. There is a very striking difference at the start in these two reports. Both are published in the beginning of February of this year with this difference: the Annuity Fund publishes its Report for 1920, having already apparently given an account of its affairs up to the close of the previous year. The Nation's Fund Report only carries us up to the end of 1919 and covers not one, but two-and-a-half years. Comment is superfluous, but I intend to give my benevolent contributions to the Fund which issues a clear statement, and is up-to-date. Again the Annuity Fund set out a list of subscribers; why don't the nurses receive similar information from the Nation's Fund as to who are their benefactors? The Annuity Fund is kept up by methods which have never degraded our professional status. I have seen no posters on the hoardings for it. "Nurse Juliet" has given it no help to obtain funds, and it has never caused me to blush with shame when my patient has opened his morning paper.

Yet, after all the publicity, what do we find on opening the two reports. In the case of the Annuity Fund over £1,000 have been given away to sick or needy nurses in one year and that "there are no salaried officials." In the case of the Nation's Fund over £2,000 have been given to the nurses in *two-and-a-half years* while salaries have come to £1,192 10s. I made enquiry as to how the Annuity Fund is run without paying salaries, and I find that the Hon. Secretary considers that she would be a poor creature who would take a salary for doing work for a benevolent fund for her own profession. I find that another nurse is in the habit of going to the office daily to help with the clerical work, and the R.B.N.A. allows the accountant to do all the difficult part of the book-keeping. I think, therefore, after my comparisons you will agree that the tone of patronage towards nurses all through the text of the Nation's Fund Report is misplaced, and that the management of the Nurses' Benevolent Fund shows that nurses are *perfectly* capable of managing their own business. Is it quite in good taste, quite in keeping with the principle of not letting your right hand know what your left hand doeth, to use money collected in the cause of charity to insert full-sized photographs of the promoters of the Nation's Fund resplendent in evening dress and ropes of pearls? It appears to me in very bad taste.

Yours truly,

L. BENNETT.

19, Ladbrooke Road, W.1.

ISABEL MACDONALD,  
Secretary to the Corporation.



## THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

### EDUCATION AND EXAMINATION OF NURSES.

Miss M. S. Riddell, Registrar, General Nursing Council for England and Wales, at the direction of the Council, recently sent to General and Special hospital authorities and to Boards of Guardians a communication asking for replies to a series of questions, this information being required in order to assist the Council in drawing up Rules for the Education and Examination of Nurses in the future.

The following are the questions to which answers are desired, and an invitation to supply "Remarks" appears as the last item on the schedule:—

1. Name of hospital; postal address.  
2. Number of beds. (1) Daily average occupied. (2) (a) Has this hospital affiliated any special hospital for nurse training? (b) Is this hospital affiliated to any other hospital?

3. Character of Services. (1) Beds available for use (first six months of 1920). (2) Beds allocated to—\*(a) medical department, (b) surgical department, (c) gynæcological department, (d) maternity department, (e) children's department—(i) children's wards, (ii) in adult wards, (f) ophthalmic, (g) ear, nose and throat, (h) skin.

(1) Special Departments. (a) Have you any private wards for paying patients; (b) out-patient department; (c) V.D. work; (d) T.B. work; (e) baby clinics; (f) orthopædic; (g) massage; (h) operations (minor); (i) dentistry; (j) electrical treatment; (k) baths; (l) X-ray?

(3) Have you a private nursing department? Are nurses sent out for private duty during their three years of training?

(4) Operations performed annually—(1) major, (2) minor.

(5) Administrative and Teaching Staff:—(a) Administrative—(1) Matron, (2) Assistant Matron, (3) Office Sisters, (4) Home Sister, (5) Sister House-keeper, (6) Night Superintendent. (b) Teachers and Lecturers—(1) Visiting Staff, (2) Resident Medical Staff, (3) Matron, (4) Sister-Tutor, (5) other Lecturers.

(6) Ratio of Ward Nurses to patients.

#### TOTAL NUMBER OF NURSING STAFF.

	Day.	Night.
(1) Number of Sisters	..	..
(2) Number of Staff Nurses (certificated) .. ..	..	..
(3) Number of Probationers	..	..

#### RATIO OF WARD TO PATIENTS.

	Day.	Night.
Ratio of Sister to patients..	..	..
Ratio of Staff Nurses (certificated) to patients ..	..	..
Ratio of Probationers to patients .. ..	..	..

\* Omit questions not applicable.

4. Paying Probationers. Are paying Probationers received? If so, what fees do they pay?

5. Is there a preliminary school attached to your hospital? If so, state—(a) length of course; (b) number of pupils in training in each course; (c) is the course included in the term of training; and (d) do pupils pay fees? If so, what fees do they pay?

6. Is an entrance examination or other test required—(1) to the school, (2) to the hospital? (3) Minimum age of entry.

7. How many lectures are given to Nurses, on what subjects and by whom, in preliminary training school? First year, second year, third year.

8. What examinations are held, on what subjects and by whom?

9. Are certificates given? If so, please send specimen copy. Please send copies of regulations for training and for examination, form of application for training, syllabus of lectures, last annual report issued to your hospital.

Remarks.

## REGISTERED NURSES' PARLIAMENTARY COUNCIL.

A meeting of the Council was held at 431, Oxford Street, London, W., on Saturday, February 26th, Mrs. Bedford Fenwick in the chair. The questions under discussion were (1) Relative Rank for Service Nurses, (2) Equivalent Standards for Registration, (3) The Report of the Nation's Fund for Nurses, and (4) Unemployment Insurance for Nurses.

#### RELATIVE RANK FOR SERVICE NURSES.

Letters were read in reply to those directed to be sent by the Council at its last meeting.

From the Secretaries of the Royal British Nurses' Association, the National Union of Trained Nurses, and the Irish Nurses' Association warmly supporting the demand for rank for Service Nurses. From Colonel Sir Henry Streatfield, private secretary to Queen Alexandra, the Secretary the Military Department, India Office, the Secretary the War Office, stating that the resolution "regarding Relative Rank for the British Military Nursing Services had received most careful consideration, and it is regretted that it is not practicable to grant such rank to the ladies in question."

From the First Lord of the Admiralty.

From Captain Sayers L. Milliken, Assistant Superintendent Army Nurse Corps, U.S.A., enclosing for Major Julia Stimson valuable information as to allowances, uniform, &c., of members of the Corps, which has been granted relative military rank by Congress.

As a new Secretary of State for War had been appointed it was agreed to lay the case for rank for military nurses before him, hoping he would prove more sympathetic to the interests of the Nursing Services than his predecessor, especially as to emoluments and pensions.



## EQUIVALENT STANDARDS FOR REGISTRATION.

An interesting discussion took place on the demand of the General Nursing Councils for Scotland and Ireland for automatic registration between the three countries, and the objection of the General Nursing Council for England and Wales to deprivation of power of discretion in placing nurses on its Register as provided in the Acts. It was pointed out that such a system would establish a dangerous precedent and place the Councils in a most anomalous position and that the system of requiring equivalent standards was in force between the three Midwives Boards, and worked without friction.

The Council declared itself strongly in favour of providing Rules for equivalent standards for registration by the three Councils as the only means whereby the Registers could be guaranteed and discipline maintained. It was agreed that without discretionary powers as to who should and who should not be placed upon the Registers, registration would be useless and well-trained nurses would not register. The hope was expressed that the nurse members on the three Councils would stand firmly for the great principle involved, as it was their duty to protect the interests of the Nursing Profession as a whole. The Rules would be keenly criticised when available and unjust provisions resented.

## THE REPORT OF THE NATION'S FUND FOR NURSES.

The Report was considered and it was agreed that it was very superficial and most unsatisfactory. More definite information should have been inserted. That a list of subscribers should be given and the receipts should have been classified (1) for the endowment of the College of Nursing, Ltd., (2) for the Benevolent Fund for Nurses. Strong exception was taken to the items £38,650 for the College Company, £4,214 spent on advertising, £1,192 10s. on salaries, £1,000 on printing, and £966 on entertainments, when, during two-and-a-half years the "Nation's Nurses," in whose name the appeal had been made, had only received the pittance of £2,144 11s. 6d., after the very undesirable publicity given in the Press and the streets to nurses, as objects of public pity and charity.

The Council wanted further information concerning the £50,000 allocated by the Red Cross Society to the Tribute Fund in 1919, and to know whether or not a second £50,000 had been diverted to the Trustees of the Fund in August, 1920. As the Financial Reports of both the Nation's Fund for Nurses and the British Red Cross Society were a year in arrears, and so far no report for 1920 available, it was agreed to obtain a direct reply to this question from the Charity Commissioners, who presumably had the information.

A Resolution was passed unanimously approving of the appointment of a Select Committee of the House of Commons to inquire into the origin and working of the Nation's Fund for Nurses, as the Council was not satisfied with the meagre report

issued after a three and a-half years' appeal by the British Women's Hospital Committee, and specially resented the very limited help given to the nurses in comparison with the large grant to the College, and the thousands spent in advertising and office expenses.

## UNEMPLOYMENT INSURANCE FOR NURSES.

The President made a Report of the Conference held at the Labour Ministry on January 2nd between representatives of the Ministry and hospital officials and representatives of Nurses' organisations, when those present were unanimous in presenting the strong objections of probationers and nurses to being included in the Act. The President pointed out it was a very unjust tax on charitable institutions and nurses, who would be compelled for years to pay for so-called benefits they would never claim, thus a very large sum of money extracted from them would be utilised for various classes of industrial workers for whom the scheme was devised.

So far no statement had been issued by the Minister of Labour as to whether he is prepared to consider the claim of nurses to be excepted from the Act.

It was to deal with such legislation that the Registered Nurses' Parliamentary Council would, if well supported, be of very great value to the profession in the future, especially as it had a professional journal conducted by experts at its disposal.

A very interesting meeting then terminated.

M. BREAY,  
Hon. Secretary.

## QUALIFICATION FOR MEMBERSHIP.

Trained Nurses holding a Certificate of Training, after examination, for not less than three years, are eligible for Membership of the Registered Nurses' Parliamentary Council. Subscription, £1 is. annually, including THE BRITISH JOURNAL OF NURSING.

## LEGAL MATTERS.

## NURSES' LIBEL ACTION AGAINST DOCTOR.

A case of considerable professional interest is the libel action heard last week in the King's Bench Division before Mr. Justice Darling and a Special Jury when Miss Edith Heywood Grime, Matron, and Miss Alice Rainforth, Senior Nurse of the Hornsey Cottage Hospital, sued Dr. Peter Robert Ingram of Kildrummy, Muswell Hill Road.

The action referred to incidents in connection with a patient suffering from septicæmia due to a carbuncle, admitted to the hospital under the care of Dr. Ingram.

The words complained of were written to the Chairman of the hospital, Mr. J. Scott Balfour, by Dr. Ingram, in a letter dated July 1st, 1919,



and in another addressed to the *Hornsey Journal* and published on January 9th, 1920.

The defence was that the words were written on a privileged occasion, *bona fide*, and without malice.

Mr. J. A. Hawke, K.C., for the plaintiffs, said that the Matron was away from May 21st to June 6th, and Miss Rainforth acted for her in her absence. The patient was admitted on May 27th, 1919, and operated on next day. He died on June 14th, and Dr. Ingram made certain allegations to the House Committee which were enquired into, who found them unproved.

The defendant, in the letter complained of, wrote to the Chairman that "there had been trouble over the patient, and the Matron, while knowing that a new method (the Carrel-Dakin treatment.—ED.) had been used, and that the question of efficiency had been raised, took no steps to make herself completely informed of every detail of the case for two days after her return to duty in the hospital." The doctor further said that a statement made by the Matron at the meeting of the Committee of June 21st was the first intimation to him of a certain condition of the patient. He was never informed of it.

Concerning Miss Rainforth, the doctor wrote in the same letter: "Inexperience . . . might be excused on the first occasion . . . but it was the duty of the nurse-in-charge to inform me . . . and this is the real substance of my complaint of neglect.

He further complained that it was "a reflection on the part of the efficient management of the hospital for a water bed not to be forthcoming at any time for the use of the patient."

In the letter to the *Hornsey Journal* Dr. Ingram stated that the patient was allowed to remain "soaking wet" for 48 hours, and although he paid five visits during that period he was only informed of the fact on his last visit, after which the man was kept dry, and that a bedsore formed, followed by a secondary abscess which put the patient in the utmost danger.

Miss Grime considered that the letter above quoted and the one to the *Hornsey Journal* suggested that she was careless and inefficient in her supervision of the case, and not fitted to be Matron of the hospital.

Miss Rainforth complained of being accused of being careless and neglectful of her duties as a nurse.

In regard to the diet of the patient, Miss Grime, giving evidence, said that roast mutton and potatoes would not hurt a man who had had an incision in his leg and whose temperature was 99 degrees. It would not be proper nursing to allow a patient who was very ill to be on a bed which had got soaking wet. The difficulty was to keep the bed dry. It was protected by two waterproof sheets.

Mr. Arthur Edmunds, C.B., F.R.C.S., stated that Miss Grime was one of the most competent

Matrons in London, and he was not easily pleased, and Miss Rainforth was an excellent second.

Dr. Ingram, giving evidence, said that complete exposure of the knee-joint was one of the most serious operations in surgery; the patient required very careful nursing. The bedsore was due to the man having lain in solution, the nurse had never drawn his attention to it; he discovered it when he turned the man over.

Dr. W. P. Blumer, F.R.C.S., endorsed this and said there was a difficulty about getting mackintosh sheeting, and oiled paper was substituted.

The Judge having summed up, the Jury, after protracted deliberation, were unable to agree, and were discharged.

#### OUR CONCLUSIONS.

In relation to the lack of water beds and pillows, and the dearth of mackintosh, or jaconet, we may point out that Hornsey is not Kamchatka, and a number of firms supplying medical and surgical requisites could have delivered an urgent order within an hour. We cannot think that the nursing was expert if the patient was permitted to lie in solution, nor do we consider oiled paper an efficient substitute for jaconet or mackintosh.

In regard to the diet of mutton and potatoes, we think it unlikely that a patient suffering from septicæmia and recently operated upon would have an appetite for such diet, but as he required plenty of nourishing food, it should have been supplied in digestible form.

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## THE HOSPITAL WORLD.

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### HOSPITAL FOR NERVOUS DISEASES, EDGBASTON.

On Wednesday, February 23rd, The Lord Mayor of Birmingham (Alderman W. A. Cadbury) accompanied by the Lady Mayoress, visited the Hospital for Nervous Diseases, Edgbaston, and unveiled a tablet to the memory of the founder, Mr. Edwin Gilbert Smith, F.R.C.S.

The Lady Mayoress was particularly interested in the staff quarters and the domestic arrangements. During her visit to the women's ward she accepted a bouquet of pink carnations presented by one of the patients.

The hospital, which is the only special hospital for Nervous Diseases in the Midlands has accommodation for thirty patients, and being situated in its own grounds, is peculiarly suited for the treatment of functional cases.

Having no endowment fund it is entirely dependent upon voluntary contributions; the necessitous poor are treated free, other patients contribute to their maintenance during their stay in hospital according to their means.

There is a considerable waiting list and the beds are greatly in demand.



## APPOINTMENTS.

### MATRON.

**County Hospital, Hertford.**—Miss C. Tompson has been appointed Matron of Hertford County Hospital. She was trained at St. Bartholomew's Hospital and obtained her certificate in 1913, and afterwards the certificate of the Central Midwives Board. Miss Tompson served in Queen Alexandra's Royal Naval Nursing Service until 1915. Since 1915 she has been Ward and Theatre Sister at the Samaritan Free Hospital, and Ward and Home Sister at the Hampstead General Hospital.

**Colindale Hospital, Hendon (M.A.B.).**—Miss A. M. Rennie has been appointed Matron. She was trained at Greenock Infirmary, and has been Queen's Nurse at Corstorphine, Midlothian; Staff Nurse at Nordrachon-Mendip Sanatorium, Sister at King Edward VII Sanatorium, Midhurst, Matron of the Ochil Hills, Sanatorium, and Matron of the Pinewood Sanatorium, Wokingham.

**Lenzies Sanatorium, Wolsingham, Durham.**—Miss Martha Brown has been appointed Matron. She was trained at the Royal Infirmary, Hull, and has been Sister at the Hull and East Riding Sanatorium, Withernsea.

**The Cottage Hospital, Malmesbury.**—Miss Bertha M. E. Hesketh has been appointed Matron. She was trained at St. Bartholomew's Hospital, where she was promoted to be Sister of Elizabeth Ward. Miss Hesketh served at home and abroad during the war, in Q.A.I.M.N.S.R., and has recently been on duty at the Royal Victoria Hospital, Netley. She holds the certificate of the Central Midwives Board.

**Bury Infirmary, Bury.**—Miss M. Ashley has been appointed Matron. She was trained at the General Hospital, Birmingham, and has been Sister in Medical and Surgical Wards, and in the Theatre at this hospital, Night Superintendent at the Royal Infirmary, Bradford, Assistant Matron at the Royal Infirmary, Halifax, Matron at the General Hospital, Darlington, and Matron of the Saffron Walden Hospital.

### ASSISTANT MATRON.

**West London Hospital, Hammersmith.**—Miss Gladys M. Simms has been appointed Assistant Matron. She was trained at St. Bartholomew's Hospital, London, and has been Night Sister, and Sister of Lucas Ward, and is at present Sister of Lawrence. Before entering St. Bartholomew's Hospital for training, Miss Simms had women's training at the New Hospital for Women, Euston Road, W.C.

**Royal Midland Counties Home for Incurables, Leamington.**—Miss A. M. Oldham has been appointed Assistant Matron. She was trained at the Smallwood Hospital, Redditch, and has been Assistant Nurse at the Hospital, Llandrindod Wells.

### NIGHT SISTER.

**General Hospital, Darlington.**—Miss P. Gray Gibson has been appointed Night Sister. She was trained at the Royal Infirmary, Newcastle-on-Tyne, and has been Charge Sister at the Central Nursing Home, Nottingham, Sister at the Bethnal Green Infirmary, and Charge Nurse at the Military Hospital, Romford. She has also had experience in private nursing, and as a Health Visitor.

### SISTER.

**Windsor Hospital and Convalescent Home, Felixstowe.**—Miss Gertrude Fisher has been appointed Sister. She was trained at the General Hospital, Wolverhampton, and has been Sister at the Manchester Sanatorium, Holiday Sister, at the Royal Sea Bathing Hospital, Margate, and Sister-in-Charge of the Rawson Convalescent Home, Harrogate.

## COLONIAL SERVICE.

The following appointments to the Colonial Service have been made by the Secretary of State for the Colonies during the month of January:—

*Malay States.*—Miss M. Little and Miss C. McCrystal, to Nursing Sisters.

*St. Helena.*—Miss E. Z. Stubington, to Nurse, Civil Hospital.

*Uganda.*—Miss E. M. Stringer to Nursing Sister.

## PRESENTATION.

Mr. G. S. Marshall, Chairman of the Board of Management of the West London Hospital, Hammersmith, presented, on the 22nd ult., two substantial cheques to Miss F. E. Neville, on her retirement from the position of Matron, and referred in appreciative terms to her work at the hospital, covering a period of twenty years. Miss Neville was trained at St. Bartholomew's Hospital, and will be a great loss to the nursing department of the West London, where her devotion to duty was a shining example to the nursing staff.

## "EXIT THE COTTAGE NURSE."

We are not sorry to note that branches of the District Cottage Benefit Nursing Association are dissolving, because of lack of candidates and financial support. The system has always been indefensible, both from the nurses' and patients' points of view, and the sooner it is superseded by one defined by professional persons the better.

## WELLCOME'S PROFESSIONAL NURSES' DIARY.

We have received from Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, London, E.C. 1, a copy of their Professional Nurses' Diary for 1921-22. The Diary, which is rightly a great favourite with nurses, contains an immense amount of useful information in handy form. The introduction is an article on the "General Principles of Nursing" and under the "Conditions and Measures which make for Health," we read under the heading of "Cleanliness," "The nurse should be, and to do her justice she usually is, an example of perfect neatness and cleanliness. In nursing, cleanliness is not merely a matter of taste—the natural outcome of good breeding and good manners. It is something more—it is a duty, involving a real and very important professional obligation."

Private nurses will find useful the "Suggested List of Requirements for an Operation in a Private House," and there is a special section devoted to midwives.

The chapter on "Poisons and the Antidotes" is very complete, and the table of "Thermometric Equivalents," Fahrenheit, Centigrade, and Réaumur is a great convenience.

A brief summary is given under the heading "Legal Information" of the Nurses' Registration Act for England and Wales, with which it is very essential every nurse should be acquainted. Information is also given as to the duties of a nurse in relation to the public health authorities in cases of infectious and notifiable diseases, with many more items of interest.



## OUR FOREIGN LETTER.

### TIMOTHY AND TOMMY: A MISUNDERSTANDING.

When Tommy, in extreme youth, appeared on the scene, Timothy, a small, intelligent and self-respecting Maltese spaniel, had been in undisputed possession of the house for ten years.

Tommy, so called because he was born on the fateful 4th August, 1914, pleased the mature Tim; he took to him, fathered him and saw him through the perils of puppydom in the kindest way.

Tommy developed into a large, brindled terrier, striped like a hyæna, broad-chested, thin-flanked, with jaws of iron and teeth that closed on rats like a steel trap; the nearest approach to a tamed wild dog I have ever seen. He became the faithful slave and friend of little Tim. The two were inseparable; they shared their mistress' bedroom, they ate from one plate, and Tommy protected Tim from the scrapes into which, in spite of his age, his bold spirit led him. They were canine examples of Damon and Pylædes, until the 4th December, 1918, brought a sudden and violent end to a charming friendship. Both dogs were accustomed to the mild "quakes" to which their home was subject, but on that morning their bedroom began to sway and rock in a most alarming manner, and their mistress rushed through the door into the patio calling to the dogs to follow. Tommy reached safety in two bounds; but, alas for little Tim, hampered by his short legs—and the weight of years! Down came the ceiling and the rafters, down came the walls, down came the wardrobe, sprawling across the bed; the chest of drawers executed a somersault and lay upside down; the chairs careered over the swaying floor until they came to an anchorage amongst the wreckage, whilst among the debris, choked by the appalling dust, lay poor little Tim, pinned beneath a rafter.

After two despairing yelps he lay silent and gave himself up for lost. His mistress was buried elsewhere; the kitchen in the courtyard was a pile of ruins, the bathroom was down; the remaining rooms of the bungalow were swaying to and fro like a ship at sea; walls were falling like pancakes, and the long low white houses of the town were collapsing on every side, burying human beings as they fell; there was no time to attend to a dead dog. But Tim was not dead. Held down by the wreckage, stifled with dust, deserted by those he loved, the whole of his small world in ruins around him—who knows what bitter thoughts surged through his little soul as he lay there, helpless and abandoned. One fact certainly burnt itself into his brain: Tommy was at the bottom of it all. When at last he was brought out alive from the rubbish heap that had been a room, he emerged with a deep and abiding hatred for his old friend and chum. Except for a permanent slight paralysis of his hind legs he was uninjured, and recovered wonderfully from his terrible experience. But that Tommy organised and arranged the earthquake for his special down-

fall he remained and remains to this day firmly convinced. In the face of such abominable treachery and ingratitude, what could a self-respecting and well-bred dog do? Clearly, decline to have any trek with the brute. Therefore, if Tommy dares to come near him Tim growls and bares his old teeth at him, and he refuses to sleep in the same room with him and has to be fed separately. Tommy, who could slay Tim with one snap of his strong teeth, but who is nothing if he is not a gentleman, slinks away when Tim threatens him, or wags an apologetic tail and tries to explain matters. In vain, for Tim refuses to listen to a word; every time he painfully drags the poor old legs along that used to be so nimble, he recalls Tommy's dastardly act anew, rages inwardly and snarls at him. Two years have elapsed since the catastrophe, but the misunderstanding and the one-sided feud continues. All Tommy's well-meant efforts at reconciliation are in vain. I have suggested the lethal chamber for Tim, but am met with a horrified refusal. It seems he is a most potent mascot. What is to be done?

M. MOILETT

Copiapo, Chili, S. America.

### QUEEN MARY'S HOSTELS FOR NURSES.

Many Nurses who regard the Queen Mary Hostels for Nurses with much affection, will learn with regret that the last of these, the Hostel at 194, Queen's Gate, will close its hospitable doors on March 16th.

### UNEMPLOYMENT INSURANCE ACT (1920) AMENDMENT BILL.

The Unemployment Insurance Act (1920) Amendment Bill passed its second reading in the House of Lords on March 1st. Copies of the Bill may be obtained from His Majesty's Stationery Office, Imperial House, Kingsway, W.C. 2, or through any bookseller, price 2d., and members of the nursing profession, who are affected by the Bill, should procure a copy.

### WHICH ARE YOU?

- The two kinds of people on earth I mean  
Are the people who lift and the people who lean.
- Wherever you go, you will find the earth's masses  
Are always divided in just these two classes.
- And, oddly enough, you will find too I ween,  
There is only one lifter to twenty who lean.
- In which class are you? Are you easing the load  
Of overtaxed lifters who, toil down the road?
- Or are you a leaner, who lets others share  
Your portion of labour, and worry and care?"

—Ella Wheeler Wilcox.

### PARLIAMENTARY COMMITTEE ON HOSPITALS.

The Parliamentary Committee on Hospitals has nearly completed its inquiries in London, and will issue an interim report almost immediately.



## 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 NARROW-MINDED VIEW.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I should be very much obliged if you would publish in THE BRITISH JOURNAL OF NURSING a few of the letters received from College Matrons and Lady Superintendents with regard to literature sent round to Hospitals and Institutions by this Union. It will show the narrow-minded view some of the members of the College of Nursing, Ltd., take. Why are they afraid to allow Nurses to hear both sides of the question?

The following was received from a Norwich Superintendent recently:—

"I beg to return you the Application Forms, &c., and to state that I am not in the least in sympathy with the Professional Union of Trained Nurses. I am proud to say I am a trained Nurse, and a member of the College of Nursing, Ltd., in which cause I take great interest."

Why, however, refuse to give the papers to her Nurses?

Yours faithfully,

MAUDE MACCALLUM,

Hon. Secretary Professional Union of Trained Nurses.

[Much better not try to prevent free speech. We believe in it. Hyde Park has saved us from revolution so far.—ED.]

## KERNELS FROM CORRESPONDENCE.

CINDERELLA NURSING.

*Member of the College of Nursing:* "May I protest in the *B.J.N.* against the tone adopted to our Profession by the lay editor of the *Bulletin*, who, I presume, does not hesitate to avail herself of a salary from what she terms 'Cinderella Nursing,' a most impertinent manner in which to describe our profession in our own quarterly organ? After writing fulsome nonsense about Lord and Lady Cowdray for disbursing a little of their superfluous wealth, she designates them the "fairy godmother and fairy godfather of Cinderella Nursing." If the public have come to consider Nursing as the Cinderella of women's professions, nothing has done more to lower us to this position than Lady Cowdray's campaign in connection with the Nation's Fund for Nurses, and no one has got less out of it than 'Cinderella,' to judge from the belated Report of the Fund criticised last week. It appears to me scandalous that out of £92,000 the Nation's distressed nurses have only been allocated £2,144 11s. 6d. in two years and a-half. We want no 'fairy godmothers' controlling our affairs through their huge banking

accounts; nothing is more dangerous to the liberties of working people."

MONOPOLISED BY LAYMEN.

*Certificated Nurse:* "Can you tell me why all important posts in Nursing Organisations are monopolised by laymen? Nothing apparently can be done without patronage so far as nursing is concerned."

[It is a fact that such patronage is usually assumed by men. The excuse is that they are more businesslike than women, especially nurses. The truth is they have more money to finance schemes, and a greater love of power. But don't forget the V.A.D. Commandants during the war and the manner in which socially prominent untrained women gaily assumed the responsibility of hospital Matrons. Nursing, unfortunately for members of the profession, appeals to the sentimental British public. No one patronises shop girls and clerks.—ED.]

COMFORT THE ESSENCE OF GOOD NURSING.

*An Old Sister (London):*—"Of course, 'soothing pillows and soothing the fevered brow' may be a subject for amusement, when it is considered the acme of nursing by the gifted amateur; but the comfort of the patient is the essence of good nursing. Do hospital nurses realise this? Not always. I remember in my Pro. days being directed to deprive the patients in bed of head shawls. This was a real cruelty, as the windows and ventilators had to be kept open, and to escape a draught was almost impossible. Now a nice little fleecy white shawl over head and ears is as great a comfort to the head as a hot bottle is to the feet, and why should a patient be deprived of it if used to wearing it. Night caps, skull caps, even lace caps, were worn by the middle-aged in my youth, and (low be it spoken) I always sleep with a wisp of Shetland wool over my head in bed—most comfy."

## PRIZE COMPETITION QUESTIONS.

*March 12th.*—In what ways may infection take place in the parturient and puerperal woman? How can a nurse or midwife help to prevent sepsis? What is her duty when it occurs?

*March 19th.*—Describe the methods to be adopted for keeping a patient's bed dry when undergoing the Carrel-Dakin treatment, or any form of continuous irrigation.

*March 26th.*—What precautions do you take, when nursing a helpless patient, for the prevention of bedsores? At what stage would you report a threatening bed sore to the medical practitioner in charge of the case?

## OUR ADVERTISERS.

Do not omit to buy, as far as possible, everything you need from "Our Advertisers" and to recommend them to your friends. They are all first-class firms.



# The Midwife.

## REPRESENTATION ON CENTRAL MIDWIVES BOARD.

In April next, the Central Midwives Board will be reconstituted and enlarged. Among the additional members are to be two certified midwives appointed by the Midwives Institute. The Council of the Institute has the power of appointment. The procedure to be adopted has, however, been chosen in order that all members of the Institute may have the opportunity of participating in it. Every member of the Institute and every Association affiliated to it can send in the names of two nominees, with their qualifications and any statements the candidates may wish to make. The Council will select its representatives from the nominations, and in their selection will take into account the number of nominations each candidate has received.

Nomination papers can be obtained from the Midwives Institute, or taken from *March Nursing Notes*.

## LONDON FEDERATION OF INFANT WELFARE CENTRES.

The London Federation of Infant Welfare Centres, Room G, 92, Fleet Street, E.C.4, have framed a series of "Principles for Promoting Better Co-operation between Centres and Midwives" after consultation with the Incorporated Midwives Institute, and the Maternity Centres in London. These "principles" refer to (a) Midwives, and (b) Centres. Those referring to midwives are as follows:—

### ANTE-NATAL.

1. Medical etiquette will always be observed in dealing with both midwives' and doctors' cases. All correspondence between the doctor and the midwife must be strictly confidential.

2. The general health of women in pregnancy is of such importance that it is desirable that each expectant mother should have an opportunity of being seen at least once during her pregnancy by a medical practitioner. The ante-natal clinics now established are centres to which midwives can bring or send any of their patients during pregnancy, especially those who, in their opinion, need medical advice, either for general ill-health or for the ailments of pregnancy.

3. A midwife, sending a patient, is asked to send with her a carefully closed note stating any facts which the doctor should know. She will, in return, receive a report from the doctor.

4. Midwives are asked, wherever possible, to encourage all their patients (especially primiparae) to come up for dental examination, and to attend the needlework, hygiene and other classes at the Maternity Centres in their districts.

### POST-NATAL.

1. In cases where there is any doubt as to the adequacy of the breast feeding by the mother, expert medical advice should be sought before having resort to any artificial method of feeding for the infant.

## THE CENTRAL MIDWIVES BOARD.

The 85th examination of the Central Midwives Board was held on February 1st in London, Birmingham, Leeds and Liverpool, with the following results:—

*Candidates examined, 796; Passed, 635; Percentage of failure, 20.2.*

## CENTRAL MIDWIVES BOARD FOR IRELAND.

The Central Midwives Board for Ireland held a meeting at the Office of the Minister of Health, 33, St. Stephen's Green, Dublin, on Thursday, February 24th.

There were present: Sir E. Coey Bigger (in the chair); Sir A. J. Horne; Sir W. J. Smyly; Charles G. Lowry, M.B.; Miss J. H. Kelly; Miss Michie; and Professor Corby.

The Chairman referred in feeling terms to the death since their last meeting of one of their members—Alderman Capt. J. C. McWalter, M.D. He proposed a resolution expressing the sense of the loss which the Board has sustained, and conveying to Mrs. McWalter and family the Board's deep sympathy with them in their sad bereavement.

The resolution was unanimously adopted.

The Secretary reported that, at the examination held in Dublin, Belfast and Cork simultaneously, on the 8th and 9th inst., 68 candidates presented themselves, of whom 61 passed and were granted certificates. The total number on the Midwives Roll of Ireland is now 2,902.

The Board, after transacting some other routine business, adjourned.

A Special Meeting of the Board was subsequently held to consider charges preferred against one of the Midwives on the Roll—Mrs. Cassidy, Belfast. The charges included: Failure to secure medical attendance where necessary; failure to hand the necessary form to the husband; and failure to keep a correct record of the patient's temperature.

The Board, after hearing the evidence in support of the charges, and considering a statement furnished by the accused, decided that her name should be removed from the Midwives Roll, and the Secretary was instructed to inform her accordingly.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE SPIRIT OF WISDOM AND UNDERSTANDING.

There has never been a time in the history of nursing in this country when it needed more all the devotion, the self-sacrifice, the affection which those enrolled under its banner can lavish in its service. We speak now not of the care of the sick, but of the organisation through which trained nurses, under the fostering care of the General Nursing Councils, will be welded into a professional body.

If that body is to be strong, resourceful, self-reliant, then its foundations must be well and truly laid, for a sound superstructure can never be built on an insecure foundation.

Let us remember that nursing as a profession in the United Kingdom only came into being a brief fifteen months ago, and that just as, in the life of a child, the early years are the all-important years, influencing its whole subsequent life, so, with our profession, the first years of its corporate life are supremely important, and on the Rules framed for its government its future welfare largely depends.

Thus not only do those to whom the framing of those Rules are committed need the "spirit of wisdom and understanding," so that they may be drafted in a liberal spirit of statesmanship, but they need the intelligent interest and co-operation of every nurse to be registered under their authority. Incidentally, we hope that every nurse will study the reports of the proceedings of the General Nursing Councils which appear in this Journal, and thus acquaint herself with the progress made and the conclusions arrived at by the General Nursing Councils.

Those who for the last thirty-three years have worked bravely, in spite of great discouragement,

for the organisation of nursing through the adoption of a minimum standard of nursing education, the one portal system of examination, and the establishment of a State Register, must not now consider that their work is finished—it has only entered on a new phase.

To this generation of nurses is committed the high responsibility of building up and consolidating the calling of their choice in a great profession, and no pains can be too great to secure this end.

The standard of nursing education to be attained in the future will be decided by the General Nursing Councils, but there are many other questions of great importance which should be discussed by nurses in their own associations, and all the decisions at which they arrive should be made in the light of what is best in the interest of the health of the public, both sick and well.

The standard of remuneration, the number of hours on duty, and the question of superannuation, are all important matters calling for discussion by nurses. We put remuneration first because no profession can be stable unless it is built up on a sound economic basis.

But, while claiming just remuneration for our highly skilled and responsible work, and such as will enable nurses to maintain themselves adequately, and save for their old age, we must avoid extravagant claims, remembering the financial crisis through which the country is now passing; remembering also the duty of giving a fair day's work for a fair day's wage. Let us put forward our claims in a spirit of wisdom and understanding.

But, whatever schemes we adopt for the benefit of our profession, let us hold fast to the spirit of devotion to the sick which has inspired its highest ideals, lest, while gaining material things, we let slide from our grasp our most precious heritage.



## OUR PRIZE COMPETITION.

IN WHAT WAY MAY INFECTION TAKE PLACE IN THE PARTURIENT AND PUERPERAL WOMAN? HOW CAN A NURSE OR MIDWIFE HELP TO PREVENT SEPSIS? WHAT IS HER DUTY WHEN IT OCCURS?

We have pleasure in awarding the prize this week to Miss C. Wilson, The Woodlands, Roydon, Hadleigh, Suffolk.

### PRIZE PAPER.

Infection in the parturient and puerperal woman may be due to the micro-organism causing the infection being introduced into the genital tract by the attendant, owing to carelessness in not taking necessary precautions. It sometimes happens that infection may be introduced by the patient herself.

The following causes may predispose to infection :—

1. Retained placenta, membranes, or blood clot.
2. Diminished resisting power of the patient from severe bleeding, prolonged labour, or some disease.
3. Damage to the soft parts.
4. Insanitary surroundings.

A nurse or midwife can help to prevent sepsis in the following ways :—

The midwife must be as scrupulously clean as possible in every way; her dress should be made of a washable material that can be boiled; and care should be taken to keep the nails, and skin of her hands, as free from cracks and abrasions as possible.

The patient should be visited, if possible, before labour commences, and advised as to the cleaning of the lying-in room. The bed should be made up with clean sheets as soon as labour begins, and the patient dressed in a clean night dress which should be pinned up on to the shoulders. A petticoat or apron should be fastened loosely round the waist. The patient should be advised to take a dose of castor oil a day or two before her confinement, and an enema should be given as soon as labour commences. Care must also be taken to see that the bladder is emptied.

The midwifery bag should be kept thoroughly clean, and used only when attending a confinement. It should be lined with a removable lining which can easily be disinfected. Before touching the patient's generative organs or their neighbourhood, the hands and forearms must be scrubbed for five minutes with soap and water, and then immersed in an antiseptic solu-

tion for three minutes. Lysol (1 in 320) or bismuthide of mercury (1 in 1,000) may be used. All instruments used by the midwife must be disinfected before use. Boiling for thirty minutes is the best method of sterilisation. If any time elapses before use they should then be placed in an antiseptic solution. Perchloride of mercury should not be used for metal instruments, as it corrodes them. Should the midwife have been in contact with an infectious case in any way, she must not attend another confinement until she has undergone thorough cleansing and disinfection as regards herself, her clothing, and all her instruments and appliances. The patient's external parts must be thoroughly washed with soap and water, and then swabbed with an antiseptic solution before making any internal examination, and before passing a catheter or giving a douche. This treatment should be repeated at the termination of labour, and during the puerperium whenever washing is required. As few internal examinations as possible should be made. The placenta and membranes must be thoroughly examined before they are destroyed to be absolutely certain that they are completely removed. All soiled linen, blood, faeces, &c., should be removed from the patient's room as soon as possible after labour, and the patient washed and made quite clean and comfortable. The pulse and temperature should be taken after labour, and at each visit during the puerperium. Should the midwife suspect any illness or abnormality of the patient during pregnancy, labour or the puerperium, she must advise that a doctor be sent for.

When infection has occurred, a midwife's duty is to fill up the form for sending for medical help, and see that it is sent at once. She must also notify the Local Supervising Authority that she has sent for medical help, and also that she has been in attendance upon an infectious case. The nurse or midwife must receive and faithfully carry out the doctor's instructions. After ceasing to attend the case, she must undergo thorough cleansing and disinfection before attending another case.

### HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss A. M. Douglas, Miss James, Miss P. Thomson, Miss Alder, Miss M. Jones.

### QUESTION FOR NEXT WEEK.

Describe the methods to be adopted for keeping a patient's bed dry when undergoing the Carrel-Dakin treatment, or any form of intermittent or continuous irrigation.



## ELECTROTHERAPY: A NEW AND INTERESTING FIELD FOR NURSES.

BY FLORENCE M. SMITH, R.N.

*Jewish Hospital, Philadelphia, Pa.*

Electrotherapy is now being developed in a number of our larger hospitals, and is showing excellent results. No one could be better suited to be a doctor's able assistant in this line of work than a well trained nurse. Because of her knowledge of anatomy, physiology and chemistry she has a good foundation for the study of electrotherapy and later can apply it intelligently and effectively. In the hands of the doctor, electrotherapy has been elevated to a science where it rightfully belongs, and it would seem almost a duty for the medical profession to develop it to its fullest extent for the benefit of mankind. That much good can be done by it is proven by the fact that the so-called "quacks" have richly commercialised it.

What is electricity? It has been defined as ether waves in a state of unrest. There are a number of definitions that have been given, many confusing and elusive to the average mind. What does electricity do, and how are these results brought about? Seeing is believing. Let us consider a simple example of the action of electricity on water. Water, as we know, is composed of hydrogen two atoms, oxygen one atom. If we place the positive and negative poles of the simple galvanic battery in a basin of water we shall soon see small bubbles collecting around the positive pole, and large bubbles around the negative pole. The electricity passing from the positive to the negative pole has separated the oxygen from the hydrogen. The oxygen having an affinity for the positive pole is collected around that pole and is discharged by means of oxygen bubbles; while the hydrogen, having an affinity for the negative pole, is collected around that pole and discharged by means of the hydrogen bubbles. If we will allow the two poles to remain in the water long enough, the continued action of the electricity will completely separate the simple elements of oxygen and hydrogen and no water will be left. This action of electricity on water is known as electrolysis. These properties of electricity are made use of in medicine to introduce medication into the body through the skin and underlying tissues; this process is known as ionization. There are some sceptical persons who doubt the possibility of this property of electricity. Here

is a good example: take a cloth saturated in a solution of strychnine sulphate and envelop the body of a frog. The frog will remain passive, but if the positive pole of the galvanic current is applied over the area covered with the solution and the negative pole on the leg, the frog will have tetanic convulsions in a few minutes.

The electric current has different effects depending on the apparatus used. We find that it has both a mechanical and a chemical action. The Faradic current is used to produce mechanical action causing contraction of the muscles. In constipation, paralysis, or any condition where muscle stimulation is needed, it has been found beneficial. The galvanic current has a chemical action, and is the only current whose action is different at the two poles. Oxygen is liberated at the positive pole and an acid reaction is produced. Hydrogen is liberated at the negative pole and an alkaline reaction is produced. The positive pole causes the formation of a hard scab, has antiseptic properties, and causes vaso-constriction; the negative pole causes the formation of a soft scab, has no antiseptic properties, and causes vaso-dilation. The positive pole has a sedative effect, and is therefore used in painful conditions; it is also used to reduce inflammation because of its vaso-constricting nature, while the negative pole is used to bring about congestion. The high frequency current is a type of electric current which has a thermic effect, that is, it produces heat. With this current we can produce a small amount of heat sufficient to warm the tissues slightly or enough heat to cause actual destruction of the tissues. Heat may be applied superficially to the tissue or indirectly to the internal organs, when ordered, as to a sluggish liver, a badly functioning kidney or an inflamed appendix. An active hyperemia can be brought about by this means, which helps to restore normal conditions.

In November, 1918, a patient came for treatment who had a cancerous condition of the mouth. The doctor in charge of the department used the electro coagulation method on the affected area and completely coagulated the cancerous tissue. The dead substance was removed with a curette. No bleeding followed, as electro-thermic coagulation immediately causes cessation of surface hemorrhage, but the patient was watched for symptoms of secondary hemorrhage which sometimes occurs. The patient was advised to keep the mouth cleansed with an antiseptic solution, but further treatment was not necessary. At the present time, after the lapse of sixteen months, the patient's mouth is in a healthy condition,



and no recurrence of the cancer has taken place. Several cases of epithelioma that were treated unsuccessfully for many months by the X-Ray showed very satisfactory results after one treatment by electrotherapy. While X-ray has proven to be very beneficial in a majority of cancerous conditions, there are certain cases which do better under electrotherapeutic treatment. Deep seated cancers are not treated by this method, but are referred to the surgeon.

An interesting case is that of a young woman, twenty-one years old, who has had Bell's palsy from infancy and has suffered a great deal of embarrassment from this unfortunate disfigurement. She is receiving three treatments weekly of negative galvanism to the affected muscles. At the end of three months of treatment, her mouth is straighter, and she has more power in all of the relaxed facial muscles. Cases in which the condition is not so long standing respond more readily to treatment and some have been cured in three weeks.

Another interesting and remarkable case is that of a young woman, who, when the war broke out, wishing to show her patriotism in a practical way, volunteered to serve in a munition plant. While working at a machine, filling shells, one of them exploded and she was severely burned about the face, neck, chest, left shoulder and arm. She was a patient in the hospital for three months, and after her burns had healed, she was referred to the electrotherapeutic department for treatment. At that time her arm was bound to the body by adhesions and her head was drawn toward the shoulder, due to scar tissue which so restricted the muscles that there was no movement of the head and arm. The treatment in this case was radiant light followed by chlorine ionization. When chlorine ionization is used, a pad which has been immersed in normal salt solution is placed over the part to be treated; the negative pole of the galvanic battery is then attached to the pad, and the positive pole applied to an indifferent part of the body. As chlorine has an affinity for the positive pole, it travels from the negative pole through the tissues toward the positive pole. The chlorine ions have the power to soften fibrous and scar tissue, which makes it more amenable to partial or total absorption and stretching. As massage supplements and accelerates this process, the patient was therefore given massage and passive movement. As soon as she acquired more freedom of motion of both head and arm, she was advised and encouraged to exercise the parts as actively as possible. She has been

under treatment for fourteen months, and at the present time the arm has been restored to its full function and the head is but very little restricted in its movements. Cases of this type are very tedious and try very much the patience of both the patient and the operator, but the results are very gratifying and are worth all the time and trouble expended.

—From *American Journal of Nursing*.

## NURSING ECHOES.

The proposed United Nursing Service Club being promoted by Dame Ethel Becher, R.R.C., is to be a Limited Liability Company. The entrance fee of original members is fixed at a guinea, and annual subscriptions for town members at £2 2s., country members £1 1s., and overseas members, 10s. 6d.; the nominal value of the shares to be £2 each; total capital £30,000. Shares are to be limited as regards dividends to 5 per cent., no further profits being distributable among the shareholders.

We fear to maintain a "Club on the lines of the best Ladies' Clubs" will be found impossible on so low a subscription at the present cost of maintenance.

According to the report presented at the annual meeting held at the Home, 413, Holloway Road, the North London Nursing Association has had a successful year. The report read by Mr. Blyth, the Secretary, showed a great increase of work done. The nurses now number 14. New cases came to 300, making a total of 2,242. The visits paid totalled 41,313. In addition there were 59,748 attendances at the minor ailment centres, and 727 home visits paid. The Treasurer read the financial statement, which happily was of quite a satisfactory character, generous support having been forthcoming. The report was adopted.

Prebendary Procter said how greatly he was cheered by the report, with its account of such splendid work and of the satisfactory financial position. There was so much, also, behind in the form of Christian influence which he was specially grateful for. The fair fame of the Association was being well kept up.

At the annual meeting of the Cambridge and District Nursing Association everyone congratulated the sick poor on the good work done by the matron and nurses, and of course cost and nurses' salaries loomed largely in the discussion. Mr. Hawkins said it appeared to him



that £55 a year for the nurses was extremely low, when the Corporation paid its very lowest men nearly £200, and Mrs. Webber, referring to the question of nurses' salaries, said remarks were made in the Council Chamber to the effect that wages should be high for scavengers because the work was extremely insanitary. That work was in the open air, whereas the nurses were expected to go into very considerable and grave risks in very stuffy rooms, where there was no fresh air, and she thought they owed the nurses a very great debt. All honour was due to them that they never shirked their risks, which were, she thought, considerably graver than those run by the scavengers in the streets.

The Association is evidently doing indispensable work, to judge from the following statement:—The general cases nursed during the year number 725, and to these 12,304 visits have been paid. The midwifery cases number 41 and the visits 1,212. The parish cases were 27, and the visits 1,641. These visits do not include the work done at the Friendly Societies' Dispensary, City Road, where a nurse attends two hours a day, nor the periodical visits paid to the Albert Memorial and Storey's Almshouses.

In reference to the proposal discussed at the Sheffield Insurance Committee regarding the establishment of a nursing service for insured persons on the lines of the schemes for Manchester and Birmingham, Approved Societies in Sheffield are being asked their opinion and whether they would be willing to co-operate with the Committee.

Dr. Forbes intimated that the approved societies were waiting for the result of their audits before they would decide to contribute to the scheme. The Special Sub-Committee which had considered the matter was unanimous in their belief that it would be a good thing if a nursing scheme could be established in the city. It could be put into operation economically by extending the excellent district nursing now in existence. They would want about twelve more nurses, and the whole of Sheffield could be adequately covered with an average of £200 per nurse. It was all a question of money. Dr. Forbes is presenting a detailed report at the next meeting.

What is the difference between a "certificated" and a "duly qualified" nurse, as defined by the Scottish Board of Health? There appeared to be some mystification on the matter when at a recent meeting of the Arbroath and

St. Vigean's Poorhouse Committee it was announced that the newly appointed matron had entered upon her duties; and it was stated that her name was on the registered list of nurses, but the Board of Health did not issue individual certificates. Once the State Registration scheme is in working order, such ambiguity will not puzzle conscientious Councillors.

The Sale of Work in Glasgow in furtherance of the Nurses' Memorial to King Edward the VII will take place at the Victoria Infirmary on April 30th. Will our readers note the date?

Under the Hospitals and Charitable Institutions Amendment Act, New Zealand, the words "Charitable Aid" have been abolished from the designation of the Boards. It is interesting to note that provision is made for the establishment of bursaries for nursing and massage students. We learn from the *New Zealand Journal of Health and Hospitals* that among the new clauses is one making it the duty of the Board to appoint such number of medical practitioners, nurses and midwives as the Director-General of Health may deem necessary throughout the district, thus giving him power to call upon Boards who are neglecting the more remote parts of their districts to do their duty in this respect. The vexed question of nurses' hours has been dealt with by the passing of a clause giving power to make regulations for the protection of the interests, and the promotion of the welfare, of nurses engaged in public hospitals.

### INTERNATIONAL INTERCOURSE.

A very pleasant and informal gathering took place at 431, Oxford Street, W., the Headquarters of the International Council of Nurses, on Tuesday afternoon, when the guests of honour of Mrs. Bedford Fenwick, Hon. President, were Miss Jean Browne (Canada), and Miss Charlotte M. Simon and Miss Dorothy Ledyard (U.S.A.). These ladies are members of the group of International Nursing Students taking the Public Health Course at King's College for Women, and they are going shortly to France to see something of the very interesting work carried on by Mrs. Breckinridge under the American Committee for the Devastated Regions. We foresee for them an instructive time.

Miss A. E. Hulme, Hon. Secretary of the Matrons' Council, just back from Copenhagen, where she has been doing canteen work for British sailors, and Councillor Beatrice Kent, just returned from Italy, were also present.



## PRELIMINARY TRAINING SCHOOLS.

### ST. THOMAS'S HOSPITAL, S.E.

A three years' residence in one of the great universities leaves an impression for life upon a man or woman, and, further, life is richer, fuller, happier in consequence; and the graduate carries out into the world something of the spirit of his Alma Mater; there is an indefinable atmosphere about him which marks him for its own, and there is a freemasonry among those who have passed through the same university, by which they recognise one another as comrades wherever they meet the world over.

So it is with those who have passed through our great nurse training schools. The three years' training sets its stamp upon them, and those who yield themselves to the moulding processes which surround them, carry the impress and the traditions of their school to the uttermost parts of the earth.

The pupils of St. Thomas's Hospital pass under its influence through the gates of the Preliminary Training School, and it is a great heritage into which they enter. Its position appeals to the lover of beauty, situated as it is in close proximity to Lambeth Palace, on the banks of the most famous and beautiful river in the world; opposite the Houses of Parliament, flanked at one end by the Clock Tower, and at the other by the stately Victoria Tower, and the beautiful gardens which bear its name. Moreover, now that the galleries of the House of Commons have been thrown open to women, what easier to a St. Thomas's nurse than to slip in for an hour or so in off duty time, and observe history being made at first hand; or to absorb the teaching of the Abbey close by as to architecture, history, music—whatever most appeals to the varied tastes of a variety of people.

Then the hospital itself is an Alma Mater in which to glory. Its fine pavilions, connected by a corridor as long as the Lusitania, its school bearing the honoured name, and following the traditions of Florence Nightingale, its collegiate atmosphere, with common dining, sitting and writing rooms, and its separate bedrooms, both in the Preliminary Training School and the Nightingale Home, for each nurse, furnished simply, but with a refinement and daintiness which must have an effect on the character of the occupants.

The course of instruction in the Preliminary Training School is for nine weeks, followed by examinations; and each pupil, before admission, pays a fee of £5, a small sum indeed when we remember that it covers full board and lodging, an allowance of 4s. 6d. a week for washing, and tuition fees. The pupils are required to attend to their own rooms, and receive instruction in, and have to perform, such other household duties as will fall to their share when they enter the wards. They are taught to become proficient in sick room cookery, bandaging, and such practical nursing details as can be taught outside the wards.

Instruction is also given in elementary anatomy, physiology and hygiene. Also, under the guidance of the Sister-in-Charge, who, besides these definite duties, exercises a wise, helpful and discriminating influence, by the time many a pupil enters the Nightingale School, she has left behind her many of the vagaries of modern young womanhood, and has her feet set in the right way to become one of the most honoured of women—a "Nightingale Nurse."

Watch a class of pupils in the kitchen set apart for sick room cookery, and you will learn that not only are they expected to become proficient in the preparation of dishes (which they are doing most deftly), but that they keep the kitchen itself in order.

Practical care of the patient is taught in connection with two full-sized models—"Lady Chase" (the Chase doll), who came from America during the war, and had various exciting vicissitudes before she reached safe harbourage in the Preliminary School at St. Thomas's, and another, whose jaconet skin permits her to be washed by successive relays of pupils.

#### TIME TABLE.

The pupils, on entering the school (20 at a time), are divided into two classes, and we give below the time-table of No. 1 Class:—

*Monday.*—6.30, Calling Bell; 7.40, Breakfast; 8.0, Prayers, Housework; 9.15, Rooms; 10.0, Lunch; 10.30, Cookery Demonstration; 1.0, Dinner; 2.0, Physiology Lecture; 3.0, Off Duty; 5.0, Tea; 6.0, Class on Lecture; 7.0, Notes and Study; 8.45, Supper; 9.15, Prayers; 10.30, Lights Out.

*Tuesday.*—9.15, Bandage Making; 10.15, Lunch; 10.45, Cookery Practice; 2.0, Nursing Lecture; 3.0 to 5.0, Off Duty.

*Wednesday.*—9.30, Hygiene Lecture; 10.30, Lunch; 11 to 1.0, Bandaging and Practical Nursing; 2.0, Chemistry of Food Lecture; 3.0 to 5.0, Off Duty.

*Thursday.*—9.30, Physiology Lecture; 10.30, Lunch; 11.0 to 1.0, Off Duty; 2.0, Ambulance Lecture; 3.0 to 5.0, Cookery Practice.

*Friday.*—9.15, Splint Padding; 10.15, Lunch; 11.0 to 12.0, Bandage Practice; 12.0 to 12.45, Study; 2.0, Hygiene Lecture; 3.0 to 5.0, Off Duty.

*Saturday.*—9.30, Nursing Lecture; 10.30, Lunch; 11.0 to 1.0, Practical Nursing and Bandaging; 2.0, Extra Cleaning; 3.0 to 5.0, Off Duty.

*Sunday.*—8.40, Breakfast; 9.10, Housework; 10.30, Chapel; Lecture; 8.45, Supper.

Hours not specified the same as Monday.

#### PRACTICAL WORK.

The daily practical work is so arranged that each pupil does an hour's housework, from 8-9 a.m. each morning. This includes making beds, cleaning baths, sinks, dry dusting, hot dusting, cleaning brasses and sweeping.

In the kitchen the pupils learn to clean the stoves, sinks and mops, the refrigerator room and refrigerator, and to dust the electric lights.



## LECTURE SYLLABUS.

The Lecture Syllabus includes :—

*Anatomy and Physiology.*—(1) Structure of Tissues, Skeleton. (2) The Skeleton and Composition of Bones, Joints. (3) Muscles, Position of Organs. (4) Blood and Blood Vessels. (5) Heart. (6) Circulation, Lymphatic System. (7) Lungs and Respiration. (8) Alimentary Canal. (9) Digestion and Absorption. (10) Kidneys and Skin. (11) Brain and Nervous System. (12) The Eye. (13) The Ear, Uterus, &c.

*Theoretical Nursing.*—(1) Beds. (2) Bandaging. (3) Weights and Measures. (4) Wound Infection. (5) Dressings. (6) Operations, Baths. (7) Urine and Enemata. (8) Cardiac and Gastric Disease. (9) Appendicitis; Enteric Fever. (10) Diseases of Respiratory System. (11) Diseases of Nervous System. (12) Care of Infants and Children.

*Hygiene.*—(1) Terms used. (2) Composition of Air, Impurities. (3) Atmospheric Pressure, Ventilation. (4) Water Characters, Boiling. (5) Water Sources and Storage. (6) Water Impurities, Filtration. (7) Drainage. (8) Ice-bag and Rectal Feeding. (9) Lighting. (10) Clothing, Care of the Feet. (11) Personal Hygiene, Construction of Houses. (12) Infectious Diseases, Disinfection.

*Practical Nursing.*—(1) Bed Making, Water Pillows. (2) Bed Making, Temperature Charts. (3) Bathing in Bed. (4) Blanket Bath, Steam Kettle. (5) Dressing, Dry and Hot. (6) Changing Sheets. (7) Simple and Oil Enema. (8) Doctor's Examination. (9) Linseed Poultices. (10) Hypodermic Injections. (11) Weighing Powders, Artificial Respiration.

*Chemistry of Food.*—(1) Classes of Food, Amount Required, Beef Tea. (2) Milk, Butter, Cheese. (3) Meat, Fish, Eggs. (4) Methods of Cooking. (5) Vegetables and Fruit. (6) Farinaceous Foods, Condiments, Beverages.

*Ambulance.*—(1) Fractures. (2) Fractures and First Aid. (3) Hæmorrhage and Pressure Points. (4) Poisons and Antidotes. (5) Burns, Artificial Respiration. (6) Farinaceous Foods, Condiments, Beverages, Fits and Asphyxia.

St. Thomas' Hospital is fortunate in possessing most beautiful models, by a French maker, now unobtainable, of the entire human body, with all the organs movable, and also of separate organs, such as the ear, eye, &c., which are invaluable for teaching purposes. Miss Gullan (Sister Tutor) has also a wonderful and increasing collection of specimens, some of which the College of Surgeons might envy.

It will be realised, therefore, that with Miss Coode, Sister-in-Charge of the Preliminary Training School, as an enthusiastic teacher and trainer, and with the exceptional educational advantages provided under the sympathetic direction of the Matron, Miss Lloyd-Still, the pupils of the School are extremely fortunate.

We hope an increasing number of hospitals will offer similar facilities.

## GENERAL NURSING COUNCIL FOR IRELAND.

## FOURTH MEETING, FEBRUARY, 1921.

Present: Sir Edward Coey Bigger, M.D. (Chairman), Miss Huxley (Vice-Chairman), Lady Kenmare, Sir Arthur Chance, F.R.C.S.I., Sir Wm. Taylor, C.B., F.R.C.S.I., T. P. O'Sullivan, Esq., M.D., Miss O'Flynn, Miss Walsh, Miss Curtin, Miss Bostock, Miss Michie, Miss Matheson and the Registrar.

The Report of the Finance Committee dealing with the financial business of the Council for the previous half year was read and adopted, and the various recommendations contained therein approved.

The Report of the Rules Committee dealing with the amendments in Part III of the Rules, and submitting Parts VI and VII for approval was then read.

The chief point for consideration in the Report was in relation to the fixing of a minimum standard of one year's hospital training for the admission of "existing nurses" the legality of which had been for some time open to doubt. In view of the recent legal opinion obtained to the effect that the Council are empowered to adopt such a standard, it was agreed unanimously that this standard be imposed in the Rules, subject to the qualification that those nurses who have been employed in Poor-Law Institutions with the approval of the Local Government Board as "qualified" nurses within the meaning of the Board's General Order of July 5th, 1901, would be eligible for admission.

Parts I, II, III, and IV of the Rules were then ratified and sealed, and directions given that they should be submitted to the Chief Secretary for formal approval.

The Council had under consideration the question of country of registration, and after discussion the Council unanimously adopted the views of the Rules Committee that the "country of training" should determine the "country of first registration."

The Council then proceeded to consider draft Rules forming Parts VI and VII dealing with admission of nurses registered in Great Britain, &c., and with removal from the Register and eventually referred them back to the Rules Committee for redrafting, subject to certain general directions.

The Council then had under consideration the question of the position of the Council under the Government of Ireland Act and decided to recommend that there should be only one Council for all Ireland.

The meeting then adjourned.

If in re-drafting the Rules forming Parts VI and VII, dealing with the admission of nurses registered in Great Britain, the Irish Council inserts the words "provided the standard of qualification is equivalent," English and Irish nurses can begin reciprocal registration right away.



## NURSES' MISSIONARY LEAGUE.

A Day of Thought and Prayer will be held on Friday, March 18th, 1921, at University Hall, Gordon Square, W.C.; it will be conducted by the Rev. E. A. Miller (formerly Chaplain Bradford Royal Infirmary).

10.30-12.15.—DEVOTIONAL ADDRESS.—Address by Miss Sparshott, C.B.E., R.R.C. (Lady Superintendent Royal Infirmary, Manchester). Subject: "Fear." Prayer and intercession for all Hospital Nurses.

3-4.30.—DEVOTIONAL ADDRESS.—Address by Miss A. E. Macdonald. Subject: "The Spirit of Service: The Sphere and Influence of the Private Nurse." Intercession for Private and District Nurses, and all engaged in School Nursing, Rescue and other Social work.

7.30-8.30.—ADDRESS by the Rev. E. A. Miller. Subject: "Discipleship." Intercession for Nurses in Mission Hospitals and other work on the Mission field.

Tea at 4.30.

Copies of this invitation can be obtained from the Secretary, Miss H. Y. Richardson, 135, Ebury Street, S.W. 1.

## THE PROFESSIONAL UNION OF TRAINED NURSES.

### Members Please Note!

The Annual General Meeting of the Professional Union of Trained Nurses will be held at the "Plane Tree," 106, Great Russell Street, W.C. 1 (near Y.M.C.A. Central Building), on Tuesday, March 29th, 1921, at 4 p.m.

Tea, price one shilling per head, can be obtained by notifying the Hon. Secretary one week in advance.

### A MEDICAL AND NURSING ALLIANCE.

The Medico-Political Union and the Professional Union of Trained Nurses have formed an Alliance. While each Union retains its separate identity and the entire management of its affairs, an Alliance Committee has been formed, consisting of an equal number of medical men and working nurses, to consider those matters which may be of common interest to both. A medical man was elected to the Chair of this Committee, and the Hon. Secretary of the Professional Union of Trained Nurses is to act as Honorary Secretary.

One item of interest on the first Agenda was:—

"To consider what means should be taken to bring about a better understanding between the Nursing and Medical Professions."

When the P.U.T.N. was first formed, we were told we should have every doctor in the country against us. Our experience has been otherwise. No medical man, so far, has expressed to us disapproval of the Union, and many have spoken of their interest at hearing that such a thing had been formed.

So far from an attitude of opposition, they have shown not only willingness but keenness to help in our fight for freedom. One proof of this is that the Medico-Political Union have offered space for our business in the columns of their very progressive weekly Journal, and we feel it to be extremely generous of them. As to Nurses, it means "fresh fields and pastures new."

To both Professions, we think nothing but good can come from this Alliance, and perhaps in the future nurses and medical men will be able to look back to this Committee as a milestone marking out the beginning of a very definite period on the road to mutual help and understanding between the two Professions.

MAUDE MACCALLUM,  
Hon. Secretary.

If this new Alliance can promote professional loyalty between the medical and nursing professions it will be most beneficial. Our experience has been that nurses have been most loyal to doctors; but where their economic interests are concerned, medical practitioners have not always supported trained nurses. Unless medical practitioners had agreed throughout the war to the wrongful system of placing untrained Commandants in control of professional women, and ignorant V.A.D.'s in charge of work for which they were not trained, the pernicious Red Cross system could not have been enforced. Now the peaceful penetration of the V.A.D. into National Health work is a very serious danger looming in the near future. Backed up by social influence and public money, the V.A.D. without sufficient hospital training will be thrust into all sorts of work, unless the medical profession takes a determined stand in loyalty to the sick poor, and the sister profession of nursing.

We welcome the Alliance, and hope great things from it.

## THE COLLEGE "PLEDGE."

Miss Rundle, Secretary of the College of Nursing, Ltd., has been attempting to explain away, in the *American Journal of Nursing*, the pledge given to nurses that if they paid a guinea and were on the College Register they would *ipso facto*, without further fee, be on the State Register when an Act was passed. Incidentally, she accuses THE BRITISH JOURNAL OF NURSING of suppressing part of the paragraph in the College "Reasons Why Nurses Should Join the College," and thus misleading its readers. Miss Dock, in criticising Miss Rundle's explanations, in the *American Journal of Nursing* points out that THE BRITISH JOURNAL OF NURSING has more than once published in full, the complete text of all the College articles, including the "pledge" paragraph alluded to.

Personally we see no use in attempting to disprove the written word. The College Council made this promise to some 18,000 nurses, and what is more, it has publicly acknowledged its legal liability. Every nurse who paid a guinea to the



College for State Registration can claim her guinea from the College by presenting evidence that she has been registered by either the General Nursing Council for England, Scotland or Ireland and although the College Council has pleaded poverty and invited its members not to enforce a refund of their guineas for this purpose, the fact remains that they are pledged to pay it, and least said soonest mended.

We are of opinion that it is high time the College of Nursing, Ltd., followed the excellent example of the Royal British Nurses' Association and ceased to publish a voluntary Register. Now that a State Register has been set up by Act of Parliament it only confuses nurses to represent that Rolls of Members, which every company must keep, carry legal powers, and professional privileges. Moreover, their publication is a monstrous waste of money.

The General Nursing Council—the statutory body entrusted with the control of the Nurses' Register in England and Wales—is proving its ability to carry out its responsible duties in a reasonable spirit, and it is time the pretensions of the College in this connection were quietly shelved, especially as several of its members are doing such good work on the G.N.C. There are plenty of schemes for their welfare for social organisations of nurses to help forward. The day the King's consent was given to the Nurses' Registration Acts the definition of standards of Nursing Education and State Registration was entrusted to the General Nursing Councils set up by the Acts, and other societies will be wise to no further meddle therein.

## THE UNEMPLOYMENT INSURANCE ACT (1920) AMENDMENT BILL.

The Unemployment Insurance Act (1920) Amendment Bill received the Royal Assent on Thursday, March 3rd, after the House of Lords had agreed not to insist upon their amendments with which the Commons had disagreed.

There is no direct mention of trained nurses in the Amendment Bill, and no provision for making employment as a nurse trained or in training one of the "excepted employments" under Part II of the First Schedule of the 1920 Act, and enquiry from the Ministry of Labour has so far failed to elicit whether they are indirectly affected.

The Minister of Labour has so far made no pronouncement as to the position of members of the nursing staffs in voluntary hospitals in relation to the Unemployment Insurance Act, and from enquiries at the Department of the Ministry of Labour in Tothill Street devoted to its Unemployment Insurance Branch we learnt that no decision had yet been made.

As nurses would only pay to benefit others, they had better continue to express their strong objection to being included in the Act to the Minister of Labour, Montague House, Whitehall, S.W.1.

## PREVENTION OF VENEREAL DISEASE.

At a Conference of Public Health Authorities recently, presided over by Lord Askwith at his own house, the following Resolution proposed by Dr. Mearns Fraser, Medical Officer of Health for Portsmouth, was carried unanimously:—

"That in view of the terrible effects of venereal disease on the health of the nation, and especially because of their effects on women and children, there is urgent need for health authorities to institute active measures to protect the inhabitants of their districts against these diseases."

It was further affirmed that the most important measure to be taken in this connection was the education of the public as to the manner in which the diseases are spread, and especially as to methods of self-disinfection.

The Resolution was carried unanimously after a number of Medical Officers of Health had taken part in the debate, and it was further resolved to forward it to Health Authorities throughout the United Kingdom with the request that they would take the subject into consideration.

## HONOURS FOR NURSES.

The King held an Investiture at Buckingham Palace on March 8th, when His Majesty invested the recipient of the following Order, and conferred Decorations on trained nurses as under:—

### THE MOST EXCELLENT ORDER OF THE BRITISH EMPIRE.

CIVIL DIVISION.—Commander, Miss Nora Fletcher.

### THE ROYAL RED CROSS.

RECEIVED A BAR.—Matron Janet Dods, Queen Alexandra's Imperial Military Nursing Service; Matron Helena Hartigan, Queen Alexandra's Imperial Military Nursing Service; Matron Dorothea Taylor, Queen Alexandra's Imperial Military Nursing Service, and Matron Millicent Acton, Territorial Force Nursing Service.

MEMBERS RECEIVED A BAR.—Sister Gertrude Allen, Queen Alexandra's Imperial Military Nursing Service; and Matron Annie Earle, Territorial Force Nursing Service.

MEMBERS.—Matron Agnes Wilson, Queen Alexandra's Imperial Military Nursing Service; Sister Gladys Howe, Queen Alexandra's Imperial Military Nursing Service; Sister Winifred Jones, Queen Alexandra's Imperial Military Nursing Service; Sister Joanna Murphy, Queen Alexandra's Imperial Military Nursing Service; Lady Superintendent Isabel Lloyd, Queen Alexandra's Military Nursing Service (India); Matron Eleanor Jones, Queen Alexandra's Imperial Military Nursing Service Reserve; Matron Mary Rae, Queen Alexandra's Imperial Military Nursing Service Reserve; Sister Margaret Greig, Queen Alexandra's Imperial Military Nursing Service Reserve; Sister Gwenilian Roberts, Queen Alexandra's Imperial Military Nursing Service Reserve; Sister Annie Sayer, Queen Alexandra's Imperial Military Nursing Service Reserve; Matron Agnes Brooks, Civil and War Hospitals; Matron Letitia Clark, Civil and War Hospitals; Matron Annie Kirkham, Civil and War Hospitals; Matron Mary Munro, Civil and War Hospitals; Sister Hope Dibden, Civil and War Hospitals; Miss Emma Bramwell, Civil and War Hospitals, and Miss Hannah Newton, Civil and War Hospitals.



## APPOINTMENTS.

### COUNTY SUPERINTENDENT.

**Isle of Ely Nursing Association.**—Mrs. E. A. Kennedy Reid has been appointed County Superintendent. She was trained at the Infirmary, Dudley Road, Birmingham, and subsequently worked as a Queen's Nurse. She has been Health Visitor under the Isle of Ely County Council, holds the certificate of the Royal Sanitary Institute, and is a certified midwife.

### MATRON.

**Plymouth Mental Hospital, Blackadon, Ivybridge.**—Miss G. F. Burnell has been appointed Matron. She was trained at the West London Hospital, Hammersmith, and has been Charge Nurse at the City Hospital, Birmingham, Senior Staff Nurse, Statutory Hospital, Bath, Night Sister of the City of Birmingham Fever Hospital, Assistant Matron, Cheddleton Asylum, Staffs., and four years' War Service in France.

**Royal Victoria Hospital, Edinburgh.**—Miss Margaret F. Macintyre, A.R.R.C., has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and has been Sister-in-Charge of the Massage and Out-patient Departments at Addenbrooke's Hospital, Cambridge; Night Superintendent at Fulham Infirmary, Hammersmith; Assistant Matron at the Infirmary, Isleworth; Superintendent of Queen Charlotte's Nurses' Home and Residential College; Matron of the Durham County Sanatorium; Matron of the Tuberculosis Hospital, Kinner. She was called up for service with the Territorial Force Nursing Service in 1914.

### ASSISTANT MATRON.

**Bolton Infirmary and Dispensary, Bolton.**—Miss Barbara Mackenzie has been appointed Assistant Matron. She was trained in the same institution, where she has also held the position of Sister of the Women's Surgical Ward.

### HOME SISTER.

**North Middlesex Hospital, Edmonton, N.18.**—Miss Sarah Ann Cross has been appointed Home Sister. She was trained at St. Marylebone Infirmary and the City of London Lying-in Hospital. She has been Ward Sister at Edmonton Infirmary and Superintendent Nurse of the Infirmary Wards in the same institution. Miss Cross is a member of the T.F.N.S., and has had five years' military nursing at home and in France. She has also had experience of private nursing, and is a certified midwife.

### CHARGE SISTER.

**Prince of Wales Hospital, Cardiff.**—Miss Maud Esther Smith has been appointed Charge Sister. She was trained at the North Staffordshire Infirmary, Harts-hill, Stoke-on-Trent, where she subsequently held the position of Sister. She has been Matron of the Red Cross Hospital, Leek, and has also done private nursing.

### NIGHT SISTER.

**Royal Infirmary, Gloucester.**—Miss Theo. Goldsworthy has been appointed Night Sister. She was trained at the Royal South Hants Hospital, Southampton, where she was Staff Nurse.

### SISTER.

**Birkenhead Children's Hospital.**—Miss Agnes M. Staley has been appointed Sister of the Outpatient Department. She was trained at the Worcester General Infirmary, and served in France with the Anglo-French as Ward Sister from 1915-1919, and later under the British Committee of the Russian Red Cross in the Isle of Lemnos, Greece.

### CHARGE NURSE.

**Public Health Hospital, Arbroath.**—Miss Mary Finlay has been appointed Charge Nurse. She was trained at the City Hospital, Glasgow, and has been on the staff of the Royal Scottish Nursing Institute, Edinburgh, and Sister (temporary) at the Park Fever Hospital, M.A.B.

### HEALTH VISITOR.

**Barry Education Committee, Barry, Glamorganshire.**—Miss E. Crowther Thomas has been appointed Health Visitor and School Nurse. She was trained at the Middlesex Hospital, London, and has been Health Visitor and School Nurse at Swansea.

**Herefordshire County Council.**—Miss Olive Fisher has been appointed Health Visitor. She was trained at the Royal Devon and Exeter Hospital, and at the General Lying-in Hospital, York Road, Lambeth, and has had experience of both military and private nursing.

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Mrs. Alice Piper is appointed to Southampton as Superintendent; Miss Edith Deadman is appointed to Gloucester as Assistant Superintendent; Miss Minnie Bensley, to Immingham; Miss Lillian E. Bingham, to Caversham; Miss Nellie Chilton, to Newcastle-under-Lyme; Miss Florence Dingle, to Redditch; Miss Mary E. Evans, to Warsop; Miss Sarah E. Footner, to Central St. Pancras, as Minor Ailment Centre Nurse; Miss Alice Hale, to Darlington; Miss Grace McCulloch, to Manchester (Hulme); Miss Catharine McQuarrie, to Stafford; Miss Millicent Neilson, to Oswaldtwistle; Miss Sarah A. Oliver, to Stafford; Miss Florence Percival, to Warsop; Miss Muriel Trayner, to Shore-ditch.

### PRESENTATION.

Mrs. M'Kerracher (*nee* Anderson), for ten years district nurse in Cupar, who was married last month, has been presented, as a wedding gift, and as a token of the appreciation of her effective and devoted work, with a solid silver tea tray, and a purse of money, by friends in Cupar.

### THE PASSING BELL.

A well-known personality has passed away by the death of Miss Lucy Robinson, a member of the Council of the Incorporated Midwives Institute, and one of the Founder Members of the Incorporated Society of Trained Masseuses. She was also a founder of the Association for Promoting the Training and Supply of Midwives, and spoke frequently at its annual and other meetings.

Miss Robinson was not only an organiser but a practical midwife and masseuse, and those who have watched her giving demonstrations of her method of massaging a patient realised the skill and perfection of her technique. Our readers are aware that last year the I.S.T.M. obtained a Royal Charter, and was incorporated as the Chartered Society of Massage and Medical Gymnastics. At the "At Home," given by the Society at the Langham Hotel to celebrate the event, Miss Robinson radiated joy, and the guests rejoiced that she should have lived to see this substantial result of her life's work, but they also regretfully realised how frail she was, and that it was nearly accomplished.



## OUTSIDE THE GATES.

A great reception awaits Her Majesty the Queen when she visits Oxford on Friday, March 11th, to receive by diploma the degree of D.C.L.—the first ever conferred by that University upon a woman, although women were admitted to its degrees in October last.

The Queen will take the opportunity of visiting Lady Margaret Hall and Somerville College, and we hope that Her Majesty's interest will have the result of directing attention to the need of financial help for these women's colleges.

Invitations have been sent to various organizations of Nurses to attend a meeting at the Central Hall, Westminster, to protest against the system of reprisals in Ireland, when a resolution protesting against reprisals will be proposed. The signatories to the letter of invitation are headed by the Marchioness of Aberdeen and Temair—always more Irish than the Irish—and other well-known Asquithians, including Lady Bonham Carter. We are pleased to note that the signatories "denounce murder and the use of lawless violence by either side." Why therefore take sides?

We consider such political agitation calculated to still further stir up strife, and do not intend to advise organised trained nurses to take part in it, as those we have consulted agree with our conclusions.

The Second Reading of the Criminal Law Amendment Bill, introduced into the House of Lords by the Bishop of London, was down for March 9th. The Bill places the age of consent at 17 instead of 16, as prescribed in the Act of 1885. It further provides that the assent of a girl under 16 shall be no defence to a charge of indecent assault, and eliminates the defence to a charge of assault that the accused had "reasonable cause to believe that a girl was of or above the age of 17." It further extends to 12 months the time in which prosecutions may be instituted, and increases the penalties which may be imposed on brothel keepers on first, second and third convictions to £100, £250, and £500 respectively, as against £20, £40 and £100.

## COMING EVENTS.

*March 17th.*—Association for Promoting the Training and Supply of Midwives. Seventeenth Annual Meeting, The New House, Airlie Gardens, Campden Hill. 3 p.m.

*March 18th.*—Nurses' Missionary League, Day of Thought and Prayer, University Hall, W.C., 10.30 p.m.

*March 29th.*—Professional Union of Trained Nurses. Annual General Meeting, The Plane Tree, 106, Great Russell Street, W.C. 1. 4 p.m. Tea 1s.

*April 30th.*—Sale of Work. Nurses Memorial to King Edward VII., Victoria Infirmary, Glasgow.

## THE BOOK OF THE WEEK.

### "LANTERN LANE."

There is always a great attraction in a good historical novel, and when it happens—as is the case with the book under our consideration—to be exceptionally well written, it comes under the head of fascination.

Fascinating indeed is "Lantern Lane," putting as it does a fresh interpretation on the private life of the dissolute Charles II in the light of his love for Barbara Rackstraw, who was to him what no man or woman had ever been, a secret inspiration—"the woman whom I cannot help but love"—describing in thrilling and lurid word-painting scenes in the great plague; bringing before the imagination of the reader the insolent gallants of that period; charming with cameos of old London and its environments.

The plot and purpose of the story is to tell how one, John Fairfax, a country squire, was fired with a desire to leave his peaceful pursuits and to go to Whitehall to serve his King.

A pretty picture is sketched in the opening chapter of Luce, the daughter of his neighbour, Sir Philip Paradell, bidding him goodbye on the eve of his departure.

"Will you write me a letter, John?"

"Of course," said he.

"He was like a big boy to a small boy in his attitude towards Luce. There was no sex in her as yet, or Fairfax had not felt it. He liked the shine of her eyes, her buoyancy, her frankness, her freckles and her tumbled hair. In some subtle way, she made him feel a big fellow, very strong, a man of the wide world. No one had told him that he was little better than a bumpkin, in spite of Winchester, Oxford and Shere Hall." He was to learn that quite unmistakably later on.

Luce had a kindly, honest father and a wanton vain mother. John's introduction to Whitehall was obtained through his uncle, Sir Roger Pagan, and his first interview with his King was to surprise him at a secret meeting with Barbara in the Mall at night. From that moment he became her ardent admirer and the chosen confidant of the King, and the bearer of his messages to his love. John's first vision of Barbara caused his "wits to fly like moths round a candle. She was dressed in a gown of blood-red velvet the colour of which made more vivid the brilliant pallor of her face. Her hair was intensely black, falling in little curls over her neck and face. Her eyes were very dark, yet luminous like some soft dark fabric shot with light. Nor was her loveliness a mere beauty of the flesh; it had that indefinable mystery that mere fleshly beauty lacks."

Alas! that this beautiful vision should have perished in the plague.

It was while he was acting as sentry outside Barbara's House, while within she sang to her royal lover, that Teg Hargreaves, a Court gallant passed by and flung him an insult. It was like,

\* By Warwick Deeping. Cassell & Co.



a flash of powder in the pan of John's brain. It lit up the thought of the King ready to walk out of Barbara Rackstraw's house—the betrayal of his secret and of hers. He struck out with his bare fist and then closed with a suddenness that prevented its becoming an affair of swords.

His King's secret and Barbara's was preserved, but Fairfax was challenged by a deadly marksman, and undoubtedly his career would have come to an end had it not been for the intervention of the King and Barbara, John all unwitting. His life was saved, but his honour was gone, and after a vividly described scene of disgrace, John left London a ruined man. The tale of his being tied to an ass facing the tail became known as far as his country home.

For a time he hid his shamed life in Shere Hall, but the horror of the plague and the plight of its unfortunate victims drew him back to London, from which the inhabitants were fleeing in terror. Here he amply redeemed his unfortunate past.

"There was a pot of musk in the window that overlooked the river. The pot stood on the table where John Fairfax sat and wrote in his journal, coatless, his shirt open at the throat because of the August heat. The window had a second opening on to the end of Lantern Lane. The water went by like oil flowing without a ripple, in colour a greyish-yellow, under a heavy and suffused sky. There was no air moving and not a boat was to be seen upon the river.

Fairfax read the last entry in his journal:

"Mrs. Barbara Rackstraw died this morning. Of this most notable and noble woman I write with a sad heart. She had no fear. She drove out daily in her coach, bearing food to those who were foodless, carrying her courage like a lamp into the darkness. What had the world to say of her? What will the King say of her death? I know not at this moment whether to call her end happy or sad. She was greatly loved and she loved with greatness. There was a time when I loved her and somehow in my heart I know I still love her. Were I the King I should be full of a great anguish, remembering that she had remained while I had fled."

The little parson Marbury is bravely drawn, and he and Fairfax work heroically for the plague-stricken population.

John survives the terrors of the times and lives to justify himself and to win Luce.

But we do not like the final scene of Luce's surrender, nor of John's reception of it. It is ungenerous.

Luce had been perfectly sincere in her attitude to him throughout, and it was not her fault if he had failed to touch her heart and imagination. John rescues her from a compromising situation with Teg Hargreaves, his old enemy, and kills him in a duel.

"Luce did not flinch from the bright glare of the light in his eyes.

"I have saved you," he said; "you shall belong to me body and soul."

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.*

### PEDIATRICS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I note with interest the progress made by the General Nursing Councils, and trust that the Nurses on these Councils, will insist that the science of tending and feeding the healthy child shall be included, in the future, as an essential part of the Nurses' training, so that the knowledge may be disseminated far and wide. Professor Ramsey (University of Minnesota, U.S.A.), speaking at the London Pediatric Conference (1919) finished an illuminating and forcible address with these words: "These are fundamental matters and those conclusions were come to after a close, careful and intensive study of Pediatrics . . . fallacies still exist in the minds of doctors, nurses and the public. Heresies handed down from time immemorial still exist, and if we are going to do anything fundamental in regard to infant and child welfare we must get the doctors properly educated, the nurses properly educated, and then the public will get properly educated; or else we must educate the public first and they will compel the doctors and nurses to get educated—this is sometimes necessary, you know."

I am, Yours, etc.,

J. B. N. PATERSON.

### THE INCIDENCE OF CONGENITAL SYPHILIS AMONG THE NEWLY BORN.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I was very interested in the quotations from the report presented to the Medical Research Council on the Wassermann reaction of placental blood in a series of 340 unselected cases, in which the material for investigation was collected by midwives. I entirely agree with your conclusions: (1) That the midwives should be suitably remunerated for their services in this connection; (2) That the specimens forwarded by the midwives should be numbered, and the names and addresses of patients should not be given.

Personally I should be very pleased to help to collect specimens which would aid in the collection of valuable statistics, but I should absolutely refuse to divulge the names and addresses of my patients. I note the particulars "demanded," and presumably supplied, were as follows. I will fill them in, in two hypothetical cases:—

*Name, Mary Jones; Age, 30; Address, Milton's Mews; Date of Marriage, January 17th, 1911; Number of Pregnancies, 6; Abortions or Miscarriages, 4 in 7 years; Patient's Health, attending hospital for vaginal discharge; Husband's Occu-*



pation, wool sorter; *Husband's Health*, history of gonorrhœa.

Now supposing my patient were a member of the aristocracy, and I forwarded the following particulars with the specimen as "demanded":—

*Name*, The Lady Evelyn Browné; *Age*, 26; *Address*, 1,000, Park Lane, W.; *Date of Marriage*, May 5th, 1915; *Number of Pregnancies*, 3; *Abortions or Miscarriages*, 2; *Patient's Health*, good up to the time of her marriage, has since been under treatment for pyo-salpinx; *Husband's Occupation*, nil; *Husband's Health*, history of syphilis.

What would the Honourable Adolphus Browne say to me? And what should I be mulcted in damages when he brought an action against me in the law courts?

Why then should I divulge the private affairs of my poor patients?

Yours faithfully,  
CERTIFIED MIDWIFE.

### KERNELS FROM CORRESPONDENCE.

*Out of Date No Doubt*: "I have recently been a patient in a general hospital ward. The standard of nursing was deplorable, and how could it be otherwise? The nursing staff, including the Sister, were off duty so constantly for whole days, half days, and "hours off" that it was impossible for them to keep in touch with the conditions of the patients. How can nurses be trained under such a system? It was a scramble from morning to night, and from night to morning. The surgeons received very little attention, often wandering round unattended, and, as for their directions, treatment got overlooked for half a week so far as medicines were concerned. No wonder the 'pros' got confused and disheartened and ran away. Is the General Nursing Council going to improve things any?"

*Formerly Bart's Sister*: "Both at Islington and Hornsey we hear of bed-sores. It seems almost incredible. In my hospital days, which covered a quarter of a century's experience, a bed-sore was considered a disgrace to nursing and was recognised as such." [Indeed, yes.—ED.]

#### IMPERIAL LEGISLATION.

*Australian Nurse (Melbourne)*.—"I couldn't do without the *B.J.N.* now; it is so full of life, in contrast to our ladylike journal. I do wish I could just walk into 431, Oxford Street, and get details about your Act. I do envy you the legal status. . . . There is no hope for a Bill for us till next July—our public hospital matrons do not want the reform—and none of the nurses seem to have the inclination to come out in the open in support of registration. This must be remedied and soon, too, if we do not wish to see all the well-educated women passing to other careers rather than entering the nursing profession. Some of us are seriously contemplating following London's lead and forming a professional union of nurses. Some of the medical men will support us, but not those who employ V.A.D.'s

in their general practice. If loyalty is demanded from our members, it should also be given by members of the allied profession of medicine to us. The formation of a union might make our M.P.'s think nurses' votes of value at election time, and rouse them to help us to get our rightful status. However, if we move in this direction, we must be prepared for fearful opposition. No fate will be considered bad enough for us by those who desire to have trainees kept under as of old."

[We are of opinion that voluntary registration must, at an early date, be superseded by legal registration in Australia—or Australian nurses will not be able to avail themselves of their right to register, as provided in our Imperial Nurses' Registration Acts of 1919. Our correspondent writes of "your" Act. It is *her* Act as well.—ED.]

#### A NARROW-MINDED VIEW.

*A Norwich Nurse*.—"I think it is a pity the name of the institution was withheld by Miss MacCallum where the Matron returned the Application Forms of the Professional Union of Trained Nurses, and wrote as if she alone had a right to decide whether members of the nursing staff should consider them. It reflects upon the Matrons of other Norwich hospitals and institutions, who may be more liberal minded."

#### COMFORT THE ESSENCE OF GOOD NURSING.

*Private Nurse*.—"I agree that comfort is the essence of good nursing, and when on night duty in a large ward—as soon as I was in sole charge—I went from bed to bed and 'untrussed' the patients' feet, which according to orders were tightly bound with tidily tucked in bed clothes. This was found by many patients an immense relief, and induced them to slumber. Night Sister was in the conspiracy, so all was well till bed-making in the morning, when appearances again counted for more than comfort."

#### REPLIES TO CORRESPONDENTS.

We have received a number of letters from trained nurses expressing dissatisfaction that their Registration Act has been passed for nearly fourteen months and the Register is not yet open. We sympathise with them, but advise a little longer patience, as the General Nursing Council feels strongly that the Rules must be just before being put into operation. A false step now may lead to disaster in the future.

#### PRIZE COMPETITION QUESTIONS.

*March 19th*.—Describe the methods to be adopted for keeping a patient's bed dry when undergoing the Carrel-Dakin treatment, or any form of intermittent or continuous irrigation.

*March 26th*.—What precautions do you take when nursing a helpless patient, for the prevention of bedsores? At what stage would you report a threatening bed sore to the medical practitioner in charge of the case?



# The Midwife.

## CLEAN MILK.

We are glad to learn that the Government has undertaken to introduce a Milk Amendment Bill into Parliament which will provide (1) For issuing revocable licences to Milk Sellers, and (2) For the continuation and expansion of the system of grading milk already introduced by the Food Controller.

There is urgent need both for the supervision of the quality, and the cleanliness of the milk supply, and it is important that Local Authorities should have power to revoke and suspend licences if the premises of vendors are insanitary or the methods of handling milk unsatisfactory. The health of invalids and of many infants is dependant upon a pure milk supply, and they may be starved, if the quality is poor, or poisoned if it is impure. We are therefore glad to know that the Government are moving in this matter, and hope that the Bill will speedily be passed into law.

These powers, with those of the Milk and Dairies' Act, which will be brought into operation when the Amending Bill becomes law, will presumably be exercisable through Milk and Dairies Orders to be made by the Ministry of Health, and administered by Local Authorities.

## HOW TO KILL DISGUSTING BACTERIA.

"If the milk we drink were transparent it would be too horrible to look at," Dr. Janet Lane-Clayton assured an audience of school teachers at King's College, Strand, on Saturday.

"You would see that it was thick with disgusting bacteria," she said. "We allow milk to be produced under the most filthy conditions, and feed millions of babies on it."

She recommended placing milk for babies in glass bottles, which should be put in a pot of cold water brought to the boil and kept at boiling point for two minutes. The bottles should then be cooled off in cold water.

## ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The Seventeenth Annual Meeting of the Association for Promoting the Training and Supply of Midwives will be held, by the kind permission of Mrs. George Booth, at the New House, Airlie Gardens, Campden Hill, on Thursday, March 17th, at 3 p.m. The chair will be taken by Lieut.-Col. F. E. Freemantle, M.P., and amongst the speakers will be Sir Malcolm Morris, K.C.V.O., F.R.C.S. This Association has done very good spade-work in its time in arousing public interest in the necessity for better taught and more midwives throughout the country.

## LONDON COUNTY COUNCIL.

### MIDWIVES ACTS COMMITTEE.

At the meeting of the London County Council on March 8th, the General Purposes Committee (No. 1) reported that it devolved upon them to submit recommendations as to the appointment and constitution of committees. They recommended "That the Midwives Acts Committee do consist of five members of the Council, and of women not exceeding three in number appointed by the Council, as follows: *Members of the Council:* Brigadier-General R. J. Cooper, L. Courtauld, L. Haden Guest, Mrs. Wilton Phipps, H. de R. Walker. *Members appointed by the Council under Section 8 of the Midwives Act, 1902:* Miss A. S. Gregory, Mrs. May Harmer, Dr. Annie McCall."

## CENTRAL MIDWIVES BOARD FOR IRELAND.

### EXAMINATION PAPER.

The following is the examination paper set by the Central Midwives Board for Ireland at the examination held simultaneously in Dublin, Belfast and Cork, on February 8th:—

1. Describe the third stage of labour and its management.
2. Describe in detail how you would pass a catheter on a lying-in woman.—What harm may be done by neglect of the necessary precaution?
3. Mention any three antiseptics in common use in midwifery, giving the purpose for which used, the strength, and the advantages and disadvantages of each.
4. Describe in detail the management of a premature child during the first week.
5. What are the warning symptoms of eclampsia? How would you treat a woman with eclamptic fits, pending the arrival of the doctor?
6. What are the causes of *post partum hæmorrhage*? How would you deal with it pending doctor's arrival.

The Guardianship of Infants Bill was introduced by Colonel Greig into the House of Commons last week. Its purpose is to give to the mother of a child the same authority, rights, and responsibility as now belong to the father.

Dr. W. E. Robinson describes the cry of a syphilitic infant as a constant, weak, persistent bleating, quite unlike the loud, angry cry of a hungry infant, or the shrieking of one in pain.



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## EDITORIAL.

### THE MOTHERS' CLINIC.

Seekers after truth, among whom are to be counted many trained nurses, will learn with interest that on Thursday, March 17th, there is being opened, at 61, Marlborough Road, Holloway, N., the Mothers' Clinic for Birth Control, which is the personal venture of, and supported financially by, Mr. Humphrey Verdon Roe and his wife, Marie Carmichael Stopes, D.Sc., Ph.D., who thus testify practically to their belief that the scheme is of great racial moment; that they feel privileged to take entirely upon themselves the initiation of a work calculated ultimately to save untold expense to the whole community, as well as untellable misery to individuals.

"What's wrong with the world?" That must be a question often on the lips of those who have eyes to see; and especially does it echo in the hearts of nurses who, inspired by a passionate desire that the world should be healthy and happy, are continually saddened by the preventable ill-health and disease which their lives are largely spent in combating.

The trained and thoughtful mind instinctively seeks for first causes, realising that these must be found and understood before results can be remedied. And the nurse, confronted with the puny, diseased baby, suffering from marasmus, syphilis, ophthalmia, tubercle, instinctively asks herself, "What of the parents?" Again, she sees a mother under-nourished and dispirited, one infant at the breast, and with child with another, and visualises the trouble in the future to the community, and the individual, of irresponsible or thoughtless self-indulgence.

The procreation of children, which involves

such important consequences as the continuance of the race, the happiness of a family, and the health of its individual members, should be the outcome of thoughtful and deliberate decision on the part of both parents. The undue strain of too frequent pregnancies should not be imposed upon the mother, and the aim should always be that she should bear children under conditions which will result in the rearing of a healthy family which will be an asset, not a burden, to the State. We are far from attaining this ideal at present.

If we consider the care, consideration, and pains taken with regard to the question of breeding in the lower creation, with the result that a very high standard is reached and maintained, it seems reasonable that the same pains should be applied to the human race and its continuance.

Let us, therefore, approach this subject reverently, as seekers after truth, divesting our minds of their traditional outlook, anxious only to discover what is wrong at the present time, and how that wrong may best be righted.

The Mothers' Clinic, its promoters tell us, will stand for "reverence not only for the fruitful mother as such, but for her spirit as the creator of our race; reverence for the wife who is the centre of the united love and tenderness in the home; reverence for the child, that it shall not be allowed to come unwanted and unloved to play a miserable part amongst us; reverence for the Race, that it shall be represented on this earth by the most perfect and God-like individuals that it is in our power to call forth in His Image.

"This Clinic stands for all these reverences, and maintains that they can only be obtained by *knowledge*."

We shall watch this new movement with interest.



## MEDICAL MATTERS.

### ENCEPHALITIS LETHARGICA.

The Memorandum on encephalitis lethargica issued by the Ministry of Health concludes with the following statement as to the precautions which it is desirable for the individual to take against infection:—

#### PRECAUTIONS AGAINST INFECTION.

The other occupants of a house in which a case of encephalitis has occurred or is being treated may be assured that the disease is one of low infectivity, and that very little risk is run by association with the patient. At the same time it is desirable that such association should be limited to what is necessary for proper care and nursing, and the patient should be well isolated in a separate room.

School-children in the affected household may be kept from school, as a precautionary measure, for three weeks after the isolation of the patient. There is no necessity to place restriction on the movements of other occupants, provided they are frequently examined and remain well. Those in contact with the case, however, should be advised to use antiseptic nasal sprays or douches, and to gargle the throat with solutions such as those advised for influenza.

For example, any of the following may be used:

- (1) 1 per cent. solution of peroxide of hydrogen;
- (2) a solution of permanganate of potash, 1 in 5,000, in 0.8 per cent. solution of chloride of sodium (common salt);
- (3) liquor sodæ chlorinatæ, 0.5 per cent. These solutions can be used as ordinary throat gargles or snuffed up the nostrils, or applied by an efficient spray.

Any persons in the infected household who suffer from sore throat or other symptoms suggesting an abortive attack should, it is stated lastly, be treated from this point of view and isolated as far as possible until they have recovered. The sick room must be thoroughly cleansed and disinfected at the end of the illness.

## THE VALUE OF FRUIT IN INVALID DIET.

Fruits, when eaten fresh, are valuable for their acids and for the mineral matter which they contain. They also give bulk to the diet, which is an important factor. This is especially true of fruits which have been dried. Dried fruits also have a higher concentrated fuel value. The cooling, appetising and refreshing qualities of fresh fruits give them an increased value in invalid diet.

Nearly all fruits have a laxative effect. Apples act upon the liver and kidneys, and figs and prunes are both valuable laxatives. Pineapple is often given to diabetic patients. It

contains a digestive ferment similar to pepsin, and has a decided effect on the digestion of proteids. Pineapple juice is given in diphtheria, and in cases of sore throat from other causes, and has a soothing effect on the mucous membranes of the throat. Bananas contain starch, and are therefore more digestible if cooked.

Oranges are more often used than almost any other fruit for the invalid, and they may be served in a number of ways to give variety. A patient soon tires of seeing the orange appear on the tray, simply cut in half and served with an orange spoon. Instead, try peeling the orange and arranging the quarters, which have been separated, on a plate in such a way that they represent the petals of a flower. In the centre, where the petals come together, put a mound of powdered sugar with a marischino cherry on top. This may be varied by peeling the orange in such a manner that a band of skin, one-half inch wide, is left midway between the two ends. Separate the sections, cutting the band with a knife, and arrange around a mound of sugar with the skin portion up. The orange is picked up by this band of skin when eaten. If a patient tires of oranges and chilled orange juice, a baked orange may be given for a change. Cut an orange in half crosswise, place on a baking dish, sprinkle sugar on each half, and bake in a moderate oven until tender. This will take about twenty minutes. The orange may be served either hot or cold, and has a flavour somewhat resembling orange marmalade.

Baked peaches are delicious, and make a nice change after a patient has had the fresh fruit frequently enough to become tired of it. Peel a peach, cut it in half and remove the stone. Fill the cavity thus left with sugar and a few drops of lemon juice. Bake in a shallow pan for about twenty minutes, and serve hot or cold. Baked bananas make an attractive dessert to serve for luncheon. Remove the skin from a banana, and cut in half lengthwise. Put in a shallow pan with a little butter, lemon juice and sugar, and bake about twenty minutes in a moderate oven, basting several times with a mixture of sugar, water and lemon juice. Brown sugar makes an especially good combination with bananas, and a sauce made of butter and brown sugar creamed together gives a finishing touch to baked bananas when they are served hot.

Prunes are a very common article of invalid diet, and they are something one soon tires of, for they are nearly always served the same way—stewed. When the doctor orders prunes for a patient, the nurse feels in duty bound to serve



them stewed for breakfast. There are many attractive ways of cooking prunes besides stewing them, and they may also be served at other meals than breakfast. Even stewed prunes may be disguised in such a way that a patient will hardly recognise them. Rub hot stewed prunes through a colander, and stir this pulp into the breakfast cereal, beating vigorously until well blended. Serve as usual with cream and sugar. This makes a very pleasing addition to any hot breakfast cereal. Cold prune whip and prune soufflé are two methods of serving prunes as a dessert. Cook prunes until tender, and remove the stones. Rub them through a sieve, and mix this pulp lightly with white of egg which has been beaten until stiff. Sweeten to taste with sugar. Allow about one-half cup prune pulp to the white of one egg. More of the prune may be used if desired. This whip may be served cold with a custard sauce, or it may be baked in the oven as a soufflé, and served hot. Frozen prune whip is very appetising in warm weather. Use more sugar, and allow the mixture to stand in a small freezer packed with ice and salt. Do not use the crank or dasher of the freezer, but stir occasionally with a spoon while freezing. Stuffed prunes are very attractive, and are generally liked by patients. Steam dried prunes until they swell and are tender. Cook these prunes for a minute in a heavy syrup made of equal parts of sugar and water. Allow them to dry for a while on oiled paper, then remove the stones, and stuff with nuts or pieces of marsh-mallow. They can also be stuffed with pieces of prune which have become broken.

When fresh fruits cannot be produced we must rely on canned and preserved fruits. Practically all canned fruit, with the exception of pineapple, is greatly improved if it is cooked over for a few minutes after it is taken from the can. This cooking takes away that taste peculiar to canned fruits, and improves the flavour. Lemon juice may be added before cooking.—*American Journal of Nursing.*

### LECTURES ON VENEREAL DISEASES.

Members of the Nursing and Allied Professions who are increasingly realizing the importance of knowledge concerning the Venereal Diseases, with which they are frequently brought in contact in the course of their work, will be glad to know that a series of free lectures on Venereal Diseases will be given at St. Paul's Hospital, Red Lion Square, Holborn, W.C. 1, by Dr. Leonard Myer, F.R.C.S., Hon. Surgeon to Outpatients, on Fridays, April 1st, 8th, 15th, 22nd and 29th, and May 6th, at 5 p.m.

### NURSING ECHOES.

We have not received one paper on the question "Describe the methods to be adopted for keeping a patient's bed dry when undergoing the Carrel-Dakin treatment, or any form of intermittent or continuous irrigation." This is very disappointing, as it deals with important nursing methods, and the Carrel-Dakin treatment was so much used during the war, in hospitals both at home and abroad, that the problem is one which must have presented itself to many nurses for solution. We still hope that one or more of our readers will incorporate their experience in a paper for the benefit of their profession.

An old "Bart's" Sister has asked us "to put on record in THE BRITISH JOURNAL OF NURSING, which," she writes, "has consistently for the past thirty years supported the higher evolution of the nursing profession, and is, as Miss Dock states in the History of Nursing, 'the most complete record in existence of nursing affairs and progress in all countries,' the entire little speech made by His Royal Highness the President, the Prince of Wales, expressing the appreciation of the nurses and others of the Queen's visit to lay the Foundation Stone of the new Nurses' Home on February 17th ult." Here it is :—

#### THREE CHEERS FOR THE QUEEN.

May it please your Majesty—I have just read the formal address of welcome from the Governors, and I know that the staff and workers in the hospital want to join the governing body in expressing our deep appreciation and gratitude at your coming here to-day and laying this foundation stone, as well as the great pleasure that your visit has given us. This is indeed a proud day for "Bart's," and I can assure you that your visit will be a great incentive to all who are working for the hospital. The hospital has recently received great financial support. I will not mention individual names, but there have been individual donations, one of which was £25,000, and another of £10,000, besides other large sums collected from public bodies and of money collected by various people. I take this opportunity, on behalf of the hospital, of assuring these generous donors, in your Majesty's presence, of our gratitude for their generosity. Ladies and gentlemen, I ask you to give three cheers for the Queen.

The anonymity of the donor of the larger sum is still maintained, but it is now known that the gift of £10,000 was made by Sir John Charles Bell, an Alderman of the City, who filled the office of Lord Mayor in 1907-8.



All interested in the Home will be glad to learn that nearly £120,000 are in hand, and that the interest which has already accrued therefrom has paid the cost of the appeal and the whole of the expenditure upon the stone-laying ceremony, in which 2,000 persons took part.

Queen Alexandra and Princess Victoria paid a surprise visit to the West Norfolk and Lynn Hospital at Lynn on March 9th, and remained for an hour. The main object of Queen Alexandra's visit appeared to be to see a patient named Hilda Howell, aged 19, a domestic in the employ of one of the tenants on the Royal estate at Sherbourne, who had been badly burnt.

The Queen and the Princess were received by Miss Helen Swain, who conducted them to the women's ward, which had Miss Howell as one of its patients. Queen Alexandra spent several minutes in conversation with Miss Howell, and also chatted with all the other patients in the ward in a kind and sympathetic manner, asking them about their ailments and injuries.

Queen Alexandra brought with her a large box of chocolates, which she handed round. She also paid a visit to the men's ward and chatted with the patients there. The Queen remarked that the wards looked quite bright and cheerful. The Royal visit became known to a large number of school children, and large crowds of them gathered at the Hospital gates and gave Queen Alexandra and the Princess a rousing cheer as they took their departure, which brought forth smiling acknowledgments from the Royal ladies.

The Annual Report of the Nurses' Co-operation, 22, Langham Street, Portland Place, W., just published, defines clearly for the first time the relative positions of the nurses and the members of the Co-operation in the following paragraph:—

"Nurses who can be engaged through the agency of the Co-operation are spoken of as being 'on the staff.' Their number is now 447. They are *not* Members of the Co-operation, owing to the rule that no Member may derive any profit from the Co-operation."

We have frequently in the past pointed out to the nurses on the staff of the Co-operation that they were not "members," but, so far as we are aware, it is the first time it has been officially stated in plain terms in their Report. They are the servants of the Committee, and can, and have been dismissed without appeal. The total number of nurses now on the Roll is 447, 410 being on the General Staff, and 37 Asylum-trained nurses who take mental cases only.

The Report states that the nurses have not been kept so busily engaged during the last six months, probably owing partly to the general good health of the community, and partly owing to the altered circumstances of many who now find themselves unable to afford the expense of a private nurse.

In view of these changes the Committee, during the past year, have advertised in the daily papers "that to meet the present difficulty respecting board and residence in patients' houses, &c., the Nurses' Co-operation now supply, in addition to their regular staff, fully trained Nurses for daily visiting."

The manner in which the nurses themselves supported the "Members of the Co-operation" in their autocratic dismissal, without cause, of three of their colleagues who refused to resign, has marked their approval of the same treatment for themselves should occasion arise.

No allusion to the discreditable treatment of the ladies in question is made in the report. No doubt the Committee would have found it very difficult to explain their high-handed methods.

We learn that the North London Nursing Association, 413, Holloway Road, N.7, has had a record year, and the number of new cases has been 300 more than in any previous year. The total number of new cases during the year was 2,242; the cases nursed 2,453; cases discharged 2,280; and visits paid 41,313. The district covered includes all of North London.

At Leeds Assizes, on Monday, sentence of eighteen months' imprisonment with hard labour was passed on Edward Wilcock, of Manchester, a male nurse, found guilty of the manslaughter of Canon Banham, Vicar of Worsborough Dale, near Barnsley, on whom he was in attendance. It was alleged that the man had been drinking, and that he ill-treated the Canon, who was 88 years of age, so that he died from exhaustion following the injuries he received.

For some months past, writes the Dublin correspondent of the *Lancet*, the curfew hours in Dublin have been from 10 p.m. to 5 a.m. Unfortunately, a number of attacks on parties of military or police occurred recently in the streets between dusk and curfew, and after giving warning that if such attacks did not cease curfew hours would be extended, the military authorities have ordered that in future curfew shall begin at 9 p.m. instead of 10 p.m. As heretofore medical practitioners, clergymen and nurses will be granted permits to be abroad on urgent professional business.



## THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The General Nursing Council for England and Wales has addressed the following communication to Hospital and Poor Law Infirmary Authorities, and Trained Nurses' organisations, enclosing a draft syllabus of Lectures and Demonstrations for Education and Training in General Nursing:—

COMMUNICATION FROM THE GENERAL NURSING COUNCIL.

Ministry of Health,  
Whitehall, S.W.1,  
9th March, 1921.

Dear Sir,—Under the Nurses' Registration Act of 1919, the General Nursing Council for England and Wales is entrusted with the duty of making rules relating to the examinations which shall be prescribed for those nurses who, in future, propose to have their names entered on the Register.

The Council has spent much time in drawing up its scheme, which has for its object the raising, within reasonable limits, of the standard of knowledge which should prevail in the profession.

The draft syllabus enclosed is considered by the Council to embody the minimum instruction that should be afforded to a nurse by those responsible for her training, and it is earnestly hoped it will be studied with close reference to the preface and the explanatory notes from a national point of view.

The Council has decided to invite the Matrons of training schools and representatives of Nurses' Organisations to an informal conference at the rooms of the Royal Society of Medicine, 1, Wimpole Street, W.1, on Thursday, the 28th April next. This conference will be held in the large room of that building at 11 a.m. to consider General Training, and at 2.30 p.m. in the same hall to consider the Supplementary parts of the Register in conjunction with Reciprocal Training. It is hoped you will hand on the enclosed Draft Syllabus to the Matron of your training school, after you have given it your careful attention, so that she may have time to study it, and when she comes to the conference, make such suggestions and criticisms as occur to her, for the consideration of the Council.

Yours faithfully,

MARIAN S. RIDDELL,  
*Registrar,*

General Nursing Council for England and Wales.

### THE DRAFT SYLLABUS.

The Draft Syllabus, which is in pamphlet form, contains an explanatory preface, explanatory notes, the Syllabus for First, and for Second and Third Year of Training, and Nurses' Chart—a record of ward work to be initialled by the Sister, to be deposited in the Matron's office by the Nurse at the conclusion of her work in each Ward.

### THE INFORMAL CONFERENCE.

The Informal Conference, to be held in London on April 28th prox., will no doubt be largely attended by those Matrons and Nurses sincerely interested in Nursing Education, and should prove of real value as an opportunity for expression of opinion, and in defining a practical scheme for the co-ordination of teaching centres and available clinical material. Further information concerning the Conference will be available after Easter.

## THE COLLEGE OF NURSING, LTD.

### ELECTION OF COUNCIL.

Nomination Papers have been circulated and the twelve retiring members are apparently, after three years' service and upwards, all again standing for re-election. These members are composed of five medical practitioners, six matrons, and the late General Superintendent Q.V.J.N., so no one is retiring in favour of the rank and file, although one of these twelve members has not attended one meeting of the Council during the twelve months and another has only one attendance to his credit. These two gentlemen should retire and make way for working nurses who desire to serve, as it will be seen that this class is much in the minority.

The composition of the Council at present is composed of 35 persons as follows:—

Two Hospital Chairmen.

Ten Medical Practitioners.

Eighteen past or present Matrons and Superintendents.

Five Sisters and Nurses.

## NATIONAL UNION OF TRAINED NURSES.

### A WELCOME WINDFALL.

Hearty congratulations to the National Union of Trained Nurses, which receives the following bequests under the will of Miss Mariabella Fry, of Failand House, Failand, Somerset:

£1,000 upon trust for investment, the income to be applied by the Somerset and Bristol Board, either in assisting full and associate professional members within the area towards their post-graduate training, or to provide annuities for such deserving members incapacitated from work by ill-health, and whose income does not exceed £200 per annum.

£100 to the Central Council of the N.U.T.N., and £100 to its Bristol Branch.

## THE PROFESSIONAL UNION OF TRAINED NURSES.

As the last Saturday in the month is the Saturday before Easter, there will not be a meeting of the Social Club of the Professional Union of Trained Nurses.

The annual meeting will be held on Tuesday, March 29th, at 4 p.m., at the "Plane Tree Restaurant," 106, Great Russell Street, W.C. 1.

MAUDE MACCALLUM,

Hon. Secretary.



# Royal British Nurses' Association.



THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

## MATRON MARGARET GRAHAM, R.R.C.

Undoubtedly the best-known member of the nursing world in South Australia is Matron Margaret B. Graham, R.R.C., Matron-in-Charge of the Adelaide General Hospital. Matron Graham is generally supposed to have been born north of the Tweed, but, as a matter of fact, she hails from Cumberland, being a native of Carlisle. At a comparatively youthful age she went to South Australia to stay with an uncle, and in the early 'nineties she made up her mind to enter the nursing profession. She accordingly obtained admission to the Adelaide Hospital, and after undergoing the usual period of training was appointed to the position of Charge-Nurse. Then the post of Matron of the Institution having become vacant, Miss Graham put in an application for it, and was successful in receiving the appointment, which she has held ever since. Up to then no association existed in Australia for the advancement or protection of nurses, and having made herself familiar with the aims and objects of the Royal British Nurses' Association, Miss Graham set about the foundation of a South Australian Branch of this distinguished Nurses' Corporation. There were seventeen original members, and



MISS MARGARET B. GRAHAM, R.R.C.  
LADY CONSUL SOUTH AUSTRALIAN BRANCH, R.B.N.A.

amongst the first to join were the whole of the charge-staff at the Adelaide Hospital. Lady Tennyson, the wife of the then Governor of South Australia, was the first Vice-President, and Miss Graham was appointed Lady-Consul by the parent Association, a position she still fills. When the present King and Queen—then the Duke and Duchess of York—went to Australia in 1901, they took an opportunity of meeting all the members of the newly-formed Branch, and the interest they manifested in the organisation undoubtedly materially assisted in its advancement. As an instance of the popularity of the Branch Association, it may be mentioned that it now numbers over 500 nurse members, a large proportion of whom saw service in the Great War. In 1914, when the tocsin of war sounded, and the Nation summoned her sons and her daughters to her aid, Miss Graham was among the first to hear and respond to the call. When the Australian Army Nursing Service was inaugurated she, too, had been one of the first to join, and it was therefore not surprising that she should have hastened

to the Colours as soon as they were unfurled. In October, 1914, she left for Egypt on the "Ascanius," which formed one of the first fleet of forty ships which sailed from Australia for the seat



of war. Arrived in Egypt, it was not long before Miss Graham was appointed to the charge of Luna Park, Cairo, a military hospital of some 1,600 beds. After several months' service there she returned on a transport to Australia, and was shortly afterwards sent to England, having been appointed to the Military Hospital at Dartford. In 1918 Miss Graham returned to Australia, and was demobilised in August of that year. During her active-service career she was twice mentioned in despatches, and received the Royal Red Cross at the hands of the King at Buckingham Palace. She was also awarded the Honorary Diploma of the Royal British Nurses Association, a very beautiful civil decoration and rare distinction, which has been presented to only five ladies, in recognition of their services to the nursing world. Anyone who is familiar with Miss Graham's career can vouch for the service she has rendered to the nursing profession in South Australia and her knowledge of nursing work is attested by the fact that during the time she has filled the post of Matron of the Adelaide Hospital something like 3,000 nurses have passed through her hands. That Miss Graham is a woman of exceptional ability is acknowledged on all hands, and the high offices to which she has been appointed during the strenuous hours of the Empire's history are in themselves a guarantee of the trust reposed in her capacity for organisation by "the powers that be." A keen sense of fairness has characterised her throughout her career, and when she has made up her mind to do a certain thing she has always had the courage to carry it out. Her work in connection with the Royal British Nurses' Association will ever be remembered with gratitude by the nursing profession in South Australia, as it has always made for the protection and advancement of a class of noble women. After many years of hard work and worry Miss Graham now proposes to take a well-earned rest and hopes shortly to revisit the Homeland. Whether she will take up her residence there permanently remains to be seen; but wherever she decides to settle, the one wish of her many friends in the Nursing Profession will be that she may be spared to live many years to wear the distinction His Majesty conferred upon her—the highest that can be awarded in the Nursing World—the Royal Red Cross.

## REPRESENTATION OF THE ROYAL BRITISH NURSES' ASSOCIATION

### AT THE CONFERENCE TO BE HELD UNDER THE AUSPICES OF THE GENERAL NURSING COUNCIL.

The Executive Committee had before it, at its Meeting on the 10th inst., a communication from the General Nursing Council for England and Wales inviting the Corporation to send a Representative to the Conference which is to be held at the Rooms of the Royal Society of Medicine on April 28th, and to which Matrons and Representa-

tives of the various Nurses' Organisations are being invited. The Executive Committee appointed Miss Margaret Brey to attend as the delegate of the Royal British Nurses' Association, and the nurses could have no more able representative, for Miss Brey understands every aspect of the State Registration movement from its beginnings, and, in no small measure, it is due to her efforts that an Act for the State Registration of Trained Nurses is now upon the Statute Book.

In the morning the Conference will discuss matters connected with General Training, and in the afternoon, the subjects for consideration will be the Supplementary Parts of the Register in conjunction with Reciprocal Training.

## CORRESPONDENCE.

To the Secretary, R.B.N.A.

DEAR MADAM,—“Stand upon Thy Feet” impressed me as being such a splendid and courageous explanation of the misleading, shameful and so-called charity scheme for poor nurses, I feel that I must acknowledge it in a practical form, so will you kindly put the enclosed cheque to whatever Fund you consider requires it most.

Every good wish to you, trusting that strength and patience will not fail you in the splendid work you are endeavouring to accomplish.

Yours very sincerely,

ROSE CONWAY.

MADAM,—As my pension has to-day been raised by 50 per cent., I send you the enclosed cheque for £5. I always take a great interest in the R.B.N.A., but I am not in a position to help much, and am too far off to attend the meetings as I should like to do. I am very glad to help now, at any rate, whatever I may be able to do in the future.

Yours truly,

A. R.

## ANNUAL SUBSCRIPTIONS.

We remind our members that, when forwarding their subscriptions, many of which are still unpaid, it is necessary, if the form sent from the office is used instead of a letter, to fill in the sender's name and address in the space set aside for the purpose. Every year subscriptions reach us with forms which are not filled up, and which have to be laid aside while the money goes through the books without an entry of the subscriber's name. It is only when a second reminder goes to her that we are able to trace the source of such subscriptions and thus much unnecessary trouble arises both for the nurses and for their office staff.

There are still a number of subscriptions due for 1921, and we shall be grateful if those, from whom they are owing, will forward them as soon as possible.

ISABEL MACDONALD,

Secretary to the Corporation.



## ACTRESS APPEALS FOR BRITAIN'S PROFESSIONAL NURSES IN CANADA.

### A HIGHLY-COLOURED APPEAL.

Suppose—only suppose, because, of course, it could not happen, that a Canadian actress V.A.D. arrived in England on tour with her husband, and, added to other methods of advertisement and utilised her considerable leisure in touring our leading cities on a campaign of begging for Canadian trained nurses, and presenting these highly-qualified professional women, who form one of the most respected professional classes in that magnificent Dominion, in *forma pauperis* to their colleagues in Britain and the British public. What, we ask you, would be the attitude of the self-respecting organisations of nurses in the mother country to this self-appointed collector of cash? Personally, we believe a very determined and indignant protest would be made against the demoralising effect of any such charity. But this outrage has happened in Canada upon *our* behalf, and we are not surprised to learn from press cuttings, and from Canadian nurses, that Lady Martin Harvey's highly-coloured appeal on behalf of the Nation's Fund for Nurses has aroused extreme indignation amongst Canadian nurses, and produced a protest from the Alberta Association of Graduate Nurses, to be followed, let us hope, by united action upon the part of that forceful organisation, the Canadian National Association of Trained Nurses, members of which consider nothing can be more injurious and disgraceful to the Home Government than that it should be made to appear to have entirely neglected the nurses who served in the war.

To quote the *Calgary Press* on an address (the usual slush) given by Lady Harvey at the Women's Canadian Club in that city. After informing her audience that "it is because I know some of the heroism of your boys, with which I came in close contact on the Somme, that I wanted to speak to the women of Canada during our stay here." Lady Harvey then proceeds to instruct Canadian women what they should do for their "boys," and later proceeds to hold up us "girls" (the professional nurses of Britain) as shell-shocked, gassed, and utterly broken paupers in the following exaggerated manner:—

#### TELLS WHAT NURSES DID.

"In speaking of her appeal which she is making on behalf of the National Fund for Nurses, Lady Harvey said that it was an Imperial undertaking and not limited to England. She said it was such a mistake to think that an Englishwoman would come to Canada and ask Canadian women to aid in something which was for the benefit of England alone. She felt that the work and the sacrifices of the nurses during the war was neither understood or realised. The number of casualties among nurses had never been published. Only those who had been in close contact with the military hospitals and dressing stations could know what those brave women had gone through to succour the wounded. It required much more than surgical

skill to meet all the demands that were made on the nursing forces.

"Lady Harvey told briefly of the hospital just outside of Etaples, where the conditions were so terrible that the medical authorities had decided to detail orderlies for the nursing. The nurses, however, offered their services, knowing that it might mean death, and while only 187 were needed, over 300 volunteered for duty. The speaker drew attention to the magnificent work of the women in Serbia, who fought the typhus epidemic in spite of the fact that they were losing at the rate of 22 and 23 nurses a day. Finally she told of the shelling of a hospital where the nurses were given leave to seek cover, yet not one deserted her post, although 105 nurses lost their lives that night.

"It is on behalf of women who have gone through such terrors as these and who have come out of the struggle shell-shocked, gassed, utterly broken in body and mind, and some who have contracted tuberculosis through nursing war cases that Lady Harvey is making her Canadian appeal.

#### DELIGHTFUL SURROUNDINGS.

"Her description of her own cottage home, which she has established at Bonchurch, Isle of Wight, was most interesting. Only 14 nurses can be cared for at a time, and there is always a long waiting list. It has been the aim to surround the nurses with all of the loveliest and most restful things, to help them forget what they have been through. They are not bound by any rules and regulations, except one, and that is the girls must have breakfast in bed."

"I am appealing to you to-day to help make the load less painful for these nursing sisters, to swell this Imperial Thanksgiving by a substantial tribute of love to these nurses," concluded Lady Harvey.

#### A CORSAGE OF VIOLETS AND ORCHIDS.

"The ballroom was crowded to capacity with interested women, who accorded Lady Harvey an enthusiastic reception. At the close of her address, Mrs. T. B. Moffat, President of the Women's Canadian Club, presented the speaker with a corsage of violets and orchids on behalf of the club members."

#### CALGARY NURSES' PROTEST.

This stuff, which had been addressed to other Women's Clubs in the Dominion, naturally aroused the indignation of the nurses of "Sunny Alberta," and we learn was hotly discussed at a meeting of the graduate nurses at Calgary. The members of this association felt that as this was a matter which should be of primary interest to nurses, it should be dealt with through a nurses' association; if the local was not large enough, there was the provincial, and if the provincial was not large enough there was the National Association of Trained Nurses. Not only was indignation expressed in connection with the matter, but suspicion as well.

The sentiment was also expressed at the meeting that before appeals of the kind which Lady Martin Harvey was making are met, something should be done in the way of providing a home for Canadian nurses and a proper home for nurses in training.

It was felt by the members of the association that nurses of the profession might be spared the humiliation consequent upon a toadying and



degrading press campaign made in its name by persons of wealth, lacking in sensibility.

Grounds for suspicion were furnished by a report which appeared in THE BRITISH JOURNAL OF NURSING recently, showing that the books of the "Nation's Fund for Nurses" had never been audited since the beginning of the organisation in 1917.

#### ACTRESS IGNORES PROFESSIONAL FEELING.

According to the *Calgary Daily Herald*—

Lady Martin Harvey refused to discuss in any way the recent controversy aroused here by her consenting to address a meeting in respect to the raising of funds for the benefit of nurses, without first consulting the wishes of the nurses in Calgary.

"I do not wish to start a controversy at all," Lady Harvey informed a representative of the *Herald* when interviewed on Monday morning. "My work needs no defence. Since 1914 I have worn uniform, and I am not demobilized yet. I never, during the war, permitted myself a single luxury of any kind, not even a new uniform. I have often gone to work hungry. I never had a fur garment. I never asked the public for anything that I would not give myself. It was because I had nothing that I was able to get so much from the public. I contracted a strained heart during the war and the Y.M.C.A. allowed me to use a car and that was only to get me into town on Saturday night to give an address."

FRANKED BY THE HON. SIR ARTHUR STANLEY.

To prove her *bona fides* in appealing for funds in Canada for the "neglected" nursing profession in Britain, Lady Harvey showed the press reporter the following letter from the Hon. Sir Arthur Stanley, Chairman of the Joint Council of the British Red Cross and Order of St. John, and of the College of Nursing, Ltd. The letter is dated December 14, 1920.

Dear Mrs. Martin Harvey,—Before you leave for Canada, I feel that I must write you one line of very sincere and grateful thanks of all that you have done for the "Nation's Fund for Nurses," and especially for the Bonchurch Home. You were one of the first to realise how neglected the nursing profession had been, and how great was their need of help, and the way in which you came to the rescue has earned you the deepest gratitude of the nurses and all those connected with the nursing profession. (Not this member.—ED.)

Personally I can never thank you enough for all that you have done and are doing for the Red Cross as well as for the "Nation's Fund for Nurses." In these days when people are not unnaturally apathetic about all this kind of work, it is the greatest possible encouragement to find such colleagues and supporters as yourself and Mr. Martin Harvey.

#### WHAT WE WANT TO KNOW.

What we want to know is: Who forms the Dominion Committee, who are the treasurer, bankers, and auditors of Lady Harvey's appeal? What money has she received? How has it been receipted?

The long delay in issuing a balance sheet and the very unsatisfactory sheet now it is issued of the "Nation's Fund for Nurses" makes it

imperative that the Canadian public should control the appeal for the Fund in Canada from the start. This was done in Ireland, and wisely so.

It will be noticed that not one word is said by Lady Harvey about the College of Nursing, Ltd., which so far has had the lion's share of the Fund collected in the name of the Nation's Nurses.

## THE IRISH NURSES' ASSOCIATION.

The Annual Business Meeting of the Irish Nurses' Association was held on Monday, March 7th, at 34, St. Stephen's Green, Dublin. The President, Miss Hezlett, R.R.C., was in the chair.

The result of the ballot for the election of office-bearers for the ensuing year was as follows:—

*President*.—Miss Carre, Ivanhoe, Dublin.

*Vice-President*.—Miss Thornton, R.R.C., Sir Patrick Dun's Hospital, Dublin.

*Hon. Secretary*.—Miss Carson Rae, 34, St. Stephen's Green, Dublin.

*Ex. Committee*.—Mrs. Manning, Misses Reeves, Roberts, Hughes, Hezlett, Burkitt, Haire, Rhind, Huxley, O'Flynn, Rohde, Towers, Bradburne, McKinley, Haverty, Halbert, Deacon, Grene, Mills, Stanley.

The Secretary having resigned in October, 1920, it was agreed to carry on, for the present, with only an Hon. Secretary. Meetings are to be held quarterly, instead of monthly, on the first Mondays in March, June, September, and December, at 6 p.m. Much less business had been transacted during the year, but it is expected when the State Register is opened, that it will increase again, and nurses will find it invaluable, in cases of difficulty, to have an Association to help them. They should, therefore, all join and make a strong organisation. The annual subscription is only 3s.

## REGISTRATION URGENTLY NEEDED.

Mrs. Primrose Violet Vidal, who figured largely in what is known as "the kissing doctor's libel action," in which the Judge (Mr. Justice Darling) anticipated evidence so disgusting that he directed two women jurors, who had been summoned, to withdraw, was asked by the counsel for the defendants, Mr. Lewis Thomas, K.C., "What was the object of sending that letter, with its disgusting details, to your husband?" To which she replied, "He has been in the medical world and so have I. To either of us it would not be disgusting." In reply to the question of the Judge, "Are you a midwife?" she replied, "No, a nurse. Dr. Wilson trained me so that I should have two livings." The picture of this person appears in the daily Press nude down to the waist. Yet, how often have the anti-registrationists asserted in days gone by that the public were sufficiently protected because nurses are under the supervision of doctors!



## NATION'S FUND FOR NURSES.

### QUESTIONS IN THE HOUSE OF COMMONS.

At question time in the House of Commons on Monday, March 14th:

Mr. J. Davison (Lab., Smethwick) asked the Lord Privy Seal whether the Government had any control over the administration of the Nation's Fund for Nurses; whether he was aware that although one of the main objects of the fund was for the benefit of present nurses who were in precarious circumstances owing to after-war conditions or were suffering ill-health as a result of war strain, out of a total of nearly £150,000 only £2,144 had been applied to this purpose, whilst nearly £40,000 had been given to the College of Nursing; and whether inquiries could be made into the administration of this fund.

The Prime Minister: The reply to the first part of the question is in the negative. I have no knowledge as to the manner in which the funds of the charity are applied, and I would suggest that the Hon. Member should place himself in communication with the Charity Commissioners.

Mr. Lyle (C.U., Stratford, E.): Is it not a fact that the suggestion made against this magnificent fund has been made by ill-disposed people who were chagrined at not having started such a fund themselves?

No answer was given.

The fact remains that the indigent nurses of this country have been put in the forefront of this appeal as the object of public charity. That an appeal in war-time for the endowment of the College of Nursing, Ltd., if this object of the fund had been emphasised would not have elicited the response from the public which the war-nurse in distress has done, and that of the money subscribed nearly £40,000 has been given to the College of Nursing, Ltd., £8,000 has been spent by the Committee of the Fund on official expenses, and only £2,144 has been given to nurses in financial distress during two-and-a-half years. Moreover, applicants to this Fund have complained bitterly of the inadequacy of small doles, and have been advised to support themselves by needlework, housekeeping, and other occupations at which they could not earn a living.

Mr. Leonard Lyle, M.P. (Chairman of Queen Mary's Hospital for the East End), naturally supports the College of Nursing, Ltd., whose spokesman he was in the House of Commons in support of their Nurses' Registration Bill.

Mr. Lyle poses loudly as the nurses' friend. We ask him, does he approve of the relative grants made by the Nation's Fund for nurses to distressed nurses and the College of Nursing, Ltd.

The money was raised in the name of the nation's nurses, and the nation's Nurses intend to agitate until this fund is justly administered and adequate publicity given to its proceedings.

## QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

In the House of Commons on Monday:

Viscountess Astor asked the Secretary of State for War whether he is aware that the present pay for members of Queen Alexandra's Imperial Military Nursing Service is at the rate of £60 to £65 for a staff nurse and £75 to £85 for a sister; and whether he will consider the desirability of revising this scale of pay, with a view to continuing to attract the type of woman required if the high standard of this branch of the service is to be maintained?

Sir A. Williamson replied, the scales of pay and other emoluments of the Queen Alexandra's Imperial Military Nursing Service were revised in August last after very full consideration, and I am not aware of any new grounds for re-opening the question at the present time.

## HONOURS FOR NURSES.

By command of the King, the Marquess of Crewe, as Lord Lieutenant of the County of London, held an Investiture on Saturday last at the County Hall, Spring Gardens, S.W., when the following ladies were decorated with the Royal Red Cross (second class): Miss Mary White, 14, St. George's Square, S.W., Mrs. Elizabeth Barclay Thomas, Fernbank Hospital, Roehampton, Miss Mary F. Smith, Sister-in-Charge X-ray Department, Great Northern Hospital, Miss Dorothy Bailey, Nurses' Home, St. Bartholomew's Hospital, E.C., and Miss Nannie O'Dowd, Great Northern Hospital.

## APPOINTMENTS.

### MATRON.

**Corporation Maternity Home, Dunfermline.**—Mrs. E. M. S. Spoor has been appointed Matron at the Corporation Maternity Home, Dunfermline. She was trained at the Edinburgh Royal Maternity and Simpson Memorial Hospital, and has held the positions of Night Superintendent, Out-patient Sister, District Superintendent, and Assistant Matron at the same Institution, and for two years was Matron of the Gretna Maternity Home. She has recently been acting as Relief Matron for the Bradford Corporation.

### SISTER.

**South London Hospital for Women, South Side, Clapham Common, S.W.**—Miss Dorothy Gibson has been appointed Ward Sister. She was trained in Children's Nursing at the Evelina Hospital, and in General Nursing at the Middlesex Hospital, and has worked as a member of Queen Alexandra's Imperial Military Nursing Service Reserve for five years as Sister, Night Superintendent and Home Sister.

**Queen Mary's Hospital for Children, Carshalton, Surrey.**—Miss Eva Jordan has been appointed Sister. She was trained at the Royal Albert Hospital, Devonport, and has been a Staff Nurse in Q.A.I.M.N.S.R. in charge of wards and theatre. She has had experience of private nursing and is a certified midwife.

**Infectious Diseases Hospital, Portsmouth.**—Miss Mabel Price has been appointed Sister. She was trained at St. George's Infirmary, E., and has been Staff Nurse at the Royal Hospital, Plymouth.

**Mildmay Memorial Hospital, Newington Green.**—Miss Beatrice Whittingham has been appointed Sister. She was trained at King's College Hospital, and has been



Night Nurse at St. Luke's Hostel, Fitzroy Square, W., and has worked on the staff of the Child Welfare Society, Walthamstow. She has also had experience of private nursing.

**Royal Cornwall Sailors' Hospital, Falmouth.**—Miss Helen Mair has been appointed Sister. She was trained at the Royal Infirmary, Edinburgh, and was called up for duty with the Territorial Force Nursing Service in 1914, and served for six years in this capacity. She was Sister-in-Charge of Surgical Wards in a Casualty Clearing Station in France, and later was with the British Army on the Rhine.

#### NIGHT SUPERINTENDENT NURSE.

**Southwark Union, East Dulwich Grove, S.E.**—Miss Ethel Louisa Butcher has been appointed Night Superintendent Nurse. She was trained at the Woolwich Infirmary, and has been Home Sister at the South-Eastern Hospital for Children, Sydenham, and Ward Sister, Mile-End Military Hospital.

#### SUPERINTENDENT NURSE.

**Newark Union.**—Miss Ethel Andrews has been appointed Superintendent Nurse. She was trained at the Dudley Road Hospital of the Birmingham Union, and has been Nurse Matron at the Ashford Hospital under the Urban District Council, and Matron of the Colwyn Bay Fever Hospital.

**Wellington Infirmary, Rochford Union.**—Miss Emily Howard has been appointed Superintendent Nurse. She was trained at the Prescot Poor Law Infirmary; Home Sister at Rochdale Infirmary; Night Superintendent at West Hartlepool Hospital; Head Nurse Union Infirmary, Lichfield; and Night Superintendent Union Infirmary, Burnley. She has also done four years' war service.

#### SCHOOL NURSE.

**Education Committee, Coventry.**—Miss Elizabeth Powell has been appointed School Nurse. She was trained at the Stoke-on-Trent Infirmary, and has had experience of private and district nursing.

### PRESENTATION.

Miss Margaret S. Riddell, R.R.C., has been appointed Matron of St. Mary's Hospital, Hampton-on-Thames. She was trained at St. Bartholomew's Hospital, and was Assistant Matron at the Chelsea Infirmary and at the Royal Hospital for Sick Children, Edinburgh. She worked in France during the war, and has recently been Sister-Tutor at Queen Mary's Hospital for Children, Carshalton, Surrey.

The nurses at Queen Mary's Hospital much regret losing Miss Riddell's instruction, while wishing her all success and happiness in her new appointment, and to show their appreciation for her teaching, the Matron (Miss Winmill) presented her on their behalf with a silver-plated entrée dish, and a silver-plated clock at a little farewell dance in her honour last week.

### THE SCOTTISH NURSES' CLUB.

The Annual Meeting of the Scottish Nurses' Club will be held in the Club House, 205, Bath Street, Glasgow, on Saturday, March 19th, at 3 p.m., when the Annual Report and Abstract of Accounts will be presented, and Office Bearers will be appointed to fill vacancies in the Management Committee.

The Most Hon. the Marchioness of Ailsa, President of the Club, will preside.

Tea will be served at 5.45 p.m.

M. R. STEWART, *Secretary.*

### IMMEDIATE SELF-DISINFECTION.

Mr. H. Wansey Bayly, Hon. Secretary of the Society for the Prevention of Venereal Disease, in a letter to the press states that Lord Willoughby de Broke, President of the S.P.V.D., and Lord Gorell, President of the National Council for Combating Venereal Diseases, have received letters from the Bishop of Birmingham inviting both bodies to a round table Conference, on the basis of the Report of the "Special Committee on Venereal Disease," held under the auspices of the National Birth Rate Commission, with a view to putting an end to disunion. The Committee of the S.P.V.D. unanimously accepted the invitation on the understanding that the National Council are prepared to take action forthwith on the terms of the report of the Special Committee on Venereal Disease. The S.P.V.D. considers that the report amounts to an endorsement of the Society's policy, which advocates immediate self-disinfection, and that prophylactic packets for this purpose shall be on sale by chemists.

### OUTSIDE THE GATES.

The Queen had a great reception at Oxford on the 11th inst., when she received the degree of Doctor of Civil Laws at Balliol College, and she looked very imposing and gracious in her D.C.L. robes as she walked in procession to the Sheldonian.

The real purpose of Her Majesty's visit was to get an insight into the working of the Women's Colleges and various University institutions in which women play an important part, and she paid visits to Barnett House, to Lady Margaret Hall, Somerville College, and to the Oxford Girls' High School. Lovely bouquets and beautifully bound copies of interesting records were presented to Her Majesty. Our leading Women's Colleges are in great need of financial support, if they are to continue their wonderful work.

*Mainly About Books* publishes the following poem by Betty Bray, aged thirteen years:—

#### THE BLACKBIRD.

The sky and garden were a dull, drear grey;  
The sulky sun had not shone all that day,  
In sullen silence lay the little mill;  
And both the wind and breeze were sleeping still.  
The buds thought it was not worth while to bloom;  
A mist hung low, and all was wrapt in gloom.

And then—upon a bough—a blackbird sang,  
Poured out his heart until the echo rang;  
Till thro' the mist a sunbeam 'gan to peer;  
And tiny buds uncared themselves to hear.  
The speedwells opened out, and showed their blue;  
The sprays of lilac bloomed, the wallflowers too;  
The breeze awoke and waking stirred the brook;  
The other birds had now come out to look;  
The wind arose, and chased away the mist;  
The sun poured down, and Spring and sunshine kissed;  
And lo!—a blackbird's song turned, in a trice,  
A drear, dull day to an earthly paradise.



## BOOK OF THE WEEK.

RECORDS OF A SCOTSWOMAN,  
KATHARINE STUART MACQUEEN.\*

Biography is always of interest, and especially so when we know the subject of it, and many nurses to whom Miss Macqueen was well known as a Queen's Superintendent, in her work in the Near East, and, in the last years of her life, at St. Katharine's College, Poplar, where she organised the Maternity and Infant Welfare Centre, and the training of Infant Health workers, will be glad of the opportunity of learning something more of one to whom many nurses owed much.

The Bishop of London, in his introduction, writes: "I found myself Chairman, by Act of Parliament, of this new venture of the ancient foundation of St. Katharine's; but, as I looked round the table, at the first meeting of a board entrusted with the task of finding and tending babies in East London—lo and behold we were all *bachelors!* We had the common sense to look about at once for the best woman we could find to help us, and it is not too much to say that the opinion of the whole civilised world led us to Miss Macqueen. At any rate we were told by the Matron of every hospital we consulted in London, that if we were fortunate enough to induce her to come, she was *the* woman for the work."

Her biographer writes of Miss Macqueen: "Her strength was that her ideals were expressed in actions rather than in words, in work done with infinite pains, understanding and sympathy. The outward look was there, for all there is of beauty and truth and of goodness in the world, whether in her own or in another land. As a woman she belonged to the Victorian as well as to the progressive world of these latter days. In her claim for free scope for women as citizens in work, and in happiness, there was neither clamour nor petulance, but rather a gentle dignity, and a disarming humour. In spite of her many uprootings and the small means that make things hard, she was essentially a home-maker, a dispenser of hospitality. 'For herself she wanted nothing,' a fellow-worker wrote. 'What we most revered in her was her delicacy of mind and her single-mindedness. She had the highest possible standard, but was broad-minded enough to understand other points of view.'"

Miss Macqueen trained at the Royal Infirmary, Edinburgh, with the object of joining the Queen Victoria's Jubilee Institute. She nursed for two years in the South African War, and held subsequently various posts under the Q.V.J.I., the last being that of Nurses' Superintendent for England at the Queen's Institute. In 1912-1913, and again in 1914, at the request of the Macedonian Relief Committee, she went out on their behalf to the Balkans, and letters published in her memoir tell

in detail of these two journeys, which are of special interest, as they deal with experiences immediately preceding the great war.

Her most important, because most enduring, piece of work was as Principal of the Royal College of St. Katharine's-in-the-East, and it was only while in the nursing home, where she died, and within a few days of the end, that she completed a scheme for the reorganisation of the work at St. Katharine's College to keep pace with its increasing growth.

Her biographer writes: "She was never a ready speaker, and though she practised herself in addressing small audiences for her work's sake, it did not come easily to her. I remember the amused dismay with which she told of being 'dragged up on to the platform—muddy boots and all,' by the Bishop of London, who was taking the chair at a meeting in Poplar on Infant Welfare, and who explained to the audience in his genial enthusiastic but sometimes disconcerting manner that here was the expert on the subject. 'After that what could I do?' I don't doubt she did it very well."

"Monotony was the one thing she could not stand for long; it seemed to crush her spirit, and it was by strength of spirit that all her work was done. . . . Again, much as she valued all her experience, beginning with her district nursing . . . she turned with joy, and something like relief, to the more adventurous Balkan enterprise, at an age when most women would have shrunk from anything of the kind, involving, as it was certain to do, considerable risks and hardships. . . . Though her journal shows she was often hindered by illness hardly mentioned in her letters, the whole thing was like wine to her spirit, and she came back from her first Balkan journey renewed in life and vigour."

Like so many workers who leave the countryside for the busy life in towns, she was laid to rest by her own wish in a quiet country churchyard, "beside the old Banffshire home which she had so passionately loved, and of which only that last summer she had written, 'There is no place like Kirkmichael.'"

P. G. Y.

## COMING EVENTS.

March 18th.—Nurses' Missionary League, Day of Thought and Prayer, University Hall, W.C. 10.30 a.m.

March 22nd.—College of Nursing, Ltd., Birmingham Branch. Lecture by Dr. Arthur Loxton on "Some Diseases of the Skin." Lecture Theatre, General Hospital, 5.30 p.m. Members free. Non-Members, 1s.

March 29th.—Professional Union of Trained Nurses. Annual General Meeting, The Plane Tree, 106, Great Russell Street, W.C. 1. 4 p.m. Tea, 1s.

April 30th.—Sale of Work. Nurses' Memorial to King Edward VII., Victoria Infirmary, Glasgow.

\* By Olive Macle hose. Macle hose, Jackson & Co., 61, Vincent Street, Glasgow. 7s. 6d. net.



## 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.*

## KERNELS FROM CORRESPONDENCE.

## COUNTING THE COST.

*County Hospital Sister*: "The absolute need for economy is becoming serious in this hospital, as the surgeons' orders are often now turned down by the management, and if patients cannot have the necessary appliances for their recovery and comfort, what is the use of science? We used to order unlimited water-pillows, water beds, mackintosh, supplies of clean linen, and extra diets; now we are told they cannot be supplied, everything is so much more costly, and the new rich apparently are not the type of people who have any interest in hospitals."

[It is high time both rich and poor understood how costly scientific medical treatment is, and always has been, to say nothing of being clean and comfortable. People who give and people who take, take everything for granted (including nurses). How many of the latter know the price of ward stores, linen and diets? Under the scheme of education for probationers drafted by the General Nursing Council instruction will be given in these practical details.—ED.]

## PRECAUTIONS FOR PREVENTION OF BEDSORES IN HELPLESS CASES.

*A. C.*: "First absolute cleanliness, body washed at least four times in 24 hours, more frequently if incontinence. Wash with soap and water, using the palm of the hand, so getting good gentle friction on prominent parts. Dry well, and use spirit and a good dusting powder, equal parts zinc and starch. The white of an egg with 2 oz. of brandy used alternately with the spirit is very good; the albumen makes a good protection for the skin. The slightest sign of reddening should be reported to the doctor. A water-bed or pillow to ease pressure, and no creases in the sheet, and as much movement of the patient as possible will prevent bedsores. No patient of mine ever got a bed sore."

## SERIOUS SUFFERING TO MANY PATIENTS.

*Paying Patient*: "Whilst an in-patient recently at a London hospital I observed one very serious matter which needs drastic reform, and that is the disinclination of probationers, whose duty it was, to give patients the pan when asked. There appeared to be a rule that pans and slippers could only be given at stated times; this really caused serious suffering to many patients, and is indefensible, especially with children. The students or visiting staff were in the wards many hours a day, and, of course, no attention was given during their visits. We were always told 'Sister expects this, that, or the other,' as an excuse. Irritated beyond measure one day, I

said, 'Does Sister expect this child to mess its bed?'"

*From Another Out of Date*: "I, too, have been a patient in a general ward, it is still a nightmare to me. The slap-dash casual way the nursing was carried out—patients told they must wait for bedpan after their first dose of castor oil after an abdominal operation, charts marked without temperature taken, children allowed to be dirty in their cots and then scolded."

## SPIRIT OF WISDOM.

*Miss Mary Kerr, Liverpool*: "Thank you for your lovely editorial last week. I do hope all the nurses in this city will rally to the General Nursing Council and help it to build up the future of nursing with the 'Spirit of Wisdom and Understanding.'"

*A St. George's Nurse*: "I much enjoyed editorial last week, and do wish the nurses would wake up to the wonderful chance they have got through the General Nursing Council to raise our splendid profession."

## NEW THOUGHT.

*Miss M. M. G. Bielby, Cranford, Middlesex*: "Those of your readers who were interested in the subject of New Thought, concerning which Miss Good recently gave a lecture at 10, Orchard Street, may like to know that there is a vast literature on it, and books may be bought for as little as sixpence and a shilling. At 43, Great Portland Street, W., they would find a large stock of such works, and cultured, kindly directions from those in charge as to the best selection to make if they are quite unacquainted with such subjects. In my experience nurses greatly extend their opportunities for usefulness by acquiring this knowledge, and it is set forth simply by many writers so as to be available for all."

## REPLIES TO CORRESPONDENTS.

*Miss Mary Emily Gridley, Toronto*.—Have posted you the Act. See Clause 3. So glad to hear you intend to apply for registration on English Register. All reliable information appears in this Journal. We are hoping the Register will be open at an early date.—ED.

## PRIZE COMPETITION QUESTIONS.

*March 26th*.—What precautions do you take when nursing a helpless patient, for the prevention of bedsores? At what stage would you report a threatening bed sore to the medical practitioner in charge of the case?

*April 2nd*.—How would you care for the following Ward appliances:—Mackintoshes, test tubes, hypodermic syringes, window blinds?

## OUR ADVERTISERS.

Do not omit to buy, as far as possible, everything you need from "Our Advertisers," and to recommend them to your friends. They are all first-class firms.



# The Midwife.

## THE MOTHERCRAFT TRAINING SOCIETY. MAISON MATERNELLE DE LA MARNE.

The Report of the Mothercraft Training Society (Babies of the Empire), 29, Trebovir Road, Earl's Court, S.W. 5, just published, founded by Dr. Truby King, C.M.G., is of much interest, for it is a record of a successful experiment for the cultivation of mothercraft in its highest form, and the saving of ill-nourished babies, justifying the belief of its founder that natural feeding of babies is practically the cure of all their ills. In consequence the Executive Committee are able to report that their sphere of influence has greatly extended. Doctors, Infant Welfare Centres, and other societies show their appreciation of the work by constantly sending difficult cases to the Society to deal with where breast feeding has either ceased or never been established.

The Committee are inundated with requests for nurses who have had the special training given by the Society, and the Out-patients' Department is steadily on the increase.

During the year ending October 31st, 1920, the number of babies admitted has been 99. Of these six have died. This is a higher death rate than last year, when there was only one death—the lowest record ever reached by any institution of the kind. But in each of the six cases the baby admitted was in a state of extreme weakness and wasting.

### SYNOPSIS OF THE WORK.

The work of the Society falls under the following headings:—

#### (a) Mothercraft Training.

1. Fully-trained qualified Nurses. Three months' course.
2. Certified Midwives. Six months' course.
3. Previously untrained women and girls. One year's course.
4. Mothers Expectant Mothers Potential Mothers      Simple, short and practical courses in mothercraft, accompanied by demonstrations, are given by special arrangement.

#### (b) Propaganda. Literature, Lectures, Articles, and Demonstrations.

#### (c) Out-Patients' Department—for treatment and educational purposes.

### APPOINTMENTS IN NEW ZEALAND.

Since his return to New Zealand Dr. Truby King has been appointed Director of Child Welfare to the Dominion; Miss Patrick, the first Matron at Trebovir Road, has accepted the position of Director of Plunket Nursing for New Zealand, and Miss McMillan Matron of the Karitane Hospital.

On a recent visit to the devastated regions in France I was told that some of the best work there had been done by the "Friends" in the Maternity Hospital at Chalons-sur-Marne, and on the return journey from Verdun to Reims we made a slight detour, and stopped a train at this interesting old city, with its battered Cathedral and beautiful river bordered by wide paths, and avenues of trees.

It seemed at one time as if we should not get up to the hospital after all, and, when at last we induced the driver of a taxi to take us there, he seemed to think that an inspection of the surrounding walls was all we could desire, and said he had to be back in the town at a certain hour. We assured him that we had, also, in order to catch our train, which partly re-assured him, but he told us if we were long he would be gone when we returned to the road, and we passed through the gates with his parting injunction "allez vite, vite" pursuing us.

So there was only time for a hurried glimpse of the orderly wards, but time enough to see that a very good work was being carried on for the mothers and their babies, each snug in its own little cot, by both French and English nurses. Yet another link in the chain that unites the two nations in an Entente Cordiale.

It is therefore of interest to learn that a small committee of old Chalons workers has been formed, with Miss Edith M. Pye as Chairman, and Miss Marie H. MacColl as Hon. Secretary to strengthen the link between the Maternity in Chalons-sur-Marne and its friends in England. The work has now been handed over to a Committee of French people, together with five representatives of English and American friends. The new building is well on its way, and it is hoped that the Maternity, under its new name of Maison Maternelle de la Marne, will be installed there in May or June.

The Committee are appealing for a continuous supply of workers willing to give six months' voluntary service for the welfare of French mothers and babies, and to help to keep alive the ideals with which the work was started.

They do not propose to make any widespread appeal for funds, but would welcome any subscriptions sent to 19, Chepstow Villas, London, W. 11, that would enable them to show their continual good will by providing certain necessities for the mothers and babies. Knitted coats and bonnets for the "paquets" are specially needed.

It is a good work, and affords a practical means of proving our sympathy with the provinces of France which suffered so sorely in the war.

M. B.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE MESSAGE OF HOPE.

Easter Eve, the date of which is borne by this issue of the Journal, is a day beloved by many people throughout the world, and not least by nurses, for its message is the message of hope. The climax of Good Friday is past; we await the brightness of the Resurrection morning, and the lesson of the garden, in which there was a new sepulchre hewn out of a rock, is a lesson which we learn anew from our gardens each year. The long dark days of winter are over, the sap is in the trees, the spring flowers are pushing their heads above the brown earth, the birds fill the early morning with their song, "all the air is thrilling with the spring." In a little while the gorse will cover the countryside with its golden glory and sweet perfume, on all sides nature unfolds the lesson of resurrection.

It is a lesson specially sweet, and perhaps specially necessary, to nurses saddened with the sorrow and suffering of the world, and we are wise if from time to time we go back to "nature the kind old nurse," and re-learn the lessons she is so willing to teach.

"Nature never did betray  
The heart that loved her: 'tis her privilege  
Through all the years of this our life, to lead  
From joy to joy; for she can so inform  
The mind that is within us, so impress  
With quietness and beauty, and so feed  
With lofty thoughts, that neither evil tongues,  
Rash judgment, nor the sneers of selfish men,  
Nor greetings where no kindness is, nor all  
The dreary intercourse of daily life,  
Shall e'er prevail against us, or disturb  
Our cheerful faith, that all which we behold  
Is full of blessings."

Are we ever tempted to despair for our work, our patients, ourselves? Let us listen to the teaching of nature, and she will tell us of hope

for the most hopeless of causes, of recovery for the sick, of restoration where hope seems vain, and those nurses are most successful who while they are obedient and devoted disciples of science, ally themselves with nature, realising that when science has come to an end of its resources, nature will have the last word, and that the power of recuperation which is in her hands to bestow is perhaps the strongest in the world. If we study her methods and bend our minds to furthering them, we shall best aid those whom it is our duty and our pleasure to serve. The change of scene, so often prescribed after a serious illness, is advised not only in order that the patient may benefit from a more bracing environment, but that he may get close to the heart of Nature and drink deep of her wisdom.

In the same way those who have suffered a great bereavement are wise if they seek renewed strength among the beauty of the everlasting hills, with their steadying, uplifting influence. And if nature holds a message of hope for us in this world, she has the same message for the future. It was a great lover of nature—Charles Kingsley—who wrote: "The world which shall be hereafter—ay, which shall be! Believe it, toil-worn worker—God made you love beautiful things only because He intends to give you your fill of them." And concerning pictures in the National Gallery, he wrote: "Those landscapes—painted by loving, wise, old Claude 200 years ago, are still as fresh as ever. How still the meadows are! how pure and free that vault of deep blue sky . . . Ah! but gayer meadows and bluer skies await thee in the world to come, that fairyland made real, 'the new heavens and the new earth' which God has prepared for the pure and loving, the just and brave, who have conquered in the sore fight of life."



## OUR PRIZE COMPETITION.

**WHAT PRECAUTIONS DO YOU TAKE WHEN NURSING A HELPLESS PATIENT, FOR THE PREVENTION OF BEDSORES? AT WHAT STAGE WOULD YOU REPORT A THREATENING BEDSORE TO THE MEDICAL PRACTITIONER IN CHARGE OF THE CASE?**

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

### PRIZE PAPER.

Bedsores may be caused by—

- (1) Careless treatment, such as rucked sheets and crumbs under patient, or insufficient drying of parts after washing.
- (2) Incontinence being continual without proper changing.
- (3) Injury, especially the case with enamelled bedpans, which chip, and quickly abrade the skin, or may be due to patient being on a bed pan for too long a time, as the pressure restricts the circulation and causes bruising.

Prevention of bed sores is of the utmost importance in nursing cases confined to bed, and are very serious complications if allowed to occur; they are most likely to occur in paralysis, tuberculosis, diabetes, fractured-femur cases, and all debilitating diseases, owing to lack of blood supply, either by impaired circulation or under-nourished tissue.

Three points must be borne in mind by every nurse in endeavouring to combat this evil:—

- (1) Cleanliness.
- (2) Change of position of parts exposed to pressure.
- (3) Stimulating circulation of parts.

(1) Absolute cleanliness includes patient and his bed. The nurse must well wash all parts exposed to pressure with plenty of soap and water, well rubbing soap on with the palm of the hand and not the flannel; rubbing should be in a circular movement; thoroughly wash off soap and dry well with a soft, warm, towel. Methylated spirits should next be well rubbed on to harden the skin, and powder, equal parts of starch and zinc, applied with a swab of wool; such parts needing attention are the back, buttocks, hips, elbows, shoulders, and heels.

In women equal care must be taken of the groins and under the breasts, as much soreness can result if neglected; powder well after washing, or if a hard skin, ointment may be better. Sheets on which patient lies must be soft and free from creases and crumbs, and

should not be washed with chemicals, which irritate the skin. If the patient is incontinent or very thin, this must be done 4-hourly and draw sheet drawn or changed as necessary; for ordinary bed cases twice daily is usually sufficient.

(2) Position of patient should be changed or relieved as much as possible. Air rings, water beds, or cushions of various sizes all help to relieve pressure, but must not be filled with air or water till they are hard; half full is sufficient for most patients. Paralysed, diabetic and many patients can be turned from one side to the other frequently, but fracture cases must be made as comfortable as possible without much movement, but much relief is obtained by the back being treated and a cool sheet being inserted. Great care should be exercised in giving bed pans to all these cases; no cracks or chips must be on any part of pan, it should be warm, not hot, and a pad of wool placed to relieve pressure on prominent parts. Rubber bed pans are most useful, especially in fractured femur cases; net beds are much used in these cases now, and alleviate the difficulty.

(3) Stimulation of parts is effected by means of rubbing. This is the most efficient means of stimulating the circulation, and no matter how much ointment or other application is applied, it is useless unless well rubbed in until the warmth of the skin reacts to rubbing.

Any exposed parts becoming discoloured over a prominence, or a small papule, bruise or crack of skin must be immediately reported to the doctor; some hard skins will often crack and reveal a sore with very little warning, and so careful observation is necessary to detect any signs of breaking down of tissue, or a bedsore which may greatly impede patient's progress may result.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. Firth Scott, Miss E. Meddman, Miss Linda M. Smith, Miss P. Thomson, Miss M. Roberts.

Miss Linda M. Smith writes:—In prolonged cases a mixture of zinc ointment and castor oil is sometimes used instead of or alternately with spirit and powder, and it must be remembered that skins vary with the owners. Some nurses wrap the elbows and heels in wool if there is much emaciation.

### QUESTION FOR THE WEEK.

How would you care for the following ward appliances: mackintoshes, test tubes, hypodermic syringes, window blinds?



## HOW TO KEEP THE PATIENT'S BED DRY DURING CARREL-DAKIN TREATMENT

BY MISS AMY PHIPPS.

Where continuous irrigation is in process the utmost vigilance is always needed to keep the patient's bed dry and comfortable, and, by reason of the nature of Carrel-Dakin solution, this is of still greater importance in connection with the Carrel-Dakin treatment, as not only is the patient's immediate comfort under consideration, but also the harmful effect of contact with the lotion to the surrounding tissues. To fully appreciate this fact, it must be borne in mind that the solution, although having a valuable healing influence upon wounds, proves intensely irritating to the healthy skin, which, after contact with it, quickly becomes reddened and sore looking, and if such contact is allowed to go on, rapidly becomes a sore surface, which tends to ulcerate.

The solution is prepared from chlorinate of lime, and carbonate and bicarbonate of soda; the amount of each is very accurately triturated and prepared; the process needs great care and much patience after preparation. It is carefully tested before use, to see that the right effect of the chemical combination has been produced, viz., the setting free of an exact amount of free chlorine. The solution is prepared fresh every day, and is kept well corked in a dark place. It is usually coloured pink with aniline dye.

The bed is prepared with a mackintosh arranged under the part for application, and is prepared with a gutter leading into a bowl. Where such is procurable, a Kelly cushion answers the purpose admirably, and adds greatly to the patient's comfort. The cushion part is thoroughly carbolised, and arranged under the wound, any excess of fluid running down the Kelly apron into a pail. Another great aid to securing a dry bed is to get and keep the patient in as comfortable a position as possible, otherwise he will move about and disarrange the irrigation apparatus in trying to get so. The two most common methods of application are:—

1. The continuous drip irrigation.
2. The intermittent irrigation by instillation.

In the first instance the patient must necessarily be in bed, except in the case of the upper extremity, when he may be made comfortable in a chair. The douche can is suspended on the wall or can-stand, and so arranged that the tubes, ending in tiny glass nozzles, are exactly

over the wound, which is usually covered with a layer of gauze. The tubes are provided with clips to regulate the flow. A strip of sterile gauze, attached to a rubber tube to keep it in place, is inserted in the lowest part of the wound, and by this the excess of lotion is, to a large extent, led away by syphonage.

By far the most important factors in successfully keeping the patient dry are:—

1. Keeping him comfortable.
2. Carefully regulating the flow from the irrigator.

In the intermittent irrigation the wound is covered with a specially made loose gauze swab, lengths of sterile tubing (about 9 inches) are tied at one end, and above this they are finely perforated with a special small "punch" for about one inch. The tubes, one or more, according to the size of the wound, are placed with the perforated end on the gauze, and kept in position by being strapped to the leg near the open end. Over this is placed another layer of gauze and a large sterile gauze pad, and the whole firmly bandaged. With a small ball syringe about 3 ss of Carrel-Dakin solution is instilled into each tube every two hours, day and night. If the limb is arranged conveniently before going to sleep the treatment can be carried out without disturbing the patient; and by day, unless other conditions demand it, he need not stay in bed for treatment.

The immediately surrounding skin is protected by sterile "vaseline gauze" arranged round the edges of the wound and over the skin. This is prepared by cutting butter muslin of convenient size, sterilising it, soaking it in melted vaseline, putting this into a drum, and treating it with high-pressure steriliser.

In the hospital in France within the writer's experience, for eighteen months the hospital was practically a "Carrel-Dakin" hospital, with the most gratifying results. The wounds healed with extraordinary rapidity, wet beds from irrigation were practically unknown, and likewise skin irritations. All dressings were carried out with gloved hands, and dressings applied with two pairs of dissecting grips.

As the wound progresses, the discharges are frequently tested for germs, and when these are reduced to a minimum the wound is, in favourable cases, sutured, and heals in the ordinary way by primary union.

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Her Royal Highness Princess Christian has become President of the Hospital for Women, Soho, in the room of the Earl of Shaftesbury.



## NURSING ECHOES.

A meeting, at which Father John Nicholson will preside, will be held at the Convent, 58, Holland Park, Kensington, on Wednesday, March 30th, at 4 o'clock, to inaugurate a "Club for Catholic Nurses," all of whom are cordially invited to attend. The benefit of professional clubs, where members can meet on terms of social intercourse are appreciated, and in the case of nurses belonging to the Roman Church such a meeting place should prove a great boon, and especially for private nurses, as the opportunities of those drawn together by the ties of a common religion are few and difficult.

The Cardinal Archbishop has therefore invited the Handmaids of Mary to help in founding a Club for Catholic Nurses, and the nuns have acceded to the wishes of His Eminence, and consented to set aside certain rooms for this purpose on Tuesday, Wednesday and Thursday afternoons.

We regret to note that the Brighton, Hove, and Preston District Nursing Association, which is affiliated to the Queen Victoria's Jubilee Institute, has had to reduce its staff owing to lack of funds, and after 24 years' work the annual report announces:—

"The chief sources of income—voluntary subscriptions, public health work, patients' payments, and training fees for candidates—do not even cover the salaries of staff, uniform, and board."

Another extract from the report says:—

"It would appear as if in the future the steady income from voluntary subscriptions will no longer be reliable, and the only way to keep the association solvent will be by organising popular functions and amusements to raise funds."

It cannot be said that the decrease in funds is due to any slackness on the part of the nurses, for 1920 was a record year, the number of cases showing an increase of 325 over 1919. The balance sheet, however, demonstrates that there has not been a corresponding response on the part of the general public, and the Queen's Nurses will thus be unable to form an important unit in the provident scheme now being organised in Brighton and Hove. A tribute to the work of the Queen's Nurses was paid at the recent annual meeting by Dr. Duncan Forbes, M.O.H., Brighton, who stated that whereas 30 per cent. of the cases admitted to the Blind School owed blindness to inflammation of the eyes just after birth, since

the nursing had been undertaken by the Queen's Nurses, no further recruits from that cause had been under treatment at the institution. Earnest appeals were made by several speakers for more financial support.

Efforts to co-ordinate the various district nursing societies of Birmingham were brought to a successful issue at a recent Conference at the Council House. Representatives of all the district nursing societies in the city were present, and it was decided to set up a Central Co-ordinating Committee, which will be joined by twelve societies, King's Heath alone remaining outside. Two representatives will be appointed to the Central Committee by each organisation, the functions of the committee being outlined as follows:—(a) For comparison of work of societies by quarterly meetings with brief report from each society; (b) to benefit by exchange of ideas and methods; (c) to consider such questions as nurses' salaries, hours of duty, &c., with a view to arriving at a standard of efficiency generally; (d) to co-operate to extend service to unprovided areas and link up work in adjacent areas; (e) to co-operate in buying such materials as are required, if by so doing economies can be effected; (f) to advise the District Nursing Augmentation Fund on the distribution among societies of funds collected centrally for maintaining services.

A very successful sale of work, and American tea, was held last week at the Stockport Infirmary to provide funds for furnishing the new Nurses' dining room. The Sale was organised by the Matron (Miss Goodacre) and the nursing staff, assisted by the wives of the honorary medical staff and others. The opening ceremony took place in the Out-patient Department, the Chairman, Sir Alan J. Sykes, Bart., M.P., presiding, and the Sale being declared open by Lady Sheffield, who said they had splendid buildings, good nurses, and everything to make the institution the success it ought to be.

Dr. Murray, in proposing a vote of thanks to Lady Sheffield, said that since Miss Goodacre came among them the Nursing Department had shown development, and Dr. Marriott said good nurses were invaluable, but were, at best, poorly paid, and the least that could be done was to make their lives outside the wards as comfortable as possible.

There were three stalls—the nurses' stall, the honorary medical staff stall, and the flower stall—and the highly satisfactory result was that several hundreds of pounds were realised.



## GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

### DRAFT SYLLABUS OF LECTURES AND DEMONSTRATIONS AND TRAINING IN GENERAL NURSING.

The following Draft Syllabus has been issued by the authority of the General Nursing Council to Hospital and Poor Law Authorities, hoping that careful attention may be given to it preparatory to discussion at the Conference to be held on April 28th prox. :—

#### PREFACE.

You are no doubt aware that the General Nursing Council for England and Wales has been appointed under the provisions of the Nurses' Registration Act, 1919 (9 & 10 Geo. 5, c. 94).

By the said Act the Council is directed to make rules requiring as a condition of the admission of any person to the register that that person shall have undergone the prescribed training, and shall possess the prescribed experience in the nursing of the sick :

requiring that the prescribed training shall be carried out either in an institution approved by the Council in that behalf or in the service of the Admiralty, the Army Council, or the Air Council, and the Council is directed to make rules for regulating the conduct of any examinations which may be prescribed as a condition of admission to the register, and any matters ancillary to or connected with any such examination.

These provisions apply to future nurses as distinguished from existing nurses defined by the Act.

In pursuance of its duties the Council has been engaged in preparing the rules for the prescribed training which nurses must in future undergo in order that after examination the Council may be satisfied such nurses possess the prescribed experience in the nursing of the sick, and it is also compiling a list of institutions approved by the Council in which the prescribed training shall be carried out. In due course it proposes to issue rules and dates for the holding of examinations.

The General Nursing Council has compiled the enclosed syllabus of training in the hope that it may aid the training schools in arriving at a general standard of nursing education, and in order to inform them of the general lines of education and the standard required by the Council to be attained by candidates.

The Council believes this syllabus will meet the needs of schools of various resources and equipment, and enable them to prepare their pupils for the examinations contemplated by the Statute. It is intended to outline a minimum standard, and the method of arrangement has been chosen to give a clear exposition of the scheme.

The syllabus is planned to cover a three years' course of instruction with subjects allotted to the different years on a convenient working basis. The distribution of the material does not necessarily indicate a series of individual lectures, but rather a grouping of the subject-matter.

The table for the first year, if read in parallel across the paper, permits of the first three sections being linked up as a whole, and as they might very suitably be taught in relationship to each other by one teacher, e.g., a sister-tutor.

If read in series down the page, the table suggests the headings that might suitably form a course of lectures arranged on each given subject upon which the pupil would eventually be examined.

Ward management and hospital economy should have more care bestowed upon them than appears to be the case in general at present, and special emphasis should be laid upon economy in the use of hospital property.

Public sanitation and public health are subjects of growing importance in the training of a nurse, both to widen her outlook and to counteract the limited vision sometimes acquired in the sick wards. They should be brought to her notice from the outset and kept in full view throughout her training.

Whilst fully realising the value of lectures and demonstrations given by medical practitioners and others on special subjects in which they are experts, the Council wishes to emphasise the importance it attaches to the lectures and teaching given by fully trained nurses, i.e., Matrons, Sister-Tutors, Ward Sisters, &c., as they can bring to the subjects the true nursing outlook gained by their own personal knowledge and practical experience.

The Council also attaches great importance to the giving of revision classes to pupils, the correction of their note books, and the personal supervision of the pupil nurse in all stages of her training and study.

#### EXPLANATORY NOTES ON SYLLABUS.

The Council desire to draw attention to the following points for a full understanding of the scheme :—

1. The **Classification** is purposely condensed to permit of free interpretation.

2. Scientific terms are used for convenience, as being more comprehensive and less misleading, but are intended to be interpreted, especially in the first year, in a simple and elementary way, and as much as possible in direct relationship to practical details.

3. **Bacteriology** may be desired as a separate subject, by more advanced schools, but in the submitted scheme it can find place under Elementary Hygiene or Theoretical Nursing (and for that reason is included under both headings), and will be dealt with by both physician and surgeon in the senior courses of lectures.

4. **The Technique of the Operating Theatres** is included under Surgical Technique, but where facilities for actual experience in theatre work are not forthcoming, it is advisable that extra lectures with demonstrations be given on the subject.

5. **Domestic Ward Management**, including methods of cleaning, care of ward furniture, bedding and clothing, care of cupboards, kitchens, bathrooms, lavatories, disposal and disinfection of soiled linen, the serving of food, &c., should be special details of ward training, but can be emphasised in lectures on Hygiene and Practical Nursing.

6. **Hospital Economy** is included under Elementary Hygiene and Household Science.

7. **Nursing of Communicable Diseases** may be well taught in the first year, both in connection with Hygiene and Public Health and with Theoretical Nursing, but the subject should be again dealt with and amplified as to pathology and treatment in the medical lectures given later by the physician.

8. **Diseases of Infants and Children** find place on the Syllabus in the General Diseases and their nursing in both first and second or third years, and need not necessarily be a separate subject.

Feeding of infants and children will be found under the heading of Theoretical Nursing and of Food and Food Values.

**Public Sanitation and Public Health** are introduced under Hygiene for elementary treatment, or included in a course of Chemistry or Elementary Science.



## THE SYLLABUS FOR FIRST YEAR OF TRAINING.

The theoretical instruction given in the first year is to be regarded merely as an introduction to the work of the subsequent years, and the submitted scheme is intended to be treated in briefest outline. The amount of ground to be covered will show that the subject-matter can only be touched on.

Sections I, II, IV, V, and a brief outline of III, could be included in a Preliminary School Course where such existed.

I. Anatomy and Physiology.	II. Elementary Science, including Hygiene, Sanitation, Bacteriology.	III. THEORETICAL and PRACTICAL NURSING.	IV. Food Values and Invalid Cooking.	V. First Aid.
Structure of Tissues. Skeleton Bones.	Explanation of Terms. Personal Hygiene: clothing, care of feet and hands. Methods of Cleaning: care of ward furniture and ward offices.	Ethics of Nursing and Nursing History. Feeding of Patients: adults, children, infants.	Classes of Foods. Feeding of Patients, illustrated by	Fractures.
Joints. Muscles. Viscera.	Composition of Air, Atmospheric Pressure. Heat. Warming and Ventilation of Ward.	Micro-organisms, Inflammation, Surgical Technique, Sterilization.	Demonstration and Practice.	Splints: their preparation.
Alimentary Canal. Digestion.	Water: effects of temperature. Hard and soft Water. Impurities and Purification of Water.	Artificial Feeding. Examination of stools.	Milk, Butter, Cheese, &c.	Fractures and First Aid.
Absorption and Metabolism.	Imperial and Metric Systems. Conversion of Scales. Multiple and Fractional Doses. Percentage.	Elementary Pharmacology. Administration of Drugs. Technique of Hypodermic Injections. Abbreviations in Prescription.	Demonstration and Practice.	Bandaging.
Blood and its circulation. Lymph and its circulation.	Germ-life and Infection of the Body. Natural and Artificial Protection against Disease. Immunity.	Pulse and Temperature: in health and disease; method of recording the same. Bacterial Infection: toxæmia, septicæmia.	Eggs, Fish, Meat: fresh versus stale. Methods of cooking.	Hæmorrhage. Pressure points. Pressure dressing.
Respiratory System.	Precautions against Infection. Preventive Measures against Tuberculosis.	Respiration: in health and disease. Respiratory Diseases: their causation, symptoms, treatment.	Demonstration and Practice.	Bandaging and special bandages.
Excretory System. Skin and Kidney.	Drainage Systems. Disposal of Waste. Disinfection.	Micturition, Catheterization, Care of Catheters. Bladder Lavage. Nephritis.	Vegetables, Fruits, Predigested foods. Diets in Special Diseases.	Poisons: Antidotes. First Aid. Care of Patient.
Reproductive System.	Meaning of Public Health, Racial Diseases. Ante-natal Care, Child Welfare.	Outline of Diseases of the Reproductive Tract, including Venereal Disease: their nature and management.	Demonstration and Practice.	Burns: First Aid. Care of Patient.
Nervous System.	Communicable and Notifiable Diseases: their Complications.	Examples of Communicable Diseases, e.g., Scarlatina, Diphtheria, Enteric Fever, Infantile Paralysis: their causation and general management.	Farinaceous Foods. Alcohol. Beverages. Condiments.	Fits. Faints.
Special Senses.	Sequelæ of Communicable Diseases: their disabling effects on community.	Deafness, Blindness, Deformity, Heart Disease resulting from Measles, Gonorrhœa, Rheumatism, Tuberculosis, &c.	Demonstrations and Practice.	Artificial Respiration.
		Operating Theatre Demonstration.		

N.B.—The Practical Nursing in every case illustrates and elaborates the concurrent lectures on Theoretical Nursing.



THE SYLLABUS FOR SECOND AND THIRD YEAR OF TRAINING.

Anatomy.	Physiology.	Elementary Science.	Gynaecology.	Surgery.	Medicine.
Osses System.	Blood : its composition and properties (Demonstration of Blood clotting).	Matter : its forms and properties. Metric System.	Structure of Pelvis. Generative Organs.	Inflammation. Suppuration. Gangrene. Pyogenic organisms.	Disease. Notes on Biology, Histology, Chemistry of Physiology, Bacteriology.
Muscular System.	Heart, Circulation. Vasomotor System. (Demonstrated in frog.)	Atmosphere—Oxygen, Nitrogen. Carbon dioxide : their preparation and properties—Water-vapour.	Conception : developing ovum and pregnant uterus—Foetal life, Ante-natal conditions.	Tetanus, Erysipelas, Venereal Diseases : their incidence, symptoms, treatment.	Defensive Mechanisms of the Body. Immunity. Serum and Vaccine Therapy.
Circulatory System.	Respiration (presence of CO <sub>2</sub> in expired air demonstrated).	Atmospheric Pressure. Barometer. Hydrogen : its preparation and properties.	Toxamias of Pregnancy—Abortion. Parturition. Ectopic Gestation : treatment and nursing of each condition.	Fractures : application of splints. Fractured Spine : its treatment and nursing. Dislocations.	Infectious Diseases. Acute Rheumatism in child and adult.
Respiratory System.	Digestion (demonstrated by ferment action and chemical tests).	Water : electrolysis, density, freezing and boiling points, latent heat, solvent powers, evaporation, distillation. Hard and Soft Water.	Diseases of Reproductive Tract : Menstruation and its disturbances. Vaginal Discharges. Displacements : use of pessaries.	Hæmorrhage, Aneurisms. Abdominal Surgery : Preparation for Operation. Hernia. Appendicitis : perforation and its treatment. Acute Intestinal Obstruction in adult, in child. Gastric Ulcer. Cancer of Stomach. Gall Stones.	Diseases of the Heart and Blood vessels with irregularities of pulse.
Digestive System.	Absorption.	Heat. Thermometer.	Disturbances of Micturition.		
Absorptive System.	Metabolism.	Conduction—Convection—Radiation.		Diseases of the Rectum.	Diseases of Alimentary Tract.
Excretory System.	Excretion. Composition of Urine.	Combustion—Ignition or flash point—Flame—Coal Gas.			Diseases of Liver.
Ductless Glands.	Muscle : its character, function and changes (demonstrated by muscle-nerve preparation).	Ventilation, Dirt, Disinfection, Disinfectants. Purification of Water.	Infections—ascending inflammation. Septicæmia, its nursing treatment—Syphilis—Gonorrhœa.	Diseases of Urinary Tract.	Diseases of Kidneys.
Nervous System.	Nervous System : its several parts and their functions.	Proteins, Carbohydrates, Fats : their nature, action of enzymes, chemical tests. Composition of Milk : its adulteration and detection.	New Growth, Nursing Treatment of Inoperable Cancer.	Orthopædics : Diseases of Bones and Joints. Chronic Poliomyelitis.	Diseases of Nervous System. Hemiplegia, Paraplegia, Infantile Paralysis.
Special Senses.	Speech Areas. Special Senses. Equilibrium.	N.B.—The above might be optional or taken as an advanced course.	Observation and management of Patient. Preparation for Operation. Post operative nursing. Gynaecological Instruments.	Diseases of Nose, Ear and Throat.	Coma. Fits : toxic, cerebral special manifestations—Infantile Convulsions. Epilepsy—Hysteria—Neurasthenia.



## GENERAL NURSING COUNCIL FOR SCOTLAND.

### MEETING, MARCH 16th, 1921.

The Registrar submitted a letter from the Scottish Board of Health enclosing copy of the Board's Memorandum on the subject of the supply of Hospital Nurses, together with their Remit to the Consultative Council on Medical and Allied Services, and the Report of the Committee appointed by the Consultative Council following on that Remit. These documents were remitted to the Education and Examination Committee of the Council for consideration.

A letter was submitted from the Scottish Board of Health with regard to a request received by the Board from certain Hospitals that the Board's Examination should be continued in order to ensure that nurses commencing training after 1st January, 1920, might have their knowledge of Anatomy, Physiology and Hygiene tested by examination at an early period of their training. The Council were of opinion that the point raised is of importance to all nurses commencing training any considerable time before the Council's Examinations are in operation, and that it was not a matter affecting specially the nurses covered hitherto by the Board's Examination. After discussion, the matter was remitted to the Education and Examination Committee.

The Registrar submitted a Summary forwarded by the Scottish Board of Health showing the total number of Fever Nurses on the Board's Register to date to be 1,137, of whom 622 had received further training in the larger General Infirmarys and Hospitals, Military Hospitals, &c., leaving only 515 nurses on the Board's Fever Register who have Fever training only. The Board also pointed out that of these, 93 were known to be dead, married, abroad, or not practising. Of the remaining 422 nurses, over 200 obtained the Board's Fever Certificate as recently as the years 1919 and 1920, and the Board added that it was probable that a considerable number of these were at present undergoing further training in General Hospitals, and that it should be understood that the number stated above as dead, married, abroad, &c., is probably far from complete. The Registrar was instructed to thank the Board for the Memorandum and to state that the Council were pleased to note that so small a number of nurses on the Board's Fever Register would be eligible to apply for admission to the General Register.

It was reported that the Syllabus Committee had adjusted the Questionnaire to be sent to the various Hospitals and that copies were being sent out as soon as possible. It was further reported that this Committee had not yet been able to complete the Draft Syllabus of Training for future nurses, but that same would be completed before next Meeting of the Council.

## UNJUST TO GENERAL TRAINED NURSES AND MISLEADING TO THE PUBLIC.

We gather from this report that the General Nursing Council for Scotland has failed to stand firmly against the demand of the Scottish Board of Health to place nurses certificated by it as Fever nurses on the General Nurses' Register. This is most unfair to thoroughly trained general nurses, the more so as the Nursing Council for Scotland has framed rules for a Supplementary Register of Fever Nurses. It will be also very misleading to the public.

## IRISH NURSING BOARD.

The Irish Nursing Board, which compiled a Voluntary Register before the Nurses' Acts were passed, has now dissolved. It met a useful purpose in impressing upon Irish nurses and the public the necessity for efficient standards, but the Board now realises that the State having taken over the work of examination and registration of trained nurses, only confusion would result by a continuance of this work by a voluntary body.

## REGISTERED NURSES' PARLIAMENTARY COUNCIL.

The Registered Nurses' Parliamentary Council has placed the need for Rank for Service Nurses before the new Secretary of State for War, the Right Hon. Laming Worthington-Evans, and informed him that Canadian and American Nurses already enjoy the privileges attached to relative Rank. Let us hope he will find time to give consideration to this reform. It ought to be in the forefront of the activities of the Nursing Board at the War Office; but these sort of official Boards are not famed for reforms.

We have received quite a number of private letters recently from Army Sisters thanking us for making Rank for Nurses a live question, and saying it is difficult to agitate for themselves.

The American Nurses have made the presentation of a purse to Mrs. Helen Hoy Greeley, their brilliant advocate, who did so much to win from Congress relative Rank for them in the Army Nurse Corps. The expression of gratitude was made at a luncheon in New York City, when Miss Nutting, with characteristic grace, expressed feelingly the appreciation of the nurses to Mrs. Greeley for her faithful and loyal fight for their interests and achievements.

## HEALTH WEEK IN 1921.

The Secretary of the Health Week Committee, appointed by the Royal Sanitary Institute, announces that H.M. the King and H.M. the Queen have again graciously accorded their patronage to "Health Week," which will be held this year during the month of October.



## NURSES AND THE UNEMPLOYMENT INSURANCE ACT.

### LABOUR MINISTER COMPELS NURSES AND HOSPITAL AUTHORITIES TO PAY.

We attended, with Miss I. Macdonald, as a delegate of the Royal British Nurses' Association, the conference convened by the Minister of Labour on January 5th, to discuss the exclusion of nurses in training, and others, whose salaries and emoluments did not amount to £250 per annum from the operations of the Unemployment Insurance Act, 1920. The following communication has now been received by the Secretary of the Association:—

MINISTRY OF LABOUR  
(Employment and Insurance Dept.),  
Queen Anne's Chambers,  
28, Broadway, S.W.1.

MADAM,—I am directed by the Minister of Labour to advert to the letter addressed to you from this Department on December 31st, 1920, notifying you of the Minister's intention to give a decision under Section 10 of the Unemployment Insurance Act, 1920, on applications submitted to him raising the question whether the employment by a hospital supported out of voluntary contributions of a Sister, a Nurse and a Probationary Nurse is employment within the meaning of the Act.

I am now to inform you that decisions have been given by the Minister to the following effect:—

(a) "That the employment of a person by a Voluntary Hospital as a Probationary Nurse is such as to make that person an employed person within the meaning of the Act."

(b) "That the employment of a person at a Voluntary Hospital as a Nurse to nurse patients is such as to make that person an employed person within the meaning of the Act."

I am to add that the application submitted with reference to the employment of a Sister at a Voluntary Hospital is still under consideration, and a further communication will be addressed to you on this question as soon as the Minister's decision has been given.

I am, Madam,  
Your obedient servant,  
N. R. L. BLAKISTON.

### AN UNJUST TAX.

This decision of the Minister of Labour will be very disappointing to the Nursing Profession, as nearly every nurses' organisation has expressed to his Department its strong objection to the provisions of the Unemployment Insurance Act, which compels them to pay a tax from which, owing to their conditions of work, they will derive no benefit. All the nurse delegates at the Conference were unanimous in their desire for exclusion from the Act, and we consider it most arbitrary that a class of professional women

workers should be made to pay for the benefit of classes of industrial workers, whose conditions make the provisions of the Act an advantage to them. Moreover, thousands of pounds of charitable funds must be contributed by trustees who employ nurses in hospitals and institutions. We ask you: Will nurses tramp daily in queues to the Employment Exchanges with "chairs" and other out-of-work women for a weekly wage of 12s.? It is scandalous that the law provides that they should do so.

## MINISTRY OF PENSIONS.

### NURSES DISABLED BY WAR SERVICE.

The Minister of Pensions desires Nurses who have served in the Great War and are suffering from disabilities due to their service to apply to the Officers' Friend, Ministry of Pensions, Millbank, S.W. 1, for copies of a new leaflet (M.P.O. Leaflet, No. 2), which explains how to obtain advice and information regarding the benefits to which they may be entitled.

Disabled nurses eligible for pension or gratuity, allowances from the Special Grants Committee, medical treatment, and training, comprise members of the following nursing services: Queen Alexandra's Royal Naval Nursing Service (and Reserve), Queen Alexandra's Imperial Military Nursing Service (and Reserve), the Royal Air Force Nursing Service, the Territorial Air Force Nursing Service, and other nurses (e.g., V.A.D. Nursing Members) who have been employed regularly and full time on nursing Imperial Naval, Military or Air Force personnel in hospitals or under organisations recognised by the Service Departments.

## A DECOY DUCK.

As we go to press we have received further information concerning the appeal being made by Lady Martin Harvey, on tour in Canada, for the Nation's Fund for Nurses, with which we shall deal next week.

The form of receipts used by Lady Harvey are contained in a College of Nursing Ltd. receipt book with the lithographed signature "Arthur Stanley," countersigned by "N. Martin Harvey," so that the Council of the College of Nursing Ltd. has apparently instigated this degrading appeal throughout the Dominion of Canada, although it has not been officially announced to the members in the *Bulletin*, its official organ, nor has Lady Harvey mentioned the College Company in any press report of her spoken appeals. The "distressed" nurse is being used as a decoy-duck in Canada—as she has been in England. So far the Canadian public has not had its withers wrung by the lurid tragedy of "Nurse Juliet"!!!

Why should not Lady Harvey impersonate this heroine on the stage? It should prove a draw.



## THE PROFESSIONAL UNION OF TRAINED NURSES.

As there is evidence to prove that certain officials are trying to prevent nurses from joining their Professional Union, the following resolution was passed by the Council of the Medico-Political Union:—

"That the Council of the Medico-Political Union, being informed that pressure has been brought to bear on certain persons to prevent them joining a body affiliated to this Union, protests most emphatically against any interference with personal freedom of choice in such matters."

The Constitutional Labour Party also passed the following:—

"To ask the College of Nursing, Limited, whether the money raised for the Nation's Fund and Tribute Fund for Nurses, is being used to send around circulars and print papers, to persuade Nurses to join the College, and to dissuade them from joining their Professional Union," and

"To inform certain Hospitals that the Constitutional Labour Party will not support any Hospital where it can be proved that the Matron or any other official has intimidated or tried to prevent Nurses from joining their own Professional Union."

It is manifestly an unfair thing to try to prevent Nurses from hearing all sides of the question, especially as Mr. Minet, Treasurer of the Nightingale Training School, St. Thomas's Hospital, stated in his speech against Trade Unionism that it was a burning question that Nurses would be called upon to decide for themselves!

MAUDE MACCALLUM,

*Hon. Secretary.*

## SOCIETY FOR THE PREVENTION OF VENEREAL DISEASE.

We are asked by Mr. Hugh Wansley Bayly, Hon. Secretary of the Society for the Prevention of Venereal Disease, 143, Harley Street, W. 1, to say that he has recently received many letters from nurses asking for particulars regarding the aims and objects of the above Society, for details of the methods of Immediate Self-Disinfection which it advocates, and for the evidence on which such advocacy is based. These letters frequently show a misunderstanding of the points at issue between the Society for the Prevention of Venereal Disease and the National Council for Combating Venereal Diseases.

The Society for the Prevention of Venereal Disease was founded solely to fill in the gap in the propaganda of the National Council left by their opposition to instruction of the public in the prevention of infection by means of Immediate Self-Disinfection. The S.P.V.D., while freely acknow-

ledging that this is only one of the many methods for diminishing Venereal Disease, believe that this method is an extremely important and valuable one, and their propaganda is devoted solely to bringing this method before the public, not because they are antagonistic to other methods, but because this method was not only neglected, but actively opposed by the N.C.C.V.D. Their work is not in opposition to, but complementary to that of the National Council.

Mr. Wansley Bayly further states that no suggestion has yet been made by the Committee of the S.P.V.D. as to the methods or means by which the public may obtain the necessary disinfecting materials, the fact that such materials are easily obtainable of any chemist being, in their opinion, quite sufficient. The aim of the Society is solely the instruction of the public.

The Society would welcome the teachers of Moral Prevention as Allies working along another line towards the same goal, if they on their part would accept the alliance of the teachers of Medical Prevention, and not waste valuable energy in opposition that is not only unnecessary but hopeless, as long as disinfectants are acknowledged to disinfect.

Mr. Wansley Bayly will be pleased to supply to any nurse who forwards him a stamped and addressed envelope copies of the pamphlets "Directions for Men" and "Directions for Women" issued by the Society, and to give her any further information regarding the Society which she may desire. He will also be pleased to enrol any nurse as an Associate of the Society, for which the subscription is 2s. 6d., which entitles the Associate to free copies of all their literature.

## HEALTH INSURANCE WORTH HAVING.

The recent valuation of the funds of approved insurance societies—by which it has been proved that a considerable surplus has been accumulated by those which are well-managed—has evidently aroused the hopes of voluntary hospital managers and district nursing associations whose managers apparently consider that such savings might be well spent in promoting their own good work, and the Parliamentary correspondent of the *Times*, discussing the eagerly awaited report of the Parliamentary Committee on Hospitals, set up by Dr. Addison, to consider their financial condition, makes the statement that "the principal help, it will probably be suggested, may be derived from the accumulated funds in the possession of societies administering the Health Insurance Act," and this is just what the Committee suggests in an interim report.

When one realises that these accumulated funds belong to insured persons, to be administered by their elected committees, by whose good management they exist, we feel sure any suggestion that they should be compulsorily administered by



others would be strenuously resisted. And rightly so.

At the same time we sympathise with the opinion of Lord Knutsford that approved insurance societies should pay for hospital treatment, as it is often such skilled treatment, and not a few pills and potions at home which restores the insured person to health. Then we hold the opinion that through a thorough scheme of insurance every individual should make sufficient provision not only to prevent unnecessary sickness, but to provide for the most skilled curative treatment. We feel sure such a scheme is possible if we were not content to muddle along as usual.

The solution of the whole question of care in sickness is by a bold and comprehensive system of national insurance to which all classes contribute not on the lines of the silly little dole system, now administered by the Ministry of Health. When we realise what a reserve can be built up out of a few pence, one longs to handle a system of pounds. Our benefit scheme would include: Clean bill of health on marriage, care of pregnant women, skilled midwifery, trained maternity nursing, care of nursing mothers and infants, health care instruction in the schools, medical and nursing advice and treatment in sickness in the home, hospital care, convalescence, cremation, and burial. With organisation this inclusive scheme could be largely self-supporting. We are not a nation of organisers, but with our good common sense we might win through if we set ourselves the task.

### THE MOTHERS' CLINIC.

On Thursday afternoon, March 17th, Mr. Humphrey Vernon Roe, and his wife, Dr. Marie Carmichael Stopes, D.Sc., Ph.D., were at home at 61, Marlborough Road, Holloway, N.19, at the Mothers' Clinic, at which fathers also are welcome, to inaugurate this new venture for constructive birth control, or more accurately, the control of conception. The visiting physician is Dr. Jane Hawthorne, and the Midwife-in-Charge Miss Maud Hebbes. The belief of the founders is that parents have the right to control conception, that motherhood should be voluntary and joyous, and that when a child begins to ask questions as to his origin, the mother should be able to reply: "You were born because your father and I loved you and wanted you," so that the child gets the right outlook on life, and also realises that it is loved and wanted. Further, they claim that the vitality of the children born, if about two years elapse between each birth, and the mother has time to recover properly from the last pregnancy is greater than if her health is impoverished by too quick child-bearing, and that a larger number of healthy living children are born. The result of the propaganda is, therefore, the increase and not the decrease of the race.

The Clinic is set down in a slum district because, while knowledge as to the regulation of conception has been available for many years, the really poor, the thriftless, and the ignorant, have been shut out from such knowledge. Dr. Stopes, therefore, resolved that it should be brought to them, and the particular locality selected for the experiment was determined by the housing problem and the possibility of securing a house.

The little Clinic at 61, Marlborough Road, Holloway, is simple but attractive in appearance. There is a reception office in the front, leading to an inner room furnished with couch, and fixed washstand. The walls are distempred a pale cream colour, and paint and cretonnes are blue, and blue-and-white, the "blue bird" being a distinctive feature of the cretonne.

The pictures and decorations are of the simplest, the object being that if, for instance, a woman admires a picture, but thinks it would be impossible of attainment by herself, it can be pointed out to her that there is no insuperable barrier.

The hope of the promoters is that mothers will realize the friendly nature of the Clinic and will drift in and out quite naturally for talks with the midwife in charge. It is emphasised that the object of the Clinic is to assist those who are healthy to remain healthy. It is for prevention not cure, and women suffering from any abnormal conditions are referred to a doctor.

The method of conception control advocated by Dr. Stopes is in normal cases, and after a woman has had one or more children, the use of the small check pessary, together with a quinine pessary. There is, of course, an acute difference of opinion as to the propriety of these methods, but Dr. Stopes is convinced that birth control knowledge, as advocated and imparted by her, is the keystone in the arch of progress towards racial health and happiness.

A meeting on the subject is to be held next month at the Queen's Hall, Langham Place, W.

### ALLENBURY'S DIET.

In many cases of illness and convalescence where a milk diet is ordered the difficulty arises that owing to the power of assimilation being enfeebled the patient is unable to digest the food which is so necessary, and indigestible masses of curd form in the stomach. In such cases Allenbury's Diet is often found to be of extreme value, as it is made from enriched full cream milk and wheat, both of which are partially predigested during manufacture. It has the further advantage that it is easily prepared, all that is necessary being the addition of boiling water. It is also an invaluable food for nursing mothers. The fact that it is prepared by Messrs. Allen & Hanburys, Ltd., is a guarantee of its high standard, and it is obtainable from all chemists, price 2s. 6d. and 5s. a tin.



## APPOINTMENTS.

### CO-EDITORS OF THE "AMERICAN JOURNAL OF NURSING."

The Board of Directors of the *American Journal of Nursing* have appointed as co-editors of the Journal Miss Mary M. Roberts, of Ohio, and the present acting editor, Miss Katharine De Witt. The post of Editor-in-Chief—held for nearly twenty years by the late Miss Sophia Palmer—has been laid aside.

Miss Roberts is reported to have varied and interesting experience. She graduated in 1899 from the Jewish Hospital, Cincinnati, and has had experience as clinic nurse, Superintendent of the nurse-training school at the Savannah Hospital, Acting-Supervisor of the Maternity Department of the Evaston Hospital. Early in the war, she was made director of the Bureau of Nursing of the Lake Division of the American Red Cross, serving in that capacity until she was asked to become director of the unit of the Army School of Nursing at Camp Sherman. Since then she has been a student at Teachers' College with Miss Nutting.

"Miss Roberts," says the *American Journal of Nursing*, "has a kindly, friendly spirit—a personal, human interest in the people with whom she comes in contact, and that is the spirit which our Journal readers have felt in their intercourse with Miss Palmer, when they have met her personally, or by correspondence. It is the spirit which we all wish to have continued—for a magazine, like a human being, must have a heart if it is to be of service to the many who turn to it for help in their various problems. We know our readers will join us in welcoming Miss Roberts most heartily to her new position."

The *American Journal of Nursing* is in the front rank of those official monthly nursing journals—all edited and controlled by professional women—the commercial policy of which is kept subsidiary to professional progress and honour.

As the *doyenne* of such professional editors, we warmly welcome Miss M. Roberts to our ranks, and wish her joy of the influential position to which she has been appointed by her colleagues, and health and strength to support its responsibilities.

### MATRON.

**North-Western Hospital (M.A.B.), Lawn Road, Hampstead, N.W.**—Miss H. H. Reeve has been promoted by the Metropolitan Asylums Board to the post of Matron in the Infectious Hospitals Service, and her services have been allocated until further orders to the North-Western Hospital. Miss Reeve was trained at Guy's Hospital, and has been Charge Nurse at the Park Hospital, Night Superintendent at the North-Western and Park Hospitals, Home Sister at the Park Hospital, and Second Assistant, and for the last two-and-a-half years First Assistant Matron at the Park Hospital, Hither Green, Lewisham.

**Radcliffe Infirmary and County Hospital, Oxford.**—Miss Maude Mary Biggar has been appointed Matron. She was trained at St. Thomas' Hospital, where she has held the position of Sister-in-Charge of the Gynaecological Ward, and later of Block VIII. She has also had experience of administrative work in the Matron's Office, as Assistant Matron, as Housekeeper, and as Sister in the Nightingale Home.

**Victoria Hospital, Kingston-on-Thames.**—Miss M. H. Bateman has been appointed Matron. She was trained at the Kingston Infirmary, and is a certified midwife. She worked for six years as a member of Queen Alexandra's Imperial Military Nursing Service at home and abroad, and was Mentioned in Despatches.

She has also had experience of district and private nursing.

**Tuberculous Colony, Englethwaite Hall, near Carlisle.**—Miss B. Hennessy has been appointed Matron. She was trained at the Spittals Hospital, Newcastle, Staffs., Sister at the above Colony, Sister from 1915–1919 with His Majesty's Forces as a member of the Territorial Force Nursing Service, and recently Health Visitor under the Cumberland County Council.

**Porth and District Hospital, Porth.**—Miss F. M. Pratt has been appointed Matron. She was trained at King Edward VII Hospital, Cardiff, and has been Sister at the Porth and District Hospital.

### HOME SISTER.

**Southmead Infirmary, Bristol.**—Miss Millie Dilke has been appointed Home Sister. She was trained at Milton Infirmary, and has been Sister and Night Superintendent at the Portsmouth Union Infirmary.

### MATERNITY SISTER AND TEACHER.

**Township of Leeds Infirmary.**—Miss Mabel Winifred Gallant has been appointed Maternity Sister and Teacher. She was trained at the Poplar and Stepney Sick Asylum, and from 1918–1919 was doing Military Nursing. She was then Ward Sister and Night Sister at the Kingston-on-Thames Infirmary, and Sister under the British Committee of the Russian Red Cross.

### SISTER.

**Union Infirmary, Cardiff.**—Miss Hannah Evans has been appointed Sister. She was trained at St. Leonard's Hospital, Shoreditch, and is a certified midwife.

## THE DEAD.

I feared the lonely dead, so old were they,—  
Decrepit, tired beings, ghastly white,  
With withered breasts and eyes devoid of sight,  
For ever mute beneath the sodden clay;  
I feared the lonely dead, and turned away  
From thoughts of sombre death and endless  
night;  
Thus, through the dismal hours I longed for light  
To drive my utter hopelessness away.

But now my nights are filled with flowered dreams  
Of singing warriors, beautiful and young;  
Strong men and boys within whose eyes there  
gleams  
The triumph song of words unknown, unsung;  
Grim death has vanished, leaving in its stead  
The shining glory of the living dead.

—SIGOURNEY THAYER, in the *Atlantic Monthly*.

## COMING EVENTS.

**March 24th.**—General Nursing Council for England and Wales. Meeting, Ministry of Health, Whitehall, S.W. 1. 2 p.m.

**March 29th.**—Professional Union of Trained Nurses. Annual General Meeting, The Plane Tree, 106, Great Russell Street, W.C. 1. 4 p.m. Tea, 1s.

**April 1st, 8th, 15th, 22nd and 29th.**—Lectures on Venereal Disease. St. Paul's Hospital, Red Lion Square, Holborn, W.C. 1. By Dr. Leonard Myer, F.R.C.S.



## 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.*

## OXFORD WOMEN'S COLLEGE FUND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—In the message which the Queen gave through the Chancellor to the University of Oxford, when she received the degree of Doctor of Civil Law on March 11th, Her Majesty was pleased to express her deep interest in the appeal for endowment which is being made by the Women's Colleges. She pointed out that they did not enjoy the advantages of older foundations and could not look back to a royal or princely founder, nor had they been endowed by a long line of wealthy benefactors. She hoped that "not only here but in the larger world outside, a generous response would be made to this appeal."

We do not wish to add anything to the Queen's eloquent and cogent words, which Her Majesty has since reinforced by a most generous gift of £500; but we ask you to give them the publicity which, we feel sure, will secure the response that Her Majesty has asked for. Donations should be sent to the Viscountess Rhondda, 92, Victoria Street, Westminster, London, S.W. 1.

Yours, &c.,

CURZON OF KEDLESTON,  
Chancellor of Oxford University;  
RHONDDA,  
Hon. Treasurer Oxford Women's  
Colleges Appeal Fund.

## KERNELS FROM CORRESPONDENCE.

A VOICE FROM AFAR.

Miss E. M. Newman, Branch Superintendent, C.E.Z. Mission, Rainawari: "May I thank the unknown reader of the B.J.N. who has so kindly sent us 5s. for our work by last mail? Our great effort now is to get bedding, mattresses, blankets, and sheets, and mackintoshes. We have pyjamas and kertins for the patients, and lay them on grass mats until we can get the bedding. Moses was put in a basket made of these mat reeds; Christ also in the manger. They are made from the bulrush and woven together with rice straw. Every native, from highest to lowest, uses them in Kashmir; we have them made double and they are very clean and comfortable. Readers of your journal have helped us in many ways. New Zealand reader sent £10, Canada reader 1 dollar 25 cents, English readers £19; we thank them all. We read every word in the Journal, and then send it on to Ladakh, which is 18 days' journey from Kashmir. We gave a tea and a few garments to the extreme poor as a thanksgiving when we read you had at last after all these years of struggle, got the Registration Act passed. God bless and keep you."

[How far-reaching is the power for good or evil of the Press! We do feel proud to know that in

Kashmir and even at far Ladakh our colleagues are keen about the Journal's work, and rejoice with us at home over the passing of the Nursing Acts, realising the lever they may become in raising trained nursing into the fine profession it has the right to be. Miss Newman's Mission is in a village four miles from any European. Gifts of money or hospital stores most welcome. Our readers will remember her Dispensary Hospital was burnt out, a grievous loss. Address, C.E.Z. Dispensary, Rainawari, Srinagar, Kashmir, N. India.—Ed.]

## A MOST INJURIOUS CAMPAIGN.

WAR OFFICE AND PENSIONS MINISTRY AFFECTED.

Miss Harriet Green, London: "Our Canadian Sisters and the general public in Canada must be forming a strange idea of how our War Office and Pensions Ministry treat nurses disabled in the nation's service, if they believe all the tall talk of Lady Martin Harvey. Nothing could be more injurious to our prestige than the highly-coloured exaggerations of this actress. I have written to friends in Canada protesting against this begging campaign in our name, and I hope trained nurses with friends there will do likewise and expose what surely are untruths so far as the deaths of nurses are concerned. I only wish I was in 'Sunny Alberta,' I would have put some 'posers to 'her ladyship,' and I congratulate Calgary nurses in not taking this exploitation sitting down. How sick I am of actress and society patronage. Why cannot the former 'climb' on their own, and not on the nursing ladder?"

[We have written to several Government Departments to draw their attention to the slur on their treatment of war nurses, if Lady Martin Harvey's statements are true, and to protest, as one of the nation's nurses, in having our profession depreciated throughout the Dominion of Canada by this actress begging in our name without our consent. The War Office and the Pensions Ministry are most deeply affected by the statements spread broadcast of their neglect of their obligations to nurses who are rendered unfitted for work in the service of the former. In Toronto and no doubt elsewhere Lady Harvey said, according to the *Toronto Globe*, that "the nurses who have suffered so terribly in the war, and now, ill, unable to work, without a pension, are faced with the workhouse." The Minister of Pensions, the Rt. Hon. J. I. Macpherson, K.C., M.P., should insist upon Lady Harvey proving her words, or stop most mischievous untruths being spread from one end of Canada to the other.—Ed.]

## PRIZE COMPETITION QUESTIONS.

April 9th.—What do you consider should be the qualifications for a Health Visitor? Describe a typical day's work of a Health Visitor.

April 16th.—What is marasmus? What are the principal nursing points in caring for a case of this kind?



# The Midwife.

## THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The seventeenth Annual Meeting of the Association took place at the "New House," Airlie Gardens, Campden Hill, by the kind permission of Mrs. George Booth, at 3 p.m., March 17th.

The Chairman was Lieut.-Col. F. E. Fremantle, M.P.; L.C.C. (Consulting C.M.O. for Hertfordshire).

In his opening remarks he said that the whole question of Midwifery lies at the root of our Reconstruction. From the point of view of the M.O.H. he thoroughly realised the immense importance of it; from the Parliamentary point of view, he saw the great difficulties that confront M.P.s—"the appalling difficulty of finance"—and in pressing this point the Chairman urged that the only way to obtain money so greatly needed by the Association was to appeal to people who had high ideals of work for the good of the community.

The Chairman spoke in reverent and sympathetic terms of the passing of Miss Lucy Robinson, and the good work done by her in this connection.

H.R.H. Princess Christian, and His Grace the Archbishop of Canterbury were re-elected as Presidents; other re-elections were the hon. officers and the members of the Executive and Finance Committees.

Mrs. Ebdon, C.B.E., Chairman of the Executive Committee, gave a brief account of the work done during the year. The Association's scheme for State-aided Midwifery is much to the fore and has been brought up to date. Questions have been asked in the House of Commons, but the proposals of the Ministry of Health are not fully known, and until such time no further action will be taken. Mrs. Ebdon also referred to the fact that the Committee have taken an active part with other Societies in obtaining Representation of the Professional classes on the Central Committee on Women's Training and Employment, dealing with the National Relief Fund, as it was known that they have suffered greatly during the war. The principle of such representation has been conceded, and three professional women have been invited to serve on that Committee. Twenty pupils entered for training under the auspices of the Association during the year. Lady Mabelle Egerton also spoke. Miss Grant moved the adoption of the Balance Sheet. At the conclusion of the business portion of the meeting, Sir Malcolm Morris, K.C.V.O., F.R.C.S. Ed., gave a most interesting and inspiring address on the character of midwifery work and its great value to the community. He struck a high note when he owned to his audience that all through his long experience in midwifery he had never attended a confinement without a certain sensation of fear

lest he should make any mistake. Such sensitiveness is surely a sign of a strong conscientiousness, which all engaged in nursing the sick need not be ashamed to possess.

A cordial vote of thanks was passed to the Chairman, the speaker, and especially to Mrs. Booth, the hostess, for lending her house for the purpose, and for her generous hospitality. A delicious tea was provided for the numerous guests after the meeting. B. K.

## THE ROYAL MATERNITY CHARITY OF LONDON.

The Annual Report of the Royal Maternity Charity of London for 1920, just issued, is a very encouraging record, and incidentally proves the wisdom of the Council in moving its offices from Finsbury Square to 38, John Street, W.C. 1.

There has been no maternal death for three years, and the percentage of deaths of infants is less than last year (5 deaths as compared with 9), although there is an increase in the number of patients attended, attributable to the great amount of unemployment.

The midwives are now receiving 9s. more per case than they received two years ago; but, in spite of this, the cost per patient has continued to decrease, which shows that great economy has been practised by all concerned.

The receipts from donations and subscriptions amount to £955, as against £610 in the previous year, and, as a result of the year's working, after meeting all expenses the Committee has been able to reduce the Bank overdraft by £587.

The Committee hope for increased annual subscriptions to meet current expenditure, and donations towards the crippling overdraft and loan amounting to £4,077 and entailing over £150 for interest.

We congratulate the Secretary, Mrs. Elliott, on the report of the year's working.

The Ninth Annual Post-Graduate Week for Midwives will be held at the General Lying-in Hospital, York Road, Lambeth, from May 23rd to 27th inclusive. Full particulars and programme will be published later.

Dr. Roger S. Dennett, in his book on "Simplified Infant Feeding," expresses the view that the routine practice of giving water to infants is very much overdone. Many begin the practice at birth, before the milk comes into the mother's breasts, by giving the infant sweetened water. This is actually harmful, as it prevents the taking of the breast after the milk has come.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### NURSES FOR VILLAGE WORK.

The question of the supply of nurses for village work was recently the subject of a discussion at a Conference at Huntingdon, convened by the Lord Lieutenant of the County, and promoted by the County Medical Officer of Health, Dr. Moss Blundell.

The effort, as outlined at the above-mentioned Conference, to give "suitable young women a brief course of training in the essentials of nursing, without becoming qualified nurses, but which would give them sufficient knowledge to carry on village nursing," is as out of date as the Lady Bountiful, by whom the village nurse has always been specially beloved. The business motor car now enables an efficiently trained nurse to cover a wide area, and we hope that in the future the services of experienced registered nurses, working from convenient centres, may be made available by this means to the sick in all parts of the country, through the agency of the Health Department of the County.

We learn that the scheme propounded at the Conference by the Lord Lieutenant of Huntingdon—to give young women some months' experience successively in a sanatorium, a Union Infirmary, the County Hospital and a lying-in hospital, the whole course to last about two years—has met with criticism everywhere. It was turned down by the Peterborough Guardians, who hold that a half-trained or badly trained nurse is undesirable, and their staff is not sufficient to give a satisfactory training; the St. Ives Guardians consider the nature of the cases in their Infirmary would not give the trainees the experience desired, they would only learn to care for the aged sick and the dying; the Fever Hospital authorities consider fever training unnecessary for these workers, because fever cases in villages would at once

be removed to hospital; and the Huntingdon County Hospital refuses to have anything to do with these pupils on special terms, and will only accept them for three years' training as ordinary probationers. It is justifiably argued that to accept them on other terms would be unfair to other nurses, and the whole effect of the scheme as propounded would be to lower the status of the nursing profession at a moment when great efforts are being made to raise it. It would, moreover, be unfair to the wage earners in rural districts to supply them with partially trained women. Nothing contributes more to quick recovery than skilled and experienced nursing, and, while quick recovery is desirable for all classes, it is of supreme importance to the wage earner, whose earning capacity and means of self support is dependent upon his health. We congratulate the hospital and Poor Law authorities on their attitude in this matter. It is a most hopeful sign of the times.

The Draft Syllabus of Lectures and Demonstrations, and Training in General Nursing, issued by the General Nursing Council for England and Wales, indicates the standard of knowledge which will be expected by it in the future of those undertaking the nursing of the sick, and we hope that County Medical Officers of Health will acquaint themselves with this Syllabus, and organise the Public Health Nursing in the Counties for the health of which they are responsible on lines which will enable the nurses to take an honourable position in the County as Registered Nurses. To encourage young women to spend eighteen months in acquiring a smattering of nursing—for six months of the proposed two years will, presumably, be spent in gaining the certificate of the Central Midwives Board, which has a legal significance and value—is to mislead them at the outset of their career, and is a very serious responsibility to assume.



## OUR PRIZE COMPETITION.

HOW WOULD YOU CARE FOR THE FOLLOWING WARD APPLIANCES: MACKINTOSHES, TEST TUBES, HYPODERMIC SYRINGES, WINDOW BLINDS?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.

### PRIZE PAPER.

*Mackintoshes* need equal care, whether in use, cleansing or storing.

1. *In use*, care must be exercised to ensure that creasing does not occur; ointment or grease of any kind coming in contact with the rubber, or urine being allowed to soak into it, all render it porous, and the mackintosh must be immediately removed and cleansed.

2. *To cleanse* a mackintosh plenty of soap and water are necessary. First well wash its surface, and then, if very dirty, scrub with a soft brush. If in use on an infectious bed, use carbolic solution (1-20) before washing with soap and water. After well washing, dry as far as possible, and allow to hang over a rod in a cool place.

Do not allow it to soak in strong solutions of soda water, soft soap or disinfectants, unless absolutely necessary, as the rubber surface will peel off and the mackintosh become porous.

3. *To store* mackintoshes, secure a cool place, away from hot pipes or radiators, and a piece of round, smooth wood, and roll on when absolutely dry; soft paper or rag rolled between is an advantage.

Never fold a mackintosh, or it will crack and become porous; and on no account put it away damp.

*Test tubes*.—Immediately after use, put under running cold water tap, to prevent coagulation of any serum or albumen which may be present; then thoroughly wash in Lysol or other solution, and in soda water with a small bottle or camel-hair brush kept for the purpose. Put into steriliser and boil for a few minutes. If for use, lift out with forceps and seal with sterile swab or cork, or put in disinfectant. If to store, dry thoroughly and put away in stand or wrapped in soft paper or between layers of wool or gauze.

*Hypodermic syringes* are made of all glass, glass and metal, and all metal, are very expensive and very easily damaged by careless treatment. Nothing is more aggravating than to find a blocked needle or fixed piston at the moment a syringe is wanted for use.

Glass syringes are perhaps the best, as they can be sterilised by boiling or disinfection. Boiling metal syringes tends to loosen the washers, and certainly aids rust forming. The

needles should be fitted with wires running through them, which must be withdrawn before sterilising. Immediately after use, draw clear water through the needle and syringe, and then alcohol; take syringe to pieces and well wash each part separately with water, and, if to be boiled, place in a small dish; protect the needle with lint or wool, and the barrel of the syringe; cover with cold water; add small pinch of soda bicarbonate and allow to boil in steriliser slowly. If not boiled, place in alcohol for twenty minutes, then well dry. If in frequent use it may be kept ready for use in a sealed jar of alcohol, otherwise smear a little oil or vaseline on metal parts.

The needle must have its wire drawn repeatedly through until quite dry, and new wire put in. All blunt-pointed or damaged needles must be immediately replaced.

*Window blinds* are in constant use in most wards, and frequently need repair, but much can be saved in this respect by a careful nurse.

When the blind is lowered, holding the cord, and not just letting it drop, will prevent the trouble of "coming off the roller."

When drawing up, holding of both cords, and allowing it to be guided up straight, saves many a pang to the observant eye, for nothing makes a ward look more untidy than blinds askew, torn, or unevenly drawn up.

Blinds should be dusted and brushed frequently, and either washed or cleaned at regular intervals.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Rose Ellen Salt Cox, Miss Linda M. Smith, Miss T. Robinson, Miss M. James.

Miss Salt Cox writes:—The life of window blinds may be considerably lengthened by careful treatment. They should never be jerked up and down, but carefully drawn according to the mechanism by which they work. (New-comers should always be shown this mechanism.) About once a week they may be drawn down their full length, and brushed with a soft brush. If washable they should be sent to the laundry periodically, because, if full of dust, they will soon become rotten and break; also they will disseminate dust in the ward. Any slight damage should be reported immediately, for repair, to prevent the blind becoming too badly damaged to be of further use.

### QUESTION FOR THE WEEK.

What do you consider should be the qualifications for a Health Visitor? Describe a typical day's work of a Health Visitor.



## NURSING ECHOES.

Now that the war is supposed to be over, the Committee of the Isla Stewart Memorial Fund, of which Mrs. Bedford Fenwick is Chairman, and Mrs. Shuter Hon. Treasurer, propose to meet and discuss how this little Fund may keep green in memory the personality of one of the most generous and sympathetic of women, who helped to build up the Profession of Nursing on a sound legal basis, and who would, if she were with us to-day, be receiving the just recognition of her self-sacrifice in its true interests.

The Memorial Fund has an income of £30 from investments, and if spent annually, could support schemes suitable to associate with the name of Isla Stewart, such as the promotion of international intercourse and conference between the world's nurses, which she realised to be educational in the highest degree. The promotion of professional consultation and hospitality at home. Why not pay the railway fares of members of the Bart's League from a distance who otherwise could ill afford to accept the invitation of the General Nursing Council of England and Wales to attend the Educational Conference in London on April 28th, or entertain them to luncheon or tea? The Isla Stewart Oration might well be revived annually. We should like to hear it delivered by Professor M. Adelaide Nutting, of Teachers' College, Columbia University, New York. There are other useful methods of reminding the Nursing Profession of the debt it owes to its pioneers, and which will fire them to follow in uplifting footsteps. Isla Stewart greatly loved books; gifts of finely bound works for Nurses' Libraries which otherwise could not be afforded, would be a gift she would have appreciated for the Nurses Library she started at St Bartholomew's Hospital. The Bart's League has never yet acquired a worthy Chairman's Chair, and when we remember how greatly she enjoyed presiding over the meetings of the League she founded, the presentation of such a Chair in her name would remind every successor who sat in it, of her great responsibilities and privileges. Indeed, we could go on making innumerable suggestions for keeping her memory green from year to year, as it well deserves to be kept—planting flowers on her grave, as it were, for future nurses to water and keep alive. We are all far too apt to hurry along the sunny material path and forget the graces and greenness of mossy tracks which appear to lead nowhere, but which wind, perhaps in shadow, to the Elysian Fields.

We are informed that the plaintiffs in the recent Hornsey Cottage Hospital libel action will not seek a retrial of their action against Dr. Ingram. It will be remembered that the jury disagreed.

The Marchioness of Ailsa, President of the Scottish Nurses' Club, presided at the annual meeting held in the Clubhouse, 205, Bath Street, Glasgow, on Saturday, 19th ult. Among those present were Lady Dunlop, convenor of the Committee of Management and of the House Committee, and Miss M. R. Stewart and Miss Hunter, members of the General Nursing Council for Scotland. The annual report, submitted by Miss Stewart, Secretary, stated that in the second full year of the Club's existence its usefulness had been maintained. The shortage of bedroom accommodation had been the chief difficulty, but the members had learned with satisfaction that the trustees had now arranged for an extension of premises by adding a property next door. The report also dealt with lecture courses and with the social activities of the club. The membership now stood at 872, the number of new members being 104. In moving the adoption of the report, the Marchioness of Ailsa said that the club came into existence at a time of soaring prices, but during last year they had been able to convert last year's deficit of £50 in the ordinary account into a credit balance of £76. Their third year therefore started well. There would of necessity be a little delay in entering into possession of the new part of the premises, but knowing the demand for residence accommodation, the management would make this delay as short as possible. The report was adopted and office-bearers appointed, Mrs. A. K. Chalmers and Sir Thomas Dunlop being the new lay members of committee.

Scottish nurses are to be congratulated on the success of their Glasgow Club. It has succeeded because, first of all, it meets an urgent need for residence, and as a social centre it is free to all and gives facilities for expressions of opinion. We greatly need such centres in London. All our little watertight compartments, where cut and dried policies and opinions alone can find expression, are restrictive to professional growth and unity, and are bound to burst up sooner or later—and the sooner the better.

A sale of work in aid of the King Edward Memorial Home for retired nurses in Glasgow and the West of Scotland was held in Oakbank



Hospital, Possil Road, Glasgow, on Saturday, 19th ult. Generous contributions were sent from nurses in the city hospitals, and the stalls had attractive displays of useful wares. There was a large attendance at the opening ceremony, which was performed by Mrs. David M'Cowan, convener of the committee for the Memorial Home. Lady Stirling-Maxwell presided. Mrs. M'Cowan, in declaring the sale open, explained that while they were asking for the large sum of £25,000, it was absolutely necessary that they should obtain that amount in order to put the home on a sound financial basis. Three sales had taken place at the Royal, Western and Greenock Infirmarys, and a sum of £4,000 had been realised. Sir John Lindsay, in proposing a vote of thanks to Mrs. M'Cowan, said that whatever she took in hand she carried to success.

We are looking forward to the time when trained nurses, like other professional women, will receive just remuneration for their work, and when they will not be compelled by poverty to retire, when old, into charitable institutions, however kindly meant. But trained nurses, as a class, have evidently a steep hill to climb to where the gay flowers of independence are all a-growing and a-blowing.

At the Annual Meeting of the Stonehaven Nursing Association the treasurer reported a balance in hand of £256 os. 11d., and later, on the recommendation of the Executive Committee, it was agreed to increase the nurse's salary from 25s. to 30s. a week! No wonder there is a balance, if even the latter sum is considered a living wage for a nurse, whose hours of work, we learn, are unlimited—the number of visits paid by her amounting to 1,863, or at the rate of about forty a week, or 9d. a visit!

The Chelsea Hospital for Women has received £100 from Mr. T. G. Sorby and £25 from Lady Northcote, towards the building of its greatly needed Nurses' Home.

A nurse at Birmingham has, according to the press, thrown out the suggestion that, providing they are in uniform, nurses should be given preference, when a queue confronts them, at their favourite picture house! Considering that hundreds of little nurse girls, in London at least, wear the nurses' veil, cap and cloak, how are the picture houses to be protected from imposition? We fear it cannot be done. And why, after all, should nurses have precedence

over other women workers? Now that their hours are so short, and times so regular, they must not claim further privileges, but share and share alike.

## INTERNATIONAL NEWS.

We cull the following paragraph from the *South African Nursing Record*, the official organ of the South African Trained Nurses' Association:—

"Our new Patroness, Her Royal Highness Princess Arthur of Connaught, is already taking a great personal and professional interest in nursing conditions in South Africa. During one of her visits to a maternity hospital in the Transvaal, her attention was drawn to the difficulty of keeping delicate or premature infants in a regular warm temperature, and she immediately cabled to the Matron of Queen Charlotte's Hospital, London, for particulars regarding an incubator tent which she had seen in use there. Her Royal Highness received a sketch of the tent with a description of its construction, and gave it to the Matron of the Queen Victoria Hospital, Johannesburg, who was able to improvise one, and had it in full working order (with a microscopic occupant) when Princess Arthur visited the Hospital recently. Her Royal Highness carefully inspected the tent, and we feel sure that its introduction into South Africa will be of great benefit in all maternity hospitals or homes. Its outstanding features are simplicity, efficiency and economy, and it will be of great use from a practical point of view, as it can be used in any hospital or private house. The tent is made of a four-fold screen covered with thick blanket material (wool texture) with a chair or stool placed inside for the cot. The heat is created by electric lamps in a radiator attached to any ordinary plug, and a thermometer should be hung inside the tent and the temperature kept regular and recorded daily. The tent ought to be large enough to enable the nurse to give every attention to the baby without removing it. Princess Arthur is greatly impressed with some of the hospitals she has seen, and considers that the arrangements for the off-duty time and comfort of the nurses are exceptionally good. She is greatly interested in Child Welfare work, Red Cross work, and, in fact, in every kind of social work where nursing plays a big part. We are extremely fortunate in having secured the patronage of one who so thoroughly understands the actual practice of nursing, and who is in complete sympathy with the work in all its aspects."



## THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The thirteenth meeting of the General Nursing Council for England and Wales was held on Thursday, March 24th, at the Ministry of Health, Whitehall, S.W. Mr. J. C. Priestley, K.C., Chairman of the Council, presided.

The minutes of the last meeting, which had been circulated to members of the Board were then discussed, and with one amendment confirmed.

### Correspondence.

THE CHAIRMAN then presented the following letters:—

#### HOURS OF EMPLOYMENT BILL.

(1) A letter from Mrs. Paterson, Edinburgh, expressing intense regret that the General Nursing Council had decided to withdraw nurses from the Hours of Employment Bill. Mrs. Paterson stated further that for years those who had watched the youth and brightness being crushed out of our finest girls, had worked and hoped and prayed for just such a Bill, and now, when at long last their dream seemed about to become true, to learn that it had been frustrated by the very Council to whom they looked for assistance, was very hard to bear and to understand. She concluded by asking the reasons for such a decision.\*

#### SPECIAL DISTRICT TRAINING.

(2) A letter from Miss Irene Hett, Joint Hon. Secretary of the Central Council for District Nursing in London, forwarding a copy of a resolution passed by the Central Council for District Nursing in London at their meeting on February 28th and asking for any observations of the General Nursing Council in due course, so that they might be put before her Executive Committee.

The Resolution stated that the Central Council for District Nursing in London had been approached by the National Association for the Prevention of Tuberculosis, in regard to the need of special training in tuberculosis work for district nurses. The Lock Hospital had also communicated with the Central Council in regard to special training for nursing venereal diseases. The Central Council had, therefore, decided to give special consideration to the question of the district training provided and required by the Associations over and above the three years' training in hospital. They had considered and approved the syllabus of practical and theoretical training given by the Queen's Jubilee Institute and the Ranyard Nurses, and

\* The Council, by a very small majority, decided to recommend that Trained Nurses be excluded from the Labour Minister's Hours of Employment Bill, and also that the Minister of Health be asked to bring in a Bill to deal with this question, and affirmed its approval of a 48 hours' week. The General Nursing Council has no power to withdraw nurses from any Bill. It can merely express an opinion on nursing legislation.

were now directing attention to the arrangements made by the smaller associations federated with the Council, and would report on this question in due course.

In the meantime they considered that the attention of the Training Schools for Nurses should be drawn to the large amount of additional instruction needed before a fully-trained nurse was equipped for district work, and they recommended that the foregoing be communicated to the General Nursing Council for consideration in connection with the training of nurses.

The letter was referred to the Education and Examination Committee.

#### LETTER FROM THE PROFESSIONAL UNION OF TRAINED NURSES.

(3) A letter from Miss Maude MacCallum, Hon. Secretary of the Professional Union of Trained Nurses, conveying the following Resolution passed at the first meeting of free members on January 29th:—

"That this meeting of Free Nurses of the Professional Union of Trained Nurses wish to express most emphatically its desire to be included in the Hours of Employment Bill (No. 2) to be introduced into the House of Commons by the Minister of Labour."

#### LETTER FROM THE SECRETARY OF THE NURSING AND MIDWIFERY CONFERENCE AND EXHIBITION.

(4) A letter from the Secretary of the Nursing and Midwifery Conference and Exhibition, addressed to the Registrar, stating that the Nursing Conference, which is now in its eleventh year, had proved so useful as a means of discussing various questions affecting nurses, as well as of hearing lectures by medical authorities, that it was suggested that it should be put on a permanent basis, and inviting the Registrar to arrange a Registration Session.

MRS. BEDFORD FENWICK proposed that the Council should adhere to the decision made at its meeting on February 2nd, that it should have no representation on any outside body. The Exhibition was a useful commercial undertaking, but the persons who organised it were not trained nurses, and it was inadvisable for the Council to associate itself with commercial ventures.

This was unanimously agreed.

#### EQUIVALENT STANDARDS OF QUALIFICATION.

(5) A letter from Miss Margaret Breay, Hon. Secretary of the Registered Nurses' Parliamentary Council, conveying the précis of a discussion which took place at a meeting of that Council, on the necessity for the adoption of equivalent standards of qualification for registration between the three parts of the United Kingdom.

#### PRÉCIS OF DISCUSSION WHICH TOOK PLACE AT A MEETING OF THE REGISTERED NURSES' PARLIAMENTARY COUNCIL, FEBRUARY 26TH, 1921.

An interesting discussion took place on the demand of the General Nursing Councils for Scotland and Ireland for automatic registration



between the three countries, and the objection of the General Nursing Council for England and Wales to deprivation of power of discretion in placing nurses on its Register as provided in the Acts. It was pointed out that such a system would establish a dangerous precedent, and place the Councils in a most anomalous position, and that the system of requiring equivalent standards was in force between the three Midwives Boards and worked without friction.

The Council declared itself strongly in favour of providing Rules for equivalent standards for registration by the three Councils as the only means whereby the Registers could be guaranteed and discipline maintained. It was agreed that without discretionary powers as to who should and who should not be placed upon the Registers, registration would be useless, and well-trained nurses would not register. The hope was expressed that the nurse members on the three Councils would stand firmly for the great principle involved, as it was their duty to protect the interests of the Nursing Profession as a whole. The Rules would be keenly criticised by the Nursing Profession when available.

On the proposition of the CHAIRMAN, it was agreed that Miss Breay be thanked for her letter.

#### **Situation Created by the Opinion of the Law Officers of the Crown.**

The next item on the Agenda was: "To consider the situation created by the opinion of the Law Officers of the Crown, and whether the same should be discussed *in camera*."

The adoption of this course was proposed by the CHAIRMAN.

MISS MACCALLUM said she would not oppose this course, but she thought that the members should hold themselves free, in the event of no agreement being reached, with regard to the Rules, to let the nurses know the position.

MRS. BEDFORD FENWICK supported this view, though the less the Council did *in camera* the better pleased she was, but she was of opinion that if agreement was not reached it was only fair to explain the situation to the nurses before they were asked to register.

MISS COX DAVIES proposed, and it was agreed, that the business taken *in camera* should be left to the end of the meeting.

#### **The Seal of the Council.**

The CHAIRMAN then moved: "That the Chairman be authorised to affix the Seal of the Council to all such documents as require to be sealed in pursuance of any resolution of the Council, and to give effect thereto."

The CHAIRMAN explained that it would be inconvenient to ask for permission each time, and the motion was seconded by SIR JENNER VERRALL, and carried unanimously.

#### **The Report of the Registration Committee.**

Mrs. Bedford Fenwick presented the report of the Registration Committee, which, she stated,

had met three times, on February 11th, and on March 4th and 18th, and recommended that the following Rules should be received. The Rules were adopted with slight amendments as follows:—

(1) An applicant shall be permitted to apply for admission to the Register of the General Nursing Council for England and Wales, notwithstanding she may have been trained as a nurse in Scotland or Ireland.

Mrs. Fenwick explained that this provided that existing nurses would be able to register in the first instance on the Register they preferred.

(2) Provided that nurses holding a certificate with not less than two years' training in a General Hospital for Children followed by one year's training in an Approved General Hospital or Poor Law Infirmary approved by the Council prior to November 1st, 1919, would be eligible for the General Register. The same privilege was incorporated in Rules for Nurses trained in Fever Hospitals, and in Hospitals for Women.

(3) If any question should arise as to the meaning of effect of the Rules, that the decision of the Council should be final.

(4) Rules to provide jurisdiction by the Council as to the removal or restoration to the Register of the names of Nurses also registered by the Councils for Scotland and Ireland, or in the Dominions.

(5) To provide for the filling up of vacancies on the Committees.

(6) That "five" be substituted for "seven" as the quorum of the Education and Examination Committee.

(7) Rule 40. To restore sub-section (1) as originally drafted.

(8) New Rule 52. The Council shall be at liberty to request any member or members of the Council to visit any place or places for the purpose of explaining the Nurses' Registration Act and its purposes and rules, and to sanction the payment of all proper expenses incurred by such member or members in connection with such visit.

(9) Rule 53. Providing for the custody of the Seal.

#### **The Report of the Education and Examination Committee.**

Miss Lloyd Still presented the following Report, which was adopted:—

##### **RULES FOR EXAMINATION.**

(1) To recommend (with reference to the form in which nurses are to bring evidence to the Council of their training):—

"That a Schedule signed by the Chairman and the Matron of the Hospital be required from every Nurse applying to enter for the State examination, certifying that she has passed through the educational curriculum prescribed by the Council and is of good character."

And in the case of Poor Law Infirmaries,

"That a Schedule signed by the Clerk to the Guardians, the Medical Superintendent, and the Matron of the Poor Law Infirmary, be required



from every Nurse applying to enter for the State examination certifying that she has passed through the educational curriculum prescribed by the Council, and is of good character."

(2) To recommend the following subjects for Examination:—Anatomy, Physiology, Elementary Science (including Hygiene, Bacteriology, Sanitation), First Aid, Gynæcology, Materia Medica, Dietetics, Surgical Nursing, Medical Nursing; and

"That candidates shall be required to pass an examination upon all the subjects included in the Syllabus issued by the Council"; and

"That the State Examination covers two days, the first day of two sessions to be devoted to written papers.

"The second day of two sessions—one consisting of a *viva voce* examination and the second an examination on practical nursing."

THE INFORMAL CONFERENCE.

(3) To report that the Informal Conference will be held at the Rooms of the Royal Society of Medicine, 1, Wimpole Street, W. 1, on Thursday, April 28th next. This conference will be held in the large room of that building at 11 a.m. to consider General Training, and at 2.30 p.m., in the same hall, to consider the Supplementary parts of the Register in conjunction with Alternative and Reciprocal Training.

(4) To recommend the following:—

*Morning Session*, 11 a.m. to 1 p.m.—Subject: "General Register."

*Chairman*: MR. J. C. PRIESTLEY. To introduce subject of discussion.

*Speakers*:

MISS LLOYD-STILL.—To open discussion, and to speak on the Syllabus and on Examinations.

MISS DOWBIGGIN.—To speak on the aspect in relation to Poor Law Infirmaries.

DR. GOODALL.—To speak on the medical aspect, and touch on the Supplementary part of Register.

MISS COX-DAVIES.—To sum up after the discussion.

*Afternoon Session*. 2.30 to 5 p.m.—Subject: Supplementary parts of the Register in conjunction with Alternative and Reciprocal Training.

*Chairman*: MR. J. C. PRIESTLEY.

*Speakers*:

MISS SPARSHOTT.—To give a general survey of Reciprocal training from a General Hospital point of view.

DR. BEDFORD PIERCE.—To speak on the Supplementary part of the Register for Mental Hospitals.

MISS SEYMOUR YAPP.—Poor Law Infirmaries.

MISS VILLIERS.—Fever Hospitals.

MISS WORSLEY or MISS COULTON.—Children's Hospitals.

MRS. BEDFORD FENWICK to sum up.

And "That the authorised speakers arranged for by this Committee submit to the Committee the underlying principles of what they intend to say

at the Conference on April 28th, to be put before the next Council Meeting for approval."

The Synopsis of speeches was submitted.

**The Report of the Finance Committee.**

Sir Jenner Verrall presented the Report of the Finance Committee—which was adopted. The agreement for Lease of House, 12, York Gate, W., was signed on February 23rd, and the house was handed over to the Council on March 17th.

The furnishing sub-committee had met several times, and recommended the purchase of furniture to the amount of £427 10s., and an estimate for decoration of £150.

**Report of the Mental Nursing Committee.**

Dr. Bedford Pierce proposed the following recommendation:—

"That the Council be recommended to accept the Syllabus of the Medico-Psychological Association as its Syllabus for the next three years."

This was seconded by Mrs. Bedford Fenwick, and agreed.

The rest of the business was taken *in camera*.

**GENERAL NURSING COUNCIL FOR IRELAND.**

The Rules for existing nurses have, we hear, been approved by the Chief Secretary for Ireland, Col. the Right Hon. Sir Hamar Greenwood, Bart., K.C., M.P., so that Irish nurses will be able to register at an early date. We have not seen in print the Rules made under Clause 6, sec. (3) enabling English and Scottish nurses to obtain admission to the Irish Register, but we believe a system of automatic or transfer registration has been agreed, without securing in the Rules a uniform standard of qualification as projected by Parliament in Clause 6, sec. (3), so that the General Nursing Council for Ireland is apparently content to waive its power of discrimination and responsibility in this connection.

**GENERAL NURSING COUNCIL FOR SCOTLAND.**

We regret to learn that ill health has caused the resignation by Miss Janet Melrose, R.R.C., of her seat on the General Nursing Council for Scotland. Miss Bell, Queen's Nurse, Musselburgh, has also tendered her resignation, on leaving her post there.

The Scottish Board of Health has appointed Miss White, Superintendent of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses, to a seat on the Council.

**THE PROFESSIONAL UNION OF TRAINED NURSES**

MEMBERS PLEASE NOTE!

The Monthly Meeting of the PUBLIC HEALTH SECTION of the Professional Union of Trained Nurses, will be held on Friday, April 1st, at 6 p.m., at 17, Evelyn House, 62, Oxford Street, W. 1.



## THE NURSES' CHART.

The Nurses' Chart attached to the Draft Syllabus of Lectures and Demonstrations for Education and Training in General Nursing recently circulated by the authority of the General Nursing Council of England and Wales, has been drawn up as a suggestion to Training Schools. It is intended to be retained by the Nurse, but marked by the Teaching Sister, to be deposited in the Matron's office by the Nurse at the conclusion of her work in each Ward.

The Chart provides a place for the Nurse's name and date of entry to the School, with space for description of the various Wards in which she has worked.

The following is the list of subjects in which the Nurse is expected to receive tuition during her ward training, and in which she would be examined before qualifying for Registration by the General Nursing Council:—

Domestic Ward Management—	
a.	Method of cleaning .. .. .
b.	Care of Furniture, Bedsteads, Cupboard ..
c.	Care of Bedding, Linen, Blankets, Waterproofs .. .. .
d.	Care of Kitchen, Bathroom, Lavatory ..
e.	Sanitary methods of cleaning Utensils, Baths, Lavatories, Crockery .. .. .
f.	Disposal and disinfection of soiled Linen and Dressings, &c. .. .. .
g.	Cost and management of Stores .. .. .
h.	Dealing with Diet Sheet, Requisition Forms, Clinical and Ward Notices, &c. . . . .
Bedmaking, general .. .. .	
(a)	Operation, Fracture, Plaster, Stump ..
(b)	Rheumatism, Renal, Cardiac .. .. .
Lifting of Patients and care of Backs .. .. .	
Management of Patients after Operation .. .. .	
Scrubbing and Cleaning Mackintoshes .. .. .	
Filling Hot Water Bottles and Water Pillows ..	
Receiving New Patients .. .. .	
Case Taking on Admission .. .. .	
Giving and Receiving Reports .. .. .	
Bathing in Bed .. .. .	
" in Bath Room .. .. .	
Combing and Washing Heads .. .. .	
Care of Hands and Feet .. .. .	
Care of Mouth .. .. .	
Last Offices .. .. .	
Temperature, Pulse and Respiration .. .. .	
Reading of Bed Tickets .. .. .	
Administration of Medicines .. .. .	
Sponging .. .. .	
Hot and Cold Packs .. .. .	
Baths: hot, cold, medicated .. .. .	
Hot Air Bath, local and general .. .. .	
Inhalations, Steam Kettle, Inhaler, Oxygen ..	
Poultices: linseed, mustard, anti-phlogistin, ice ..	
Fomentations: surgical, medical .. .. .	
Ice-bag, Ice Cradle .. .. .	
Blisters, Mustard Leaves, Leeches, Cupping ..	
Inunctions .. .. .	
Lavage: nasal, gastric, rectal .. .. .	
Artificial Feeding: nasal, oesophageal, rectal, by gastrostomy tube .. .. .	
Enema (1) Purgative .. .. .	
	(2) Stimulative (saline) .. .. .
	(3) Continuous or "drip" .. .. .

Injection: hypodermic, intramuscular .. .. .	
Infusion: subcutaneous, intravenous .. .. .	
Settings: Aspiration, Tapping, Lumbar Puncture	
Preparing and Cleansing Apparatus .. .. .	
Passing of Catheter, or setting for .. .. .	
Bladder-washing, or setting for .. .. .	
Cleaning and Sterilising of Catheters .. .. .	
Treatment and Nursing of Acute Cases—	
	Of Typhoid .. .. .
	Of Infectious Cases .. .. .
Douches, Removal of Plugs and Pessaries .. .. .	
Eyes: Bathing, Dressing, Instillation of Drops ..	
Ears: Syringing, Dressing .. .. .	
Making of Bandages .. .. .	
Bandaging .. .. .	
Splint Padding .. .. .	
Settings: Applications of Splints, Extensions, Plasters .. .. .	
Dressings .. .. .	
Removal of Stitches, Clips .. .. .	
Preparation of Skin for Operation .. .. .	
Shaving .. .. .	
Instruments (1) Cleaning, Sterilising .. .. .	
	(2) Care of Syringes, Needles, Scalpels .. .. .
Theatre Experience .. .. .	
Preparing and Serving Meals .. .. .	
" " Small Ward Trays .. .. .	
Feeding " and Care of Infants .. .. .	
Report on Stools and Urine Measures .. .. .	
Testing of Urine .. .. .	
Special Work .. .. .	

## THE "IN FORMA PAUPERIS" FUND. IN CANADA.

We are still receiving letters and cuttings from Canada expressing disapproval of Lady Martin Harvey's campaign of begging throughout the Dominion of Canada for the Nation's Fund for Nurses, promoted by the Council of the College of Nursing, Ltd. Canadian nurses consider Lady Harvey's highly emotional exaggerations in the limelight injurious to the prestige of the Nursing Profession at home and abroad, and resent being classed with English nurses *in forma pauperis*. This is quite natural, as Canadian nurses are usually highly educated women earning good salaries, especially after having graduated and being registered.

The leading Canadian journals have lent themselves—as ours have at home—to this patronage campaign, though we do not gather that they are being paid thousands of pounds for advertisements, as our own venal journals have been, out of the Tribute Fund. Moreover, the Canadian Editors investigate complaints instead of scrapping and excluding every protest as the London Press has done.

For instance, the Editor of the *Montreal Daily Star* feels sure there has been some "misunderstanding," and had a complaint referred to Lady Harvey through the Management of the company (theatrical) which has charge of the tour, and he is fair enough to enclose a copy of the telegram received in reply, stating her side of the case:—



[COPY OF TELEGRAM.]

" Calgary, March 7th.

" Geo. F. Driscoll,

" His Majesty's Theatre, Montreal.

" Nurses' Association nothing whatever to do with British Red Cross or College of Nursing, both of which are represented by Lady Martin Harvey in her appeals. Any question as to integrity of accounts grave insult to British Red Cross, Sir Arthur Stanley, and most honoured names in England. For any Editor in Canada to print Miss Macdonald's letter would be to run serious risk. Nurses' Association already caused trouble in England as to Lady Martin Harvey's position in the matter. Please read following letter from Sir Arthur Stanley, December 14th, 1920. (This letter was published in this Journal on March 19th.) Name of Auditors for College of Nursing, Burton, Mayhew & Co., Treasurers, Comyns Berkeley, Esq., M.D., F.R.C.P., Dame Sidney Brown, G.B.E., R.R.C., the Hon. Sir William Goshen, K.B.E., Treasurer for Lady Martin Harvey, Frank B. O'Neill, Oxon.

" (Signed) FRANK B. O'NEILL."

Canadian Nurses (also the Nation's Nurses at home) want to know why this appeal was kept secret by the College Council, and sprung upon them through a touring actress, thus ignoring their National Association of Nurses, whose professional status is thus depreciated in the estimation of the Canadian public. We note that Sir Arthur Stanley did not allude to this appeal in Canada when presiding over a joint meeting of the British Women's Hospital Committee, Nation's Fund for Nurses, and College of Nursing, Ltd., at the Automobile Club on the 18th ult. Neither did he point out that the Nation's Nurses in whose name the money is being raised only received £2,144 11s. 6d. out of £92,000, and that £4,214 were spent in advertising during the same period.

We do not know who Mr. Frank B. O'Neill may be, but his attempt to intimidate Canadian Editors by suggesting a policy of hush should inspire them to make further enquiries into the management of the Fund. We are glad to know our Canadian colleagues are at one with us in strongly objecting to being held up as objects of charity by Lady Harvey.

### THE PASSING BELL.

The funeral of Mr. Henry Bonham-Carter took place last Saturday at Buriton, Hampshire, the family burying-place. The service was choral and floral tributes included tokens from the Nightingale Training School for Nurses, St. Thomas's Hospital.

Mr. Bonham-Carter, who was a first cousin of Miss Nightingale, was secretary of the Nightingale Fund for over half-a-century. He was a stout opponent to the movement for the State Registration of Nurses, when promoted thirty-three years ago by the British Nurses' Association; but he was a kindly man who had the interests of nurses at heart, as they appeared to him. The whole position of women has changed since those pre-historic days, and we are all registrationists in these progressive times.

### THE NURSES' LEAGUE.

CITY OF WESTMINSTER INFIRMARY,  
HENDON.

The Training School attached to the City of Westminster Infirmary, Hendon, will now cease to exist, owing to the building having been taken over by the Metropolitan Asylums Board, to be used as a Sanatorium for Tuberculosis.

Owing to the fact that the Training School is closed, it has been decided, after much deliberation, to discontinue the Nurses' League, to the regret of all the members who have derived such pleasure from it. The farewell meeting took place at Hendon, on Saturday, March 19th, and a large gathering of nurses met and were entertained to a sumptuous tea.

Then a presentation was made to the President of the League, Miss Elma Smith, the retiring Matron, of a cheque in a pretty case; also a bouquet of flowers representing the colours of the League Badge. The beautiful Banner of the League was also presented to Miss Smith. There was an impressive moment in all the hearts of the Nurses in thus bidding farewell to their beloved Matron, Hospital and League.

The Hon. Secretary and Editor of the *League Journal*, Miss Schuller, was then presented with a very pretty gold expanding wristlet watch, from Matron and the Nurses, as a mark of their affection and gratitude for all the work she has so willingly done for ten years for the League and *Journal*. Miss Schuller was taken so completely by surprise that words failed her when she tried to say "Thank you."

Before parting the nurses joined in singing "For she's a jolly good fellow," when bidding good-bye to Miss Smith, and they fully determined to meet again at no distant date.

L. C. COOPER.

### SOCIETY OF CHARTERED NURSES.

An action heard in the Chancery Division, on March 17th, closes a lengthy dispute in connection with the above Society. The Committee, in July, 1918, decided to wind up the Society on March 25th, 1919. It had a reserve fund of some £1,750 cash; and the members of the Society claimed that this should be divided amongst themselves, and should not be given by the Committee to any official of the Society or other person. After considerable friction, the Committee, in November, 1919, sought the decision of the Court of Chancery on this and other matters concerning the winding up of the Society, and for that purpose three members of the Society were made nominal defendants to the action. Mr. Justice Petersen at the trial decided that the funds of the Society were distributable among the nurses who were members of the Society at the closing of its work, in proportion to their length of membership. Under the constitution of the Society this decision seems to us to be eminently equitable. The one curious point as



to which no note is made in the pleadings or judgment is as to the value of the furniture and fittings of the offices of the Society, and of the values of the business of the Society as a going concern. Clearly the members, under the above judgment, would be entitled to the latter proceeds.

### CONTRIBUTIONS MEAN REPRESENTATION.

The Voluntary Hospitals Committee, presided over by Lord Cave, which Dr. Addison appointed recently "to consider the present financial position of voluntary hospitals and to make recommendations as to any action which should be taken to assist them," has submitted an interim report.

The Committee point out that the quinquennial valuation of Approved Societies under the National Health Insurance Acts, which is now in hand, shows a considerable surplus over the amounts required.

It is estimated that when the valuation is completed the total disposable surplus of all Approved Societies will not be less than £7,000,000.

The societies are empowered to submit for approval schemes for utilising the disposable surplus in providing additional benefits. "We are strongly of opinion," adds the Committee, "that the schemes to be approved should provide for the application of a substantial part of the disposable surplus in providing a contribution towards the cost of the maintenance of members in hospital."

It is suggested that the contribution from an approved society might take the form of either a weekly payment towards the cost of the maintenance of any member of the society who might become an in-patient, or a quarterly or yearly subscription. This latter course would require an amendment of the regulations.

It is therefore recommended that the Ministry of Health:—

(1) Should make any necessary amendment in the regulation;

(2) Should forthwith bring this matter to the notice of the societies concerned and advise them as to the amount of the contributions which might reasonably be made out of the available surplus; and

(3) Should not approve any scheme for the disposal of a surplus until the suggestion has received due consideration.

Not one word is said about the right of the Approved Societies to decide whether or no they wish to resign authority over the money they have saved by economic administration. We must remind the hospitals that if they accept the payment of lump sums from insurance societies they will undoubtedly be faced sooner or later with the demand for some sort of public control. We are of opinion that Approved Societies should pay for hospital treatment for each individual patient who is a member. Any other system would be unfair.

### THE HOSPITAL WORLD.

The Duke of York has become a patron of the London Homœopathic Hospital.

The report of King's College Hospital states that 80 of the 232 students are women.

By the will of Col. Francis Ryder, late 3rd Dragoon Guards, who left £46,617, about £25,000 falls to be divided between the following hospitals: The London, Guy's, Bart.'s, St. Thomas's, Charing Cross, and Leeds Infirmary.

A sub-committee of the British Medical Association has been formed to enquire into the experiment started in Brighton by Dr. Gordon Dill for a medical and hospital service for all residents who pay the modest sum of £1 per year per single person and £2 per year for a family. Dr. Dill has been in communication with officials of London hospitals on the subject, and if adopted in the metropolis would concern 120 hospitals and five millions of people.

A deficit of £4,364 was reported at the annual meeting of the Leeds Hospital for Women and Children, held in the Lord Mayor's Rooms, and an appeal was made for additional funds. How all-important is nursing in hospital service, the following paragraph in the report proves: "The work of the hospital had been carried on during the year with considerable difficulty. Last year a scheme for the improvement of the conditions of service of the nursing staff was approved, but the difficulty of obtaining suitable probationers was still great, and credit was due to those nurses who had carried on under conditions of exceptional pressure. Owing to the shortage of nurses it became necessary to close one-half of the wards for nearly three months. Later in the year, matters improved, and the wards were gradually reopened with the exception of a suite of small wards accommodating five patients." In moving the adoption of the report and accounts, the Lord Mayor remarked that he recently visited the hospital, and he could not praise too highly the efficiency in every department.

Dr. Willoughby, the town medical officer for Eastbourne, discussing health problems with a local society, said tuberculosis was undoubtedly spread by kissing, the osculatory act being "concentrating." If a tuberculous person was kissing a non-tuberculous person, the breathing alone would carry the infection. Experiments showed that when an affected subject coughed without covering the mouth with his hand, whole colonies of bacilli settled on a sensitive plate ten feet away. It is high time emotional persons were prevented from kissing babies—even if it loses votes at election time!



## FLOATING HOSPITALS FOR BABES AND MOTHERS.

For the past thirty years we have from time to time recommended Floating Hospitals for Young Children and Babies on the Thames and on other tidal rivers. Such hospitals have been organised in great perfection in the United States and float in and out of fine harbours all through the summer, that at Boston, Mass., being a model, a magnificent four-decker floating hospital. We note the *Liverpool Courier* puts forth the suggestion that Liverpool should have a floating hospital, as a "somewhat novel proposal," made at the annual meeting of the Child Welfare Association by Dr. A. Dingwall Fordyce. There is nothing novel about this excellent scheme, but it is none the worse for that. No doubt if it is adopted in Liverpool, the Children's Floating Hospital in the Mersey will be thoroughly well done. The mothers and babies greatly appreciate the day trips.

The Boston Floating Hospital announces its twenty-second annual Post-Graduate Course for Nurses, extending from the latter part of June to about the middle of September, 1921. The hospital accommodates over 200 permanent and day patients. Daily and nightly harbour trips are made. Instruction consists of lectures by the Visiting and Auxiliary staff. Food laboratory work, and ward and class instruction. Lectures cover the anatomy and physiology of normal infants, infant feeding, gastro-enteric diseases, the common diseases of infancy and childhood, surgical nursing, contagious and skin diseases. Food laboratory work covers the study of milk, pasteurization, modifications, cereal diluents, &c., and includes practical work under the supervisor of the laboratory and the nurse instructor. Ward instruction consists in demonstration of bed making, preparation of beds for premature infants, bathing, feeding, irrigations, etc. Class instruction consists of lessons in printing, uniform charting, arithmetical process of computing calories, and formulae for percentage feeding, dietaries for older children, making solutions for infusion, etc. The course offers unusual opportunities for the study of infant nursing, and for nurses preparing for infant welfare work along preventive lines. Diplomas are given to those who pass a creditable examination in the lectures and do satisfactory work in the wards. Graduate nurses from recognised training schools giving at least two years' training in general nursing are eligible for this course. Early written applications should be made to Superintendent of Nurses, 40, Wigglesworth Street, Boston, Mass.

## HONOURS FOR NURSES.

Permission has been given to the undermentioned to wear the decoration awarded by an Allied Power for distinguished service during the war:

### PALMES ACADEMIÉ.

*Officier*.—Staff Nurse Meta Elizabeth Stack, Queen Alexandra's Imperial Military Nursing Service (R.).

## APPOINTMENTS.

### MATRÓN.

**St. John's Hospital for Diseases of the Skin, Uxbridge Road, W.**—Miss Olive Summerhill, A.R.R.C., has been appointed Matron. She was trained at the Queen's Hospital, Birmingham; and has been Charge Sister at the 1st Southern General Hospital, Birmingham; and Night Sister and Deputy Matron at the Tolworth Isolation Hospital, Surbiton.

**Beverley Dispensary and Hospital, Beverley.**—Miss Mabel E. Young has been appointed Matron. She was trained at the Royal Infirmary, Hull, where she has held the position of Assistant Matron.

**Croydon Borough Sanatorium, North Cheam.**—Miss Sarah Williams has been appointed Matron. She was trained at the General Hospital, Bristol; and has been Assistant Matron of the Royal Victoria Infirmary, Newcastle-on-Tyne; Night Sister at the General Hospital, Croydon; Sister and temporary House-keeper at the Swansea General and Eye Hospital; and Matron, Second Eastern General Hospital, Brighton, T.F.N.S.; and of the 21st General Hospital, Alexandria.

### NIGHT SISTER.

**Royal West Sussex Hospital, Chichester.**—Miss Irene Abrahams has been appointed Night Sister. She was trained at the Jessop Hospital for Women; and at the Royal Infirmary, Sheffield.

### SISTER.

**York County Hospital.**—Miss Rosamund Dew has been appointed Sister of the Women's Medical Ward. She was trained at Guy's Hospital, S.E.; and has been Sister at the Memorial Hospital, Mildmay Park, N.

**Holgate Institution Infirmary, Linthorpe.**—Miss Harriet L. Walker has been appointed Sister. She was trained at the Middlesbrough Infirmary.

**St. Leonard's Hospital, Shoreditch.**—Miss Mary Morgan has been appointed Sister of the Children's Ward, Miss Edith Kelly of the Women's Ward, and Miss E. R. Tait, Maternity Sister. They were all trained in the same institution and are certified midwives.

### SCHOOL NURSE.

**County Borough of Burton-on-Trent.**—Mrs. A. H. Young has been appointed School Nurse. She was trained at the Royal Infirmary, Bristol; and has been Staff Nurse at the Military Hospital, Endell-street, W.C. She has also had experience of private nursing.

**Rutland County Council.**—Miss Winifred Beatrice Neal has been appointed School Nurse. She was trained at the Royal Berkshire Hospital, Reading; and has been Sister at the Grove Hospital, Tooting Grove.

### HEALTH VISITOR.

**Urban District Council, Dartford.**—Miss Ethel Isabella Devenish-Mears has been appointed Health Visitor. She was trained at King's College Hospital.

## RESIGNATIONS.

Miss J. C. Child writes from the Government Hospital, Basutoland, that she is resting on sick leave prior to returning home on her retirement, on pension, from service in South Africa. She leaves South Africa with many regrets, having had a very happy time of service and made many friends. She has the usual longing for her own "cabbage patch," but in which hemisphere of the world it is to be located she has apparently not made up her mind. Anyway, her many friends in this country will be very glad to welcome her on her return home, whether for a permanency or temporarily.



## NURSES' ALTERNATIVE PENSIONS.

## INSTRUCTION AS TO CLAIMS.

The Ministry of Pensions announce that disabled officers and nurses who intend to claim alternative retired pay or pension, based on pre-war earnings and present earning capacity, must prove their pre-war earnings before July 2nd, 1921, or before a year has elapsed since the first award of disability retired pay or pension, whichever is the later date. Applications by widows of deceased officers for alternative pensions must be made before July 2nd, 1921, or within a year of the date of first award of the flat-rate pension.

Under the terms of the Royal Warrant, a disabled officer is not eligible for alternative retired pay if his pre-war earnings did not exceed £132 a year, nor is a disabled nurse eligible for alternative pension if her pre-war earnings did not exceed £95 a year. In the case of officers' widows there is no fixed limit. Applications and inquiries should be addressed to the Officers' Branch, Ministry of Pensions, Cromwell House Annexe, Millbank, S.W. 1.

## THE ROYAL SANITARY INSTITUTE.

The Royal Sanitary Institute is conducting a course of Lectures for women health visitors and child welfare workers at the Institute, 90, Buckingham Palace Road, London, S.W. 1.

Part II begins on April 11th. Arrangements will be made for students to attend six infant consultations under Dr. Eric Pritchard on Tuesday mornings and Thursday afternoons, and visits to welfare centres will be arranged. The first four lectures in this course are:—

At 6 p.m.:—

Monday, April 11th, Tuesday, April 12th.—“Antenatal Hygiene.”

Wednesday, April 13th.—“Care of Mother and Infant.”

Friday, April 15th.—“Care of Mother and Infant.” Dr. Margaret G. Thackrah.

Candidates who desire to enter for the health visitors' examination, or for the child welfare examination must produce evidence of practical training and experience, including nursing, as required by the regulations for each examination, in addition to attending this course of lectures.

The fee for the complete course of lectures and demonstrations is £5 5s., or for Part II, £2 2s.

The examinations for sanitary officers and others conducted by the Royal Sanitary Institute, will be held in London on April 29th and 30th.

Application for examination must be made on the proper form, and must be sent to the Office of the Institute fourteen days before the date of the examination at which the candidate wishes to present himself.

The syllabus of subjects, and application forms for the examination, and information as to other centres and dates, may be obtained from the Secretary, Mr. E. White Wallis.

## OUTSIDE THE GATES.

## A VERY WORTHY DAME.

The King has conferred the Order of a Dame Commander of the British Empire on Miss Genevieve Ward, the actress, who celebrated her 84th birthday last Sunday.

We are specially pleased to note that His Majesty has recognised artistic genius and personal worth in bestowing this well deserved honour in the following communication:—

“Windsor Castle, March 25th.

“DEAR MISS GENEVIEVE WARD,—I am commanded by the King to inform you that His Majesty has much pleasure in conferring upon you the Order of a Dame Commander of the British Empire in recognition of the distinguished position which you have occupied for so long in your profession, and of the services rendered by you to dramatic art. Yours very truly,

“STAMFORDHAM.”

## WOMEN DESIRE REDUCTION IN STATE EXPENDITURE AND LESS MINISTERIAL AUTOCRACY.

Lady Askwith has an excellent letter in the *Times* on “Bureaucracy: A Woman's Views on New Ministries,” in which she states women object to immense responsibilities undertaken by the Government without consulting Parliament. She adds:—

“To put things briefly, women desire a vast reduction in State expenditure and less autocracy on the part of the Government. These new Ministries give it too much patronage and too much power, and interfere too much with the daily life of the nation. We do not wish, and we will not submit, to be governed autocratically either at home or abroad.”

## COMING EVENTS.

April 1st.—Professional Union of Trained Nurses. Monthly Meeting, Public Health Section, 17, Evelyn House, 62, Oxford Street, W., 6 p.m.

April 1st, 8th, 15th, 22nd and 29th.—Lectures on Venereal Disease. St. Paul's Hospital, Red Lion Square, Holborn, W.C. 1. By Dr. Leonard Myer, F.R.C.S.

April 7th, 14th, and 28th.—Nurses' Missionary League. Miss Richardson “At Home,” 135, Ebury Street, S.W.

April 17th.—Verdun Sunday. Special services at St. Paul's Cathedral, Westminster Abbey, Westminster Cathedral, and other churches. Concerts at the Albert Hall, and Queen's Hall.

## A WORD FOR THE WEEK.

Next to acquiring good friends, the best acquisition is that of good books.—*Colton.*





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A Paper read at the International  
Congress of Nurses, July, 1909

by

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## 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.*

## KERNELS FROM CORRESPONDENCE.

## CLASS LEGISLATION.

*Mrs. Mary Farmer:* "I quite agree with you that the decision of the Minister of Labour in thrusting under the Unemployment Insurance Act all probationers and nurses who do not earn £250 a year is scandalous, especially as he well knows how strongly we all object to it. But surely as a profession we are terribly to blame that some 60,000 (at the least) professional women have permitted this Act to be passed including them, without taking effective steps through their M.P.'s to prevent it. The Nursing Profession will be taxed of thousands of pounds and never be a penny the better for it, as once more this is an industrial Act, and we are not industrial workers. We are just going to be plucked so that our feathers may make things softer for Labour, which in many instances earns treble our remuneration. Then how about charity money? No wonder it is drying up so far as hospitals are concerned, when its gifts are to be taxed in support of this Act. Instead of taxing the hospitals to pay for unemployment insurance the probationers and nurses will never use, much better insert a clause for hospitals in an insurance scheme. But I set out to blame my own cloth for its apathy and futility in not rising against exploitive taxation; and may I ask them what use they are making of their votes? The Minister of Labour represents Camberwell, S.E., and how are nurses resident in that constituency proposing to bring home to the Right Hon. Thomas J. Macnamara, M.P., LL.D., that they are not to be exploited with impunity? Votes are the only weapon politicians care a straw about. Will Camberwell nurses over 30 enquire if their names are on the register, and, incidentally, let other nurses taxed against their interests do likewise? I am for making a bee-line to oppose every M.P. who votes against justice, and for Ministers who promote class legislation; and this Unemployment Insurance Act appears to me a glaring example of both."

## A MISLEADING TITLE.

*A Servant of the Nurses' Co-operation, 22, Langham Street, W.*—"I was greatly astonished to find that I am not, as I always thought I was, a member of the Nurses' Co-operation, but only a servant of those people who are incorporated as such. Why is it called the Nurses' Co-operation, if the nurses have no power under the constitution to co-operate? Seems a very misleading title, and it is odd that we have been kept in the dark for thirty years, and our true and dependant position never explained in the report until now.

I am not hoping for any reform as after the MacCallum revolt, and the manner in which she and others were treated for wishing to modernise the present regulations, the 'Co-operation' will presumably eject others who are not content to blindly obey its control without question. All the average private nurse cares for, so far as my experience goes, is to be kept in cases who pay good fees. Presumably they find that altruism does not pay."

[Our objection to so-called nurses' companies, even if limited by guarantee, is that they are usually formed by the laity to govern professional women, and are calculated to encourage a very autocratic form of government. But nurses are to blame for weakly and ignorantly placing themselves under such control. When nurses as a class have more public and communal spirit, in striving to help one another, they will themselves benefit. We—a confirmed optimist—hope that this will be the beneficent result of legal status and professional *esprit de corps*—the essence of the Nurses' Registration Acts. But, of course, we must "stand upon our feet" if we would speak with God, and this will never be whilst we grovel after personal advancement and material welfare. Altruism *does* pay a thousandfold, and the treatment which discourages it, and attempts to stamp it out, is cruelly anti-Christian.—ED.]

## REPLIES TO CORRESPONDENTS.

*To Miss Ada Moss, Manchester.*—We strongly advise you to make up your mind to prepare yourself conscientiously for the care of the sick by entering a good training school for the complete course of three years' training. By the time your course is finished State Registration will be in force, and the time of grace for existing nurses will have expired. Short cuts to practising as a nurse are unfair to the patients and to the Nursing Profession.

*To Sister M. C., London.*—We do not think you would like private nursing after being in charge of a ward so long. If you undertake it you must realise that the public in their own homes will not be nursed with rigidity. Much tact and patience are required.

*To Miss Amy Croft.*—The Guild of Health stands for, and desires to impress on all, the supremacy of the Spiritual life in man, and the impossibility of any complete health, either physical or mental, unless this truth is recognised and acted upon. Information may be obtained from the Hon. Secretary, 3, Bedford Square, W.C. 1.

## PRIZE COMPETITION QUESTIONS.

*April 9th.*—What do you consider should be the qualifications for a Health Visitor? Describe a typical day's work of a Health Visitor.

*April 16th.*—What is marasmus? What are the principal nursing points in caring for a case of this kind?



# The Midwife.

## CENTRAL MIDWIVES BOARD.

The Monthly Meeting of the Central Midwives Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on Wednesday, March 23rd, Sir Francis Champneys presiding.

### NOTICE OF APPEAL.

The Penal Cases Committee reported notice of an Appeal to the High Courts from the decision of the Board.

### REPORT OF STANDING COMMITTEE.

A letter was considered from the Clerk of the London County Council drawing attention to the fact that in certain hospitals the training of medical students in midwifery is undertaken by midwives who have not been approved as Teachers by the Board, and who consequently have not had to furnish evidence of competence, and suggesting that steps should be taken to remedy this condition of affairs.

It was decided that the Clerk of the London County Council be informed that in the opinion of the Board the training of medical students is a matter which concerns the General Medical Council and not the Board.

A letter was considered from the Secretary of the Bristol General Hospital conveying a request by the Committee of that Hospital that the number of Examinations held annually at the Bristol Centre might be increased to at least four. Also a letter supporting the request from the Cornwall County Nursing Association.

It was decided that the Bristol General Hospital be informed that additional examinations at Bristol and Birmingham would entail an extra expenditure of some £60 per annum, and be asked whether they are prepared to guarantee any extra expenditure entailed.

A letter was received from the Deputy Clerk of the London County Council with reference to the decision of the Board at the last meeting on the question of the jurisdiction of the Local Supervising Authority over a certified midwife whilst acting as a monthly nurse.

### APPLICATIONS FOR APPROVAL.

The Committee recommended that the following applications for approval as lecturer be granted:—Harry Newbold Crossley, Esq., M.B., D.P.H.; Aubrey Goodwin, Esq., M.D., F.R.C.S.; Robert Hardie, Esq., M.D.; Samuel Walter Maslen Jones, Esq., M.B., F.R.C.S.

(a) That the following application for approval as teacher be granted:—Midwife, Lila Appleton (No. 7737).

(b) That the following application be granted for the district cases for the pupils at the Gateshead Institution Workhouse:—Midwife, Ann Laidlaw (No. 32331) for supervising.

(c) That the following application be granted *pro hac vice*:—Midwife, May Jameson (No. 49780). The applications were granted.

The Secretary reported the presentation by a candidate for the April Examination of a certificate of birth which had been tampered with.

It was resolved that she be not admitted to any Examination of the Board prior to that of April, 1922.

### RESIGNATION AND APPOINTMENT OF EXAMINERS.

The Secretary reported that the following Examiners had tendered their resignations, viz.:—

*London Centre*.—Dr. Thomas George Stevens.

*Liverpool and Manchester Centre*.—Dr. Alexander Stookes.

*Birmingham Centre*.—Dr. Christopher Martin.

The Board decided that their best thanks be conveyed to these gentlemen for their services.

It was resolved that Harold Chapple, Esq., M.B., F.R.C.S., be appointed an Examiner at the London Centre, and Miss Frances Ivens, M.B., M.S., at the Liverpool and Manchester Centre.

### RECIPROCAL CERTIFICATION.

The Secretary reported that in conformity with the Board's resolutions of July 25th, 1918, and October 14th, 1920, he had placed on the Roll the names of eleven women holding a Certificate of having passed the Examination of the Central Midwives Board for Scotland or the Central Midwives Board for Ireland, as the case may be.

### LIST OF EXAMINERS AND LECTURERS.

It was resolved that the Lists of Examiners and Lecturers submitted by the Secretary be approved for the year ensuing April 1st.

### LIST OF APPROVED INSTITUTIONS, HOMES AND MIDWIVES.

It was resolved that the List of Institutions, Homes, and Midwives at which, and under whom, pupil midwives may be trained submitted by the Secretary be approved for the year ensuing April 1st next.

The Board having considered a draft of the Middlesex County Council (General Powers) Bill, resolved that the Middlesex County Council be informed that the Board sees no objection to the Middlesex County Council (General Powers) Bill, 1921, in so far as it affects the Registration of Lying-in Homes in the County of Middlesex.

A Special Meeting of the Central Midwives Board for the hearing of the charges alleged against certified midwives was held on March 23rd, with the following results:—*Struck off the Roll*.—Mary Ann Whitney (No. 20034). *Severely Censured*.—Elizabeth Oram (No. 18700). *Report of L.S.A. asked for in 3 and 6 months' time*.—Margaret Ann Smith (No. 27595), Jessie Tallis (No. 42933).



## THE QUEEN'S INTEREST IN INDIAN WOMEN.

The interest of the Queen in the Indian Empire, and especially in its women and children, is well-known. The latest evidence of this is that Her Majesty has notified Lady Chelmsford of her willingness to act as patroness of Lady Chelmsford's "All India League for Maternity and Child Welfare." The Queen's consent has given much gratification in India.

## SYLLABUS OF COURSE OF LECTURES ON THE TEACHING OF PHYSIOLOGY.

By Miss Cumming, B.Sc., Lecturer on Physiology, Battersea Polytechnic.

The following course of lectures will be held at the Midwives' Institute, on Tuesdays in May, at 7 p.m.—

May 10th.—Dissection of a Rabbit. Skin connective tissue, a joint, the neck, the thorax, the abdomen, nutrition and excretion.

May 17th.—Blood and its Circulation. Aids in teaching these subjects, especially that of the microscope.

May 24th.—The growth and health of the foetus before parturition.

May 31st.—Simple experimental work that illustrates teaching on digestion.

Members of the Approved Teachers' Committee admitted free by ticket, to be had on application.

Members of the Institute engaged in teaching pupil midwives may obtain tickets for the course on payment of 6s. subscription, single ticket, 2s. Application should be made early, as the numbers are limited, to MISS M. OLIVE HAYDON, Hon. Sec., Teachers' Committee, 12, Buckingham Street, Strand, W.C. 2.

## LEICESTER AND LEICESTERSHIRE MIDWIVES' ASSOCIATION.

Some of the unostentatious activities of a society founded for the welfare of incipient child life in the city were revealed, says the *Leicester Mail*, at the annual meeting of the Leicester and Leicestershire Midwives' Association in their headquarters, St. Martin's, on March 16th. Dr. Crosby, who presided over a good attendance, congratulated Miss Pell-Smith (president of the Association) upon her return from southern shores, and her renewed health and spirits, and then called upon Dr. Millard to move the adoption of the report.

Dr. Millard said the seventh annual report was the record of a useful year's work, and after dealing with its different items seriatim, he extended a welcome to Dr. Alice McElwee, the new medical officer for maternity and child welfare. The

Association, he went on to state, is in a satisfactory and flourishing condition, the accounts showing a small balance at the bank.

The Mayoress (Mrs. G. Hilton) in seconding, spoke of the general appreciation of the work the Association is doing in the city, and referred to the big responsibility attaching to the midwife's duties. Miss Pell-Smith's heart and soul were in the Association, and it was to be hoped she would be able long to continue in the good work.

### LIBRARY FACILITIES.

In a breezy, able little speech, Miss Pell-Smith referred to her recent visit to head quarters in London and to the election of two practical representatives for the country on the Central Midwives' Board, Miss Disney being recommended as a candidate from the local branch.

Miss Bacon (superintendent of the Woolwich Hospital) urged the Leicester Association to take a keen interest in the appointment of a representative to look after their interests at the Central Midwives' Board, as she considered there was a danger of the midwives' duties and position being swamped by health visitors and other corporation officials. Miss Bacon gave a graphic account of the air raids at Woolwich during the war, the premature births caused by the terror, and the legacy of nerve-racked children who survived.

### DIFFICULT INVESTIGATIONS.

Dr. A. McElwee, in the course of a highly instructive and, at times, closely technical address, assured the meeting that midwives were in no danger of being "swamped" in Leicester, and went on to emphasize the importance of statistics, &c., in the case of "still births" and infantile mortality generally, the number of these cases amounting in the city to as many as 200 in a single year. She was struck by the variation of international opinion as to the cause of such mortality. Venereal disease was one of the most important factors, but doctors could not possibly carry out successful investigations unless they had the most intimate opportunities of studying the problems. She urged upon midwives the desirability of using their influence in obtaining permission from parents for the doctors to make the investigations as complete as possible. Practitioners would be most grateful for any help thus obtained.

### "MENTHOFAX."

One of the most recent products of Messrs. Burroughs, Wellcome & Co. is "Menthofax," an ointment of great value as an analgesic, rubefacient and counter-irritant of proved value. It is packed in collapsible screw-topped tubes, which preserve it from contamination and deterioration, render it easy to apply, and prevent waste. The active ingredients are methyl salicylate (of which it contains 50 per cent.), menthol, eucalyptol, and oil of cajuput; and the name of Burroughs, Wellcome & Co. is sufficient guarantee of its purity and attractive presentment.



# THE BRITISH JOURNAL OF NURSING

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**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, APRIL 9, 1921.

Vol. LXV

## EDITORIAL.

### THE APPRENTICESHIP TO DUTY.

There are in every profession members who see visions and dream dreams, and they are often regarded by their colleagues as impossible altruists. Yet, in very truth they are the salt of their profession, usually severely practical in the rôle they lay down for themselves, and in the methods by which they eventually attain ends which have been declared, by colleagues who pride themselves on their common sense, as excellent in theory, but impossible in practice.

In an illuminating chapter in "A Short History of Nursing" on the "Accomplishments of the Past, and the Tasks and Ideals of the Future," Miss L. L. Dock, and Miss Isabel M. Stewart, show how the original nursing impulse has been reinforced from time to time, first by the religious motive, and then by such ideals as those of chivalry and patriotism, of humanitarianism and social reform. They write:—

"The question now is, whether we are going to continue this line of advance, or whether we are going to slip back into one of those periods which our history has shown us often came when the momentum of a great movement had slackened somewhat, and the pioneers had begun to give place to a new generation. That critical time we are now approaching."

They close with an extract from a talk given by Miss Nutting, "one of our great modern leaders, to a group of college women just entering their nursing training, on 'The Apprenticeship to Duty.'"

Miss Nutting says: "It has been the fashion to cavil somewhat at hospital discipline, to assume that it had hardships and indignities

that no freeborn young woman bent on preserving her own individuality would endure. Just at the present moment we are not, perhaps, so greatly concerned, as we have been, with ourselves. Perhaps we are seeing that the higher individualism may consist in throwing our own effort into the stream of some greater effort, and that true freedom comes not but by order and discipline, and perhaps we may come eventually to realise that the hospitals in which we work are in a real sense battlefields where men and women and children are fighting for their lives. In their struggle and dire need of help they have come to us, trusting us to throw our strength and skill in upon their side, to fight with them the unseen enemy.

"Whoever undertakes to share that conflict must acquire whatever is necessary for the task, and lift herself to the required level of endurance, of self-denial, and of loyalties. More than half of my working life has been spent in a great hospital, and I have become familiar with many others, both in this country and elsewhere. I have found in them, and particularly among nurses, the purest unselfishness, the sternest devotion to duty, the simplest and most unaffected bravery, and the richest traditions of disinterested service that I have ever known. . . .

"The nurses of the present generation, with meagre preparation and few advantages, have brought their beloved profession to the point where it now stands. . . . If the nurses of the future work as loyally, as courageously, and as steadfastly, if they hold before them the vision of what nursing should be, as faithfully as their sisters of the past have done, nursing will indeed come into her own."

Miss Nutting is herself a shining example and embodiment of the qualities which she attributes to members of the profession which she adorns.



## OUR PRIZE COMPETITION.

### WHAT DO YOU CONSIDER SHOULD BE THE QUALIFICATIONS FOR A HEALTH VISITOR? DESCRIBE A TYPICAL DAY'S WORK OF A HEALTH VISITOR.

We have pleasure in awarding the prize this week to Miss Marianne Burgess, Superintendent Health Visitor, Health Department, Burnley, Lancs.

#### PRIZE PAPER.

I consider the basis of a Health Visitor's training should be a three years' course in a General Hospital, for thereby she learns observation, self-reliance, and the value of discipline. This should be followed by taking the certificate of the Central Midwives Board, preferably in an institution having an ante-natal clinic and an infant consultation centre.

Further, it is desirable to hold the certificate for Health Visitors and School Nurses from the Royal Sanitary Institute.

I prefer this certificate to the Sanitary Inspectors' as being less technical, and of more use as regards vital statistics, &c., to the intending Health Visitor.

If a holiday on the continent can be afforded, much valuable information can be gathered from a visit to the clinic of Professor Budin in Paris, or the clinics in Belgium.

The Health Visitor should now take a post as an assistant under a very up-to-date municipality where every branch of Health work is undertaken, *i.e.*, infant-visiting, school work and tuberculosis, both home-visiting and clinic work. Whilst there she should study for the Sanitary Inspectors' certificate. This deals with the more technical part of the work, and the laws relating to the Public Health Acts. Studying for this certificate also encourages the Visitor to keep her eyes open as she goes her rounds. Mention should, too, be made of the necessity for the study of economics.

A typical day's work is as follows:—

The Visitors report at the office at 9 a.m. The Senior Health Visitor, or a clerk, distributes the notifications received by the morning's post to the staff, who each have a district. Usually 30 to 45 minutes will be necessary for clerical work and arranging of work into groups, otherwise much valuable time is lost wandering from street to street.

Actual visiting begins about 10 a.m. Mothers do not welcome one before that hour. The first visit to be paid is to a young mother with her first baby. She has had an up-to-date midwife and is anxious to learn, so the way is easy. The Visitor, in a chat, gets the information required by the M.O.H., gives an invitation to the nearest infant centre, and departs.

Mrs. B. is next to be revisited. She is one of the type who has had six and buried four "in fits." Although she solemnly declares baby has nothing but the breast, the Visitor privately notes a suspicious-looking cup and spoon on the oven top. A rickety child of eighteen months playing on the floor gives the key to the cause of death of the other four. All this time mental notes must be made of damp walls, dirty back yard, &c.

The next visit is to Mr. C., a consumptive. This is a first visit. Great tact is needed, for an invitation into the bedroom must at all costs be secured. Advice will invariably be needed in the way of ventilation and sleeping arrangements, and on the best way of securing treatment.

The next visit is to the mother of some school children who have been medically inspected, maybe they are not too clean, possibly impetigo or decaying teeth. Very great tact is required here, for most mothers resent reflection, however well-deserved, on the neglected condition of their children.

The rest of the morning is filled up with work of a similar nature.

The afternoon is spent at a clinic, say an Infant Consultation Centre. The Visitor arrives about 2 o'clock. The mothers undress their babies and they are weighed. The condition of the child is noted, simple remedies being suggested for minor ailments, defects in clothing being pointed out, model clothes shown, &c., until the arrival of the doctor. The Visitor now assists with the consultations, fills in cards, and makes notes of those requiring home visits. About 4.30 p.m. she returns to the office, where she has to keep an account of all she has done during the day. Everything has to be filed and kept in perfect order, for it is on these records that the M.O.H. makes part of his annual report, and the statistics for the country are based.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss B. Bowen, Miss E. James, Miss M. Milton, Miss Lucy C. Cooper.

Miss Cooper writes: "A Health Visitor should know the life and habits of normal children. She should also have done district nursing, which gives her a clear insight into the life of the people, among whom she will be called upon to work. She should know the current price of all commodities and how to make the most of the sum at a working mother's disposal.

#### QUESTION FOR NEXT WEEK.

What is marasmus? What are the principal nursing points in caring for a case of this kind?



## NURSING ECHOES.

The readers of THE BRITISH JOURNAL OF NURSING will note with sympathetic delight the announcement made by Her Royal Highness Princess Christian, the President of the Royal British Nurses' Association, in this week's official organ, in which she notifies the realisation of many of its aspirations for the welfare of its members, and the materialisation of its scheme for a Nurses' Residential Club.

Founded in 1887 for the co-operation and mutual benefit of the members of the nursing profession, and for their organisation through a system of Registration, let us hope that now the pioneer Association of Nurses has passed the inevitable period of opposition reserved for reformers it will, in its beautiful new home, become a centre of enlightened professional and social intercourse for trained nurses, and that thousands will join the ranks of the Royal Chartered Corporation and help to carry on its beneficent work.

Princess Christian, President of the Workhouse Nursing Association, has written to the Westminster Board of Guardians asking them to set apart wards in the infirmary for the treatment of persons whose financial position has been so impaired by the war that, in sickness or infirmity, their condition is one of real privation.

In their reply the Guardians, while expressing sympathy with the views of the Princess, say that they have no legal power to act in the manner suggested.

On reading the long list of Ministerial changes announced last Saturday, many nurses learned with regret that Dr. Addison would no longer preside over the Ministry of Health. The great service rendered by Dr. Addison to the Nursing Profession in placing on the Statute Book a Government Act for the Registration of Nurses in England and Wales, followed by Acts for Scotland and Ireland, will not be forgotten by those nurses who promoted this reform; nor is it possible for us at present to estimate the immense benefit which may result from these Acts for the benefit of the community, if wisely and fearlessly administered. Dr. Addison is to be Minister without portfolio, and we hope he will continue to take an interest in the development of the Nursing Profession.

The Right Hon. Sir Alfred Mond, Bart., M.P., late First Commissioner of Works, is to be Minister of Health.

Miss Agnes J. Watt, who has resigned the position of Matron of the Radcliffe Infirmary, Oxford, which she has held since 1897, was, last week, in the presence of a representative gathering, presented by Lord Valentia, on behalf of the subscribers, with a gold wristlet watch, bearing the inscription, "The Radcliffe Infirmary remembers Miss Agnes J. Watt's work. Matron 1897-1921," and a cheque for £250.

Lord Valentia said for over twenty years Miss Watt had occupied the most important position in the Infirmary, and had fully justified the high reputation with which she came.

In placing the watch over her wrist, Lord Valentia said: "I present you, Miss Watt, with this watch, and may the hands of it never point to a sad hour in your future existence." He hoped the keepsake would remind her of the many friends she had made in the City.

The Nursing Staff of the London Temperance Hospital, Hampstead Road, N.W.1, assisted by friends, will give a dramatic and musical entertainment on April 13th, 14th and 16th, in the Out-Patient Hall, at 8 p.m., in aid of the building fund of the new Nurses' Home.

Things are very well done at the L.T.H., and those who support the entertainments by taking tickets may be assured not only that they are supporting a very good cause, but that they will spend an extremely enjoyable evening.

At the recent annual meeting it was stated that plans have been drawn up for the new Nurses' Home and the isolation block. The King's Fund have approved of the plans, and have promised to give £6,000 from the surplus Red Cross funds, provided the Board can raise a similar amount by an early date. Steps have been taken to raise the amount, and now about £1,800 is required to reach that sum.

Many women who first went into hospital during war days were attracted to that intensely fascinating subject, X-ray work. At the first examination of the Society of Radiographers eight of the eighteen candidates were women. Of the nine students who passed, four were nurses from the Great Northern Central Hospital, two of these being ex-V.A.D.'s. Naturally the Sister in charge of the department, who, by the way, has been doing X-ray work at the hospital for fourteen years, is very proud of their achievement. The training takes a year.

A very discouraging report was presented at the recent meeting of subscribers of the North



Wales Nursing Association which took place at Bangor. It was stated that one of the chief difficulties experienced by the Superintendent, Miss Prytherch, was the dearth of candidates, coupled with the failures of pupils in their examinations, and the breaking of their agreements by many nurses. To meet the difficulty of securing vacancies in training homes, which became acute towards the close of 1919, an attempt was made to establish a joint training centre for North and South Wales, but this proved abortive. A conference was then held to consider the advisability of establishing a North Wales centre at Wrexham. This project also remains in abeyance, owing to the pressure on existing training centres having relaxed.

It was stated that 104 nursing associations in North Wales (excluding Montgomeryshire) had entered into an arrangement with the King Edward Memorial Association.

The need for nurses was still urgent, and had it not been for the help of the Red Cross grants, the Association would have been obliged to greatly curtail the number of pupils sent for training. In Merionethshire the Red Cross grant amounted to £520; in Anglesey £1,000; in Carnarvonshire £1,500, together with £289, being the interest on £17,000 laid aside for the Bangor Infirmary; in Denbighshire £1,187; in Flintshire £760.

We cannot agree that it is either right or wise to use all this money to support a scheme which trains women on a system which creates a class of workers who apparently will not be classed as trained or "registered" nurses in the future. It is really very unfair to the ignorant candidates, few of whom know anything of the economic conditions of nursing.

Linda Kearns, a nurse, has been sentenced by court-martial to ten years' penal servitude. A native of Sligo, she was arrested in Dublin on November 30th and court-martialled at Belfast.

It is a coincidence that the four ladies who hold the four chief official positions in the Nursing Division of the League of Red Cross Societies were all trained in Baltimore, U.S.A. The American is the only national organisation of the Red Cross which has been organised on a professional, as against an amateur basis. It therefore naturally takes precedence when Nursing has to be taken seriously.

A nurse who has read THE BRITISH JOURNAL OF NURSING (formerly the *Nursing Record*)

through every week, since the first number, informs us that, to her infinite regret, owing to economic stringency she is compelled to suspend her subscription. Will any of our readers send us a year's subscription in order that the paper may still be forwarded to this nurse, who will miss her weekly journal terribly?

We learn that the Nurses' Registration Bill, in which Danish Nurses are interested, has made substantial progress, and it is hoped by the Danish Nurses' Association that it will become law, within the next twelve months. As drafted, an applicant must have had three years' training in order to be eligible for registration.

### RECOGNITION FOR NURSES.

Members of the French Flag Nursing Corps, and other nurses who have served under the Comité Britannique de la Croix Rouge Française, have been charmed to receive recently a diploma signed by the President, the Vicomtesse de la Panouse and M. Paul Cambon, for so many years the Ambassador of France in this country. The diploma states that it is offered to the recipient as a testimony of the services she has rendered to France, and the design is one of the most beautiful we have ever seen for a document of this kind. In the centre of the top border is a panel bearing a plain square cross, underneath the words "Caritas inter Arma," and above a lamp burns brightly. On each side are olive branches and the draped flags of England and France. Again this border bears the unforgettable dates, 1914—1920, the Royal Arms surmounted by the British lion, and a shield bearing the monogram R.F. surmounted by a cock—from which depend wreaths of oak leaves.

The supports on each side are formed of panels bearing names which will live for ever in history. On the right Vosges, Meuse, Argonne, Champagne, Aisne; on the left Marne, Oise, Somme, Flandre. At the foot of these supports are charming drawings of two nurses attending in each case to a wounded soldier, and on the inner sides of the supports are graceful palm leaves curving inwards.

The lower border is formed of little pictures of a canteen, a shelter, a hospital, a dispensary, a distribution centre, and a Christmas tree, divided by conventional panels bearing smaller replicas of the Red Cross, and medallions, from which graceful garlands of fruit are suspended.

Inset above this border is a delightful landscape, in the foreground a ruined church, and a temporary hospital, from which stretcher bearers are carrying a patient to ambulances near by.

It is a possession which must give continual joy to the owner, both as a remembrance of the part she played in the Great War, and for its high artistic merit.



## PRELIMINARY TRAINING SCHOOLS.

### GENERAL HOSPITAL, NOTTINGHAM.

One of the best-known training schools for nurses in the Midlands is the General Hospital, Nottingham, for many years under the direction of Miss Gertrude Knight and now under that of Miss Hilda May Kendall. It is one of the limited number of hospitals where the pupil nurses have the advantage of entering through a Preliminary Training School. The school was started two years ago, and we are informed that the results have been most satisfactory. This, indeed, is the uniform verdict wherever a Preliminary Training School is instituted.

The pupils are admitted every two months, eight in each class, there is no fee for the course, the pupils provide their own uniform and wear a linen armband marked "Training School," in red, on the left arm. They work in couples, and are entirely responsible, under the supervision of the Sister-Tutor, Miss M. Vaughan Winters (who was trained at the Leicester Infirmary), for the ward kitchens—the night nurse, before the arrival of the pupils, having collected all the breakfast crockery—for the first week.

Then they care for the sanitary blocks, the lockers and ward furniture, and finally the washings.

In her work of instructing the pupils of the Preliminary Training School, Miss Vaughan Winters has the loyal co-operation of the Ward Sisters, without which it could not be successfully carried on.

Miss Vaughan Winters is entirely responsible for the theoretical and practical teaching of the pupils, and while this entails a great deal of movement from one ward to another, morning and evening, it has the advantage of enabling her to keep closely in touch with her former pupils, as well as with the Sisters and general staff.

It is arranged that, as far as possible, theory and practice shall go hand in hand.

There is a delightful classroom for the use of the pupils of the Preliminary Training School, both sunny and airy, but at present bedmaking demonstrations have to take place in a bedroom of a member of the class. It is hoped to remedy this when the new Nurses' Home is built.

After passing the school examination, the pupils, if passed by the medical officer and dentist, sign on for four years, dating from their entrance into the school.

#### DAILY ROUTINE.

7.0 a.m.—Ward kitchens or bathrooms.  
 9.30 a.m.—Lunch.  
 10.0 a.m.—Lecture, or off duty, alternate days.  
 Off duty: Monday, Wednesday, Friday.  
 12.30 p.m. Dinner.  
 1.0 to 2.0 p.m.—Study.  
 2.0 to 4.30 p.m.—Lecture or off duty, alternate days. Off duty: Tuesday, Thursday, Saturday.  
 5.0 to 6.0 p.m.—Collect milk cans, clean, and take to dairy.

6.0 to 8 p.m.—Sweeping and tidying up ward kitchens.

8.0 p.m.—Supper.

8.30 p.m.—Chapel.

10.0 p.m.—Bedrooms. Lights out at 10.30 p.m.

Friday of each week household linen received, from laundry, examined, and put up for distribution.

Saturday.—Mending; clean classroom.

Sunday.—On duty until 12.30 p.m., the rest of the day off duty, unless otherwise arranged by Sister-Tutor.

#### COURSE OF INSTRUCTION.

*First Week.*—Hospital etiquette; Qualification of a good nurse; Ward work; Nurse's duty to herself.

*Second Week.*—Beds; Material; Bedmaking; Demonstration; Personal hygiene; Ventilation; Heating; Special beds.

*Third Week.*—Bathing in bed and bathroom; Care of hair, mouth, and giving of bedpans; Admission of new patients; Bedsores: Prevention, Causes, Treatment.

*Fourth Week.*—Temperature, thermometers; The Skeleton: Uses, composition of bones, classes of bones, the spinal column, the thorax, the skull, bones of cranium, bones of face.

*Fifth Week.*—Bones of upper limb, with articulations; Bones of lower limb, with articulations; Joints: Classes, movements possible; Circulation and blood.

*Sixth Week.*—Circulation continued: Respiration; Digestion; the liver; the skin and kidneys.

*Seventh Week.*—Enemata; Rules for giving medicine; Rules for bandaging; Hot and cold applications; Care of the body after death.

*Eighth Week.*—Résumé of whole course; Examinations.

## REGISTRATION IN SOUTH AUSTRALIA.

The *British Medical Journal*, South Australia, states: "The examination and registration of South Australian nurses has hitherto been conducted chiefly by the Australian Trained Nurses' Association, which has its headquarters in Sydney, but probably in future this function will be taken over by the newly appointed Nurses' Board of South Australia. There are to be three classes: ordinary nurses, mental nurses, and midwives. With respect to the latter, the Board has power, in order to prevent the spread of diseases, to inhibit a nurse, registered or unregistered, from practising as a midwife, and after the expiration of a year no woman will be allowed to act as a midwife who is unregistered, emergencies excepted, such as a confinement occurring more than five miles from the nearest doctor or midwife. The other provisions of the Act do not call for comment."



# Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

## LETTER FROM HER ROYAL HIGHNESS THE PRESIDENT TO THE MEMBERS OF THE CORPORATION.

78, Pall Mall,  
April 5th, 1921.

MY DEAR NURSES,

As you are aware, we have, for some time, had in view a plan for establishing a Club in connection with your Association, a scheme in which I have taken a very great personal interest, and towards which you have been sending me your subscriptions. Just after your Association held an inaugural meeting, in connection with our proposals, at the Mansion House, circumstances arose which were of most vital importance to the profession as a whole, and your Council and administrative staff were compelled by those circumstances to devote their whole time, attention and energies to other matters. It was only during the latter part of the past year that we could again seriously turn our attention to the proposal to establish a Club. I had hoped to found a special club in connection with your Association, in some way related to the Helena Residential Clubs, which have proved so successful, but, while considering proposals for this, we learnt that Queen Mary's Hostel for Nurses was about to close down, as the beneficent and splendid work which it fulfilled during the war has ceased to be necessary. We approached the Committee of the Hostel, and I am happy to inform you that we have now been able to take over the lease of 194, Queen's Gate.

What I have now to announce will, I know, give you very great pleasure: the Committee of the Queen Mary's Hostel for Nurses have handed over the whole of the furniture and equipment there to the Chartered Association of Nurses, and I know how much you will welcome such a gift, as it will enable you to open your Club almost immediately. Most of you know some-

thing of the history of Queen Mary's Hostel for Nurses, and you will feel that, in a sense, you have become heirs to its great and beneficent traditions. There large numbers of nurses have met with much hospitality and kindness during the war, and my wish is that the Club, which is to be established as part of the work of your Association, will be indeed a real home from home for you all, as well as a great social centre for your profession. As you know, it has always been my particular wish that the Club which you proposed to establish should be available for all trained nurses, whether members of your Association or not, although the responsibility for its administration and continuance must fall upon the Association. On this account my Council and I consider that the Members of the Royal British Nurses' Association should have some special privileges, possibly in connection with the sum which shall entitle them to Membership. I have to remind you that the expenditure for the rent and proper maintenance of such a large and beautiful house as that which we have acquired will be very considerable, but I am free from anxiety in this respect, for I know something of your independence and self-reliance from the manner in which you have maintained your benevolent schemes and paid for your organisation. I feel sure that I can rely upon each one of you to accept your share of responsibility by at once becoming a Member of the Club as soon as the conditions of membership are made known to you by my Council.

I hear from Sir Harold Boulton, Chairman of Queen Mary's Hostel for Nurses, that it is his wish and that of his Committee that the little brass plate, on the wall of one of the rooms, which commemorates the gift of £2,000 from the Australian Red Cross Society towards the equipment of the Hostel, shall remain as a permanent memorial of the gift, and of the work of the Hostel itself. This brings me to a matter to which I wish to draw your attention





194. QUEEN'S GATE, S.W., HEADQUARTERS AND RESIDENTIAL CLUB OF THE ROYAL BRITISH NURSES' ASSOCIATION.



very particularly. My Association has a larger membership of Australian nurses than any other organisation of nurses in Great Britain, and, owing to this, and in remembrance that this magnificent gift of £2,000 was given in recognition of kindness received by nurses from Australia, when in England during the war, I now wish the English Members of my Association to do everything they can to make the nurses from that great Dominion, and indeed from all our Dominions, feel that they are always most cordially welcome at the Royal British Nurses' Association's Club, that they have indeed the same warm welcome that numbers of them experienced during the war at what has until now been known as Queen Mary's Hostel for Nurses. I know that you will all bear in mind my wishes in regard to this matter.

I am sure that it is the desire of all Members of the Corporation that I should convey to Sir Harold Boulton and to his Committee your sincere thanks for their splendid gift, and also that I should assure them that each one of the Members of the Royal British Nurses' Association—for you, as such, become the custodians of this gift—will value it and try to use it in such a way that it shall be of real value to the Profession of Nursing.

With sincere good wishes and congratulations,

Sincerely yours,  
HELENA,  
*President of the Royal British  
Nurses' Association.*

### SPECIAL MEETING OF THE GENERAL COUNCIL.

At a Special Meeting of the General Council, held by command of Her Royal Highness the President, it was agreed that the Corporation take over the lease of 194, Queen's Gate, and directions were given that the Seal of the Corporation be affixed to the lease. Her Royal Highness and the Executive Committee have, for a number of weeks, been conducting negotiations, with a view to securing the lease of this beautiful house, just one minute's walk from Kensington Gardens.

Two Resolutions were proposed from the Chair by Miss Mildred Heather-Bigg, R.R.C., and carried by acclamation. The first expressed the desire of the General Council, on behalf of the Association, to convey to Her Royal Highness, the Princess Christian, their most sincere thanks for all that she has done in connection with the negotiations for acquiring the house at 194, Queen's Gate, as the Headquarters and Club of the Association, and the second asked Her Royal Highness to convey to Sir Harold Boulton, Chairman of

Queen Mary's Hostel, and to his Committee, the sincere thanks of the General Council for the gift of the furniture and equipment at 194, Queen's Gate.

In forthcoming issues of the official organ of the Association, we shall give further descriptions and photographs of the new home of the R.B.N.A., for the benefit of Members living in the country and abroad.

### NURSES CLOSE UP YOUR RANKS!

We insert this week an Application Form for Membership of the Royal British Nurses' Association, and we hope that many nurses will make use of it in order that they may be Members of the Corporation when, on the 15th instant, it moves into its new premises. Nothing will give to the existing members of the Association more pleasure, in connection with the splendid Easter Gift which they have received, or show greater sympathy with the new scheme, upon which the Association is embarking, than to find, at the forthcoming meeting of the Membership Selection Committee a long list of applications from nurses for Membership of the Association. On page vi is inserted the Form of Application for Membership, and we hope that many nurses will show their spirit of good comradeship with the R.B.N.A. nurses by filling up this form and sending it to the office of the Corporation without delay.

To those readers of the BRITISH JOURNAL OF NURSING who are already Members, the Application Form affords opportunity for helping the Association in a very practical way. We hope that, this week, each one who reads the official organ of her Association will promptly detach the form above referred to, and forward it to some nurse whom she knows, advising the latter to become a Member of the Corporation. This will involve the sacrifice of only a very little time and trouble, but the sum of a united effort of this kind will be of the greatest value indeed to the Association and the work which it is about to undertake. We request all Members who are good enough to help us in this way, to be so kind as to write their own names on the back of the form, as we like to know who the nurses are who work for the upbuilding of their Association; every name added to its Roll adds to its power to promote the best interests of the Profession and of the nurses themselves.

The R.B.N.A. Headquarters and Nurses' Club will be officially opened at an early date.

### THE R.B.N.A. AND THE CENTRAL MIDWIVES' BOARD.

Under the amended constitution of the Central Midwives' Board the Association is not in the list of bodies which have the right to send a representative to the Central Midwives' Board, and, in the course of last summer, Dr. Addison, the then Minister of Health, invited the Association to nominate two



nurses, with the dual qualification of a certificate of training in general nursing and as a certified midwife, and he promised to appoint one of those nurses nominated by the Association to be a member of the Central Midwives' Board.

Members of the Association and of its Executive Committee will learn with great satisfaction that Miss Gladys M. Le Geyt, one of the two Members nominated by the Executive Committee, has been appointed a Member of the Board. Miss Le Geyt (cert. St. Bartholomew's Hospital) will prove a most able representative of those highly qualified women who possess a three years' certificate for general nursing and the certificate of the Central Midwives' Board, so many of whom are Matrons of Maternity Hospitals and Sisters of Maternity Wards.

ISABEL MACDONALD,  
Secretary to the Corporation.

### "SPLENDID ISOLATION."

By Act of Parliament the General Nursing Council for England and Wales has been constituted a semi-judicial Governing Body for nurses whose names appear on its Register. It will thus be readily realised that such a Body must preserve a position of isolation, so far as direct association is concerned, with Nurses' Associations, Nursing Societies, and especially with commercial concerns. As we reported in our issue of February 12th, a resolution proposed by Mrs. Bedford Fenwick, was unanimously passed by the General Nursing Council, incorporating this principle, and it was reaffirmed at its last meeting upon receiving an invitation to participate officially in a Nursing Conference arranged annually in connection with the Nursing and Midwifery Exhibition, held in the Horticultural Hall, Westminster. The wisdom of this policy is amply apparent if entangling alliances are to be avoided.

We note, however, in last week's *Nursing Times* that Mrs. Fenwick's remarks in advancing this desirable policy have been reported in a most inaccurate and misleading manner, and statements attributed to her which she never made.

The facts are these. The Nursing and Midwifery Exhibition is a trade concern, and is organised as such. It fulfils a useful commercial purpose in giving facilities to firms dealing with hospital and nursing appliances to bring their goods to the notice of the public, more especially to nurses and midwives. Without publicity through the Nurses' papers difficulty would be found in reaching this clientèle, so mutual help is arranged on a business basis. Each paper is given space at the Exhibition, and in return gives a certain number of advertisements in exchange, the papers then issue special numbers, covered by advertisements of goods useful to health workers, and are on sale at the Exhibition. So far good.

But there has always been an addition to the Exhibition. A Nursing and Midwifery Conference has been held in a hall close by, and this department was for many years, and probably still is, arranged by the lay editor of the *Nursing Times*.

It is therefore not a professional, but a commercial side-show. At this Conference, matrons and others are invited to present papers on topical questions of interest to the nursing and midwifery professions; and many valuable expert papers and opinions have been presented. These are apparently primarily in the possession of the editor of the *Nursing Times*, to whom in certain instances other newspaper men and women have to apply, and professional reporters have declined to do so.

We believe the mass of expert information contained in these contributions is not paid for, so that the Conference is a fine commercial scoop for the *Nursing Times* and other journals which publish the papers and discussions. They obtain valuable copy for nothing.

As a member of the General Nursing Council, Mrs. Fenwick was merely doing her public duty in preventing the Statutory Nursing Council from being associated with a commercial venture, and lending itself in ignorance to the exploitation of the nursing profession by unprofessional persons. Now that Nursing is a legally constituted profession, we must claim the right to organise our own conferences, and manage our own affairs as other professions do. M. B.

### PROFESSIONAL UNION OF TRAINED NURSES.

The Annual General Meeting of the Professional Union of Trained Nurses was held at the Plane Tree Tea Rooms, Great Russell Street, on March 29th.

Tea was served at 4 p.m., and was the occasion of many pleasant renewals of friendship between members who had worked together in the past, but who had not met for some years.

Business started at 5 p.m., but owing to illness in her family the Chairman, Mrs. Paul, was unable to remain for the whole of the meeting. Miss Beatrice Kent, Borough Councillor for S.W. St. Pancras, the newly-elected President, however, kindly took her place.

The Chairman, Trustees and Secretary, at present acting, were formally elected, and Miss Parsons as Treasurer.

The principal business of the meeting was of a confidential nature.

#### THE PRESIDENT'S ADDRESS.

In the course of her presidential address, Miss Beatrice Kent said that she was present at the inaugural meeting of the Professional Union on October 25th, 1919, and was much impressed by the speech of Mr. Alfred Lugg—member of the Actors' Union—who said that few people really understood the true meaning of Trade Unionism, which was simply *Christianity*. Drawing attention to the enumerated "objects" of this Union, she remarked that they connoted *mutual help*—the very word help implied the spirit of fellowship in true democracy—which is the very essence of real Christianity. She thought it necessary to



emphasize this point, because a base and counterfeit form is very prevalent to-day, which goes by the name of Trade Unionism. "We live in an age," she continued, "of gross materialism, intense selfishness, and small courage, which is not confined to those outside our ranks; there are many women inside the ranks, who are a disgrace to their profession. The only way to combat so great an evil, she declared, was to set up for ourselves the very highest standard of honour and integrity, and maintain it with Spartan-like rigidity, not allowing the smallest blot on our escutcheon. Referring to the founder—Miss Maude MacCallum—the speaker said that she possessed the necessary qualities for a founder, namely intelligence, strong courage, and a high sense of honour; and by bringing an action for libel against Burdett and others in the High Court of Justice, she had done an inestimable service to the nursing profession. Her primary object was not monetary gain, it went deeper than that; she fought for a principle, the principle of justice and liberty of conscience; she was a St. George who went forth to slay her dragon—a hydra-headed monster of threefold evil influences: *envy, malice and prejudice*, which had brooded over the nursing profession for years and done untold harm. She slew her dragon and liberated the nursing profession! "Or," suggested the speaker, "shall we call her Perseus, and the Nursing Profession Andromeda; anyhow we owe her a debt which we shall not desire to cancel."

## NURSING IN THE HOUSE OF COMMONS.

### THE NURSES' CO-OPERATION.

Mr. Neil McLean (Govan, Labour), on Wednesday, March 23rd, asked the President of the Board of Trade whether the Nurses' Co-operation, 22, Langham Street, is covered by Articles of Association approved by him; if so, whether he is aware that seven out of nine nurses who were members of the committee of management have been thrown off the committee because they made complaints with regard to the management, especially in respect of large sums of money paid out without their knowledge and consent; that three of these ladies, who were elected by their colleagues to the committee of management to safeguard the interests of nurses, have been expelled from the organisation and deprived of their living because they asked for a meeting to be convened to hear their complaints; and whether he will make inquiry into this matter?

Sir P. Lloyd-Greame (Parliamentary Secretary to the Board of Trade) replied: The Board of Trade, in 1894, issued a licence under Section 23 of the Companies Act, 1867 (now Section 20 of the Companies (Consolidation) Act, 1908, to the Nurses' Co-operation, and approved the form of the Memorandum and Articles of Association. A letter has recently been received from one of the nurses with regard to the matters referred to in the question, and the statements made in that letter are being considered.

## APPOINTMENTS.

### MATRON.

**All Saints' Hospital, Finchley Road, N.W.**—Miss Lavinia Nina Jeans has been appointed Matron. She was trained at St. George's Hospital, S.W., where she subsequently held the position of Ward Sister and Home Sister. She has been Assistant Matron of the Royal Sea Bathing Hospital, Margate; and has done war nursing in Egypt and Palestine as a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

**Wenbury Hall Training and Employment Colony, Cheshire.**—Miss Florence Keene has been appointed Matron. She was trained at the Royal Infirmary, Derby, and at Monsall Fever Hospital, and has held the position of Sister and temporary Assistant Matron at the Royal Infirmary, Derby; Sister at the Borough Isolation Hospital, Preston; and Matron of the District Isolation Hospital, Penistone; the Winsley Sanatorium, Bath; and the Blencathra Sanatorium, Cumberland.

**Victoria Cottage Hospital, Kington, Herefordshire.**—Miss M. H. Bateman has been appointed Matron. She was trained at the Infirmary, Kingston-on-Thames, where she has held the position of Sister; and the Cottage Hospital, East Molesey. She has served at home and abroad as a member of Queen Alexandra's Imperial Military Nursing Service Reserve, and has been mentioned in despatches. She is a certified midwife.

**Municipal Maternity Home, Stockport.**—Miss B. L. Scott has been appointed Matron. She was trained at the Shirley Warren Infirmary, Southampton, and been Night Sister and Assistant Superintendent of Nurses at the Snow Hill Hospital, Newport, Mon.

**City Maternity Hospital, Wakefield.**—Miss Helen J. More has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, and at the Maternity Hospital, Leeds; and has been Sister-in-Charge of the Maternity Hospital, Blackpool.

## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

### TRANSFERS AND APPOINTMENTS.

Miss Sarah J. Lambert is appointed to East Suffolk, as Assistant Superintendent; Miss Harriet B. Petre-mant, to Barrow-in-Furness, as Senior Nurse; Miss Minnie M. Chambers, to Old Whittington; Miss Blanche Cholmondeley, to East London; Miss Ruth Clarke, to Ferry Hill; Miss Grace M. Dann, to Harmondsworth; Miss Jane I. Dodwell, to Wolverhampton; Miss Ethel Longley, to Hampstead Garden Suburb; Miss Mary E. Norris, to Bolton; Miss Charlotte A. Palmer, to Woolwich, as Clinic Nurse; Miss Ada B. Smith, to Clacton; Miss Mary Sullivan, to Chalfont St. Peter; Miss Constance Wilton, to Burnham.

## EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, MARCH 17th 1921.

- 1.—How would you disinfect a room and its contents if unable to obtain help from the Sanitary Authorities.
- 2.—You are attending a case of Phthisis (pulmonary tuberculosis). What symptoms in another member of the family, say, one of the children, would lead you to suspect tubercular trouble in some form? What advice would you give? What steps would you yourself take in the matter?
- 3.—In a country district you are called in to see a so-called "gathered finger," and you find serious



swelling and pain, involving the hand and arm. What steps would you take and what would you do?

4.—Describe in detail how you would nurse a case of a lying-in woman. What special points would you note daily?

5.—You are informed that a family is not being properly fed; what enquiries would you make in order that you may judge whether they are having the necessary elements of a sensible and suitable diet?

6.—(a) What work could you as district nurse undertake for the various Health Authorities in town and in the country?

OR

(b) Give an account of the object and methods of work of any Charitable Organisation with which you are familiar for the relief of distress.

Questions 6 (a) and 6 (b) are alternative; only one should be answered.

### PRESENTATION.

An interesting ceremony took place in the Board Room of the Royal Infirmary, Bristol, last week, when on behalf of between 300 and 400 subscribers Dr. A. W. Prichard presented to Sister Fanny and Sister Julia Gross—who are retiring after 33 years' unbroken service, to a cottage on Dartmoor—a cheque for £167, enclosed in a hammered copper casket bearing their initials. They entered on their duties on St. Patrick's day 1888, and at the conclusion of her three years' training Sister Fanny was appointed Operation Sister, a position she held for 22 years. She then had charge of the casualty ward, and, on the outbreak of war, took over the charge of the linen of the wounded soldiers. Sister Julia at the conclusion of her training was appointed Sister of a surgical ward.

The Committee of the Infirmary also presented the Sisters with a cheque. Their record is a fine one, and we hope that they will for long enjoy their well-earned leisure.

### LECTURES ON VENEREAL DISEASES.

At St. Paul's Hospital, Red Lion Street, W.C., on April 1st, Mr. Leonard Myer, F.R.C.S., Surgeon to the Hospital, delivered the first of a series of six lectures on Venereal Diseases, which will be continued on subsequent Fridays.

Judging from the large attendance of nurses, which taxed the available accommodation to the uttermost, these lectures supply a real need.

The lecturer inaugurated the course with a lecture dealing with the minor complications—soft sore, pediculi, fungi, and scabies, any of which are liable to be contracted in irregular intercourse.

The second portion of the lecture was devoted to the anatomy of the male and female organs of generation illustrated by diagrams showing the usual seats of primary infection, and the parts which become infected if the disease is not promptly dealt with.

He said it was only rarely that gonorrhœa became a general infection, and, on the other hand, syphilis was certain to become so unless vigorous measures were pursued as soon as the diagnosis was established.

He emphasised the absolute difference between the two diseases, which had no connection one with another, though they might both be contracted at the same time.

## THE HOSPITAL WORLD.

### THE NEWEST FLOATING HOSPITAL.

News comes from America through the correspondent of the Central News, Washington, that the United States Hospital Ship *Relief*, which has joined the Atlantic Fleet at Guantanamo, is the finest of its kind in the world.

"Equipped with every recent device for safety, comfort and care of sick and wounded the *Relief* has all the facilities of a great modern hospital. This ensures for the men of the American Navy, no matter how far from home, in case of injury and sickness, the same facilities for medical aid as the residents of any of the large cities. Naval officers believe that in another war, involving fighting on water, the *Relief* would prove invaluable, and would greatly decrease the ordinary loss of life. It is hoped to provide the navy with as many more such vessels, built exclusively for hospital purposes, as may be required. . . . The *Relief* is also fitted as a fleet medicine supply depot, where other vessels of the fleet may obtain medical supplies.

"Further the *Relief* has provision for carrying in her hold a full hospital, with tent, drugs, instruments, ranges, cots, ambulances, &c., so that in time of trouble she could place a landing party on shore with a field hospital ready for service."

The *Relief* has the most modern operating rooms, X-ray rooms, a hydro-therapeutic and thermo-therapeutic department, and an endoscopic room. There are embalming, sterilising and incineration rooms, eye, ear, throat and nose department, and a laboratory and dental department. There is both natural and artificial ventilation in the wards. The air supplied is first heated by thermo-tanks, and then forced into the ward spaces. All the berths are detachable. At both the port and starboard side of the vessel there are at the gangway entrances small operating rooms where cases injured in battle can be received and attended to before being sent to the wards. Last, but not least, trained women members of the Navy Nurse Corps are carried.

### MARTYRS TO SCIENCE.

Dr. Bordier made a recent announcement to the French Academy of Medicine that "Three deaths from radium emanations have occurred among the staff at the Radium Institute, London."

Upon enquiry, it is found that three workers—one a nurse—have died during the past two years from the effects of handling the mysterious agent, itself a powerful weapon against human ills! The healing properties of radium are not yet fully assessed; experimenting goes on and the laboratory claims its casualties. Science is battling ceaselessly and tirelessly, and her war knows no armistice. We are proud to know that our colleague who sacrificed her life in this great war did not fall in vain.



## OUR FOREIGN LETTER.

### THE HISTORY OF THE AMERICAN RED CROSS NURSING SERVICE.

DEAR EDITOR,—Having read your item in regard to the forthcoming "History of the American Red Cross Nursing Service," it occurs to me that you might be interested to hear more detail, for I must not allow myself to be regarded as the sole writer of this history.

True, Miss Noyes did, at the outset, ask me to write it, but we had not conferred very long over the contents before it became plain that it would require many hands. It will be a book of two quite large volumes, in several (probably three) parts. The first part I have done. It covers the preliminary historical ground, and outlines the Civil War Nursing, where Miss Barton began her remarkable career. She afterwards made an effort, very interesting from the "story" point of view, to graft the German Red Cross Nursing system upon our American hospitals. The Spanish-American War Nursing was the real starting-point of our present Red Cross Nursing Service, and, after the war, there came on the process of "affiliation" with the American Nurses' Association, all of which makes a narrative quite different from that of any other National Red Cross Society. Then at the outbreak of the war of 1914 comes a section on the "Mobilisation" of Red Cross Nurses, and that contains various sub-sections which have been done mainly by other people. Part II gives the war history—that is being written by Miss Elizabeth Pickett, one of the most talented young writers in the Red Cross administration, and who, though not a nurse, had, all through the war, a position very close to Miss Delano and Miss Noyes, and intimately touching all the movements and the correspondence of the Red Cross nurses. She is doing it exceedingly well. She is young and enjoys the dramatic aspects of the material, whereas I simply could not write up fresh war material, and would not, if I could. My feeling toward war is exactly what it would be if anyone proposed to me the noble virtues and lofty spiritual values involved in the religious ceremonial of eating one's dead ancestors. One seems to me just exactly as necessary and as praiseworthy as the other. It may quite be that, as yet, we can't avoid getting into war occasionally, but all the fine words about it make me ill.

The third part covers the development of Rural, Town and Country Nursing, and the teaching of home women and girls in classes the elements of care of the sick, and of dietetics. It will also describe the Peace Plans of the Red Cross, the International Public Health Service and the Civilian Relief since the armistice, in so far as nurses were busied in it. This part I am again sharing in, though so many others are also taking part that it will be quite a composite. Past and present heads of services and office workers are all helping in this material. Then there is an Editorial Committee, who have something to say

and to do in making all balance and square with facts (and with manners); finally, Miss Noyes herself and Miss Mabel Boardman, who has been so important in Red Cross work since 1905, are the supreme critics. It will be, therefore, a well weighed piece of work, going from one to another for revision and correction. Finally it will be subjected to the Red Cross Bureau of Standards, who will not alter any text, but will decide the form and set-up for the printer. The material for all of my subjects and, to some extent, the rest also, was collected and classified and listed by Miss Beatrice Copley, a trained University woman who was (shall I say "is"? Alas, she became a wife!) an expert in "Research" for work of that kind. As the Red Cross archives and letter-files are simply stupendous in their extent and elaborateness, hers was really almost the most important part of the whole undertaking. The plan for the book was, that it should be a useful "Source and reference" book as well as a narrative. We hope to have the first volume out within the year. The second one will follow later.

LAVINIA L. DOCK, R.N.

## OUTSIDE THE GATES.

### THE ROOKS' MESSAGE TO THE LABOUR PARTY.

Black folk in lofty places  
Much nearer to the sun,  
To watch your active paces  
Now housing time's begun,  
Should teach unfeathered races  
How honest work is done!

If building be a sample  
Of what you choose to do,  
The evidence is ample  
"Ca Canny's" not for you.—C. B. M.

[Conclusions arrived at from what I see through my bedroom window of a morning just now.]

## COMING EVENTS.

April 9th.—"Isla Stewart Memorial Fund": Meeting of the Standing Committee, 431, Oxford Street, W. 2.30 p.m.

April 13th, 14th and 16th.—London Temperance Hospital: Dramatic and Musical Entertainments given by the Nursing Staff in support of Building Fund. 8 p.m.

April 16th.—Chartered Society of Massage and Medical Gymnastics, Annual Meeting, 224, Great Portland Street, W. 3 p.m. Social Gathering after the Meeting, 93, Mortimer Street, W.

April 17th.—Verdun Sunday. Special services at St. Paul's Cathedral, Westminster Abbey, Westminster Cathedral, and other churches. Concerts at the Albert Hall, and Queen's Hall.

April 28th.—General Nursing Council for England and Wales. Conference on Nursing Education and Alternative and Reciprocal Training of Nurses. Royal Society of Medicine, 1, Wimpole Street, London, W. 11 a.m. and 2.30 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 SOMERSET ASSOCIATION FOR THE WELFARE OF WOMEN AND GIRLS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It might possibly be of interest to your readers to know that we are about to open a Home for Unmarried Mothers and their babies in this county.

The Somerset County Nursery Home is situated in the village of South Petherton, in Somerset, in beautiful surroundings, and a healthy locality. The Superintendent, Miss Verinder, is a fully trained nurse-midwife with experience in rescue work, and the Assistant Matron is also fully trained. The Home is visited by a local doctor and is sanctioned by the Ministry of Health. Twelve to fourteen girls can be accommodated, and are received before the confinement, nursed through it, and remain in the Home with the child until physically and mentally fit to take up work, for which they will be trained during their stay in the Home. Only first cases will be accepted, and in every case the girl must remain not less than six months in the Home.

The Home is intended primarily for Somerset cases, but girls from outside the county will be taken at the start, until all the vacancies are filled. The fees are 12s. 6d. weekly and £1 1s. for the confinement, but girls recommended by Affiliated Branches of the Association will be taken at the reduced fee of 10s. weekly. Application to be made to the Organising Secretary, Miss Joseph, Holford, Bridgwater, who will be pleased to supply any further information if required.

I am,

Yours faithfully,

F. C. JOSEPH.

## NO RECOGNISED TRAINING SCHOOL AT PRESENT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Can you give me an explanation of the two following sentences quoted from the Annual Report of a General Hospital (1920):—

"The Number of Beds available for In-patients during 1920 were 86.

"The Hospital being a recognised Training School for Nurses, the following particulars of the year's work are recorded:—

"Seven Nurses completed their training and received their Certificates."

When I received my Training, I understood a Hospital with less than 100 beds was not a recognised Training School.—Yours, etc.,

EX-HOSPITAL SISTER.

[So far there has been no central body to authoritatively state what is a recognized training

school, although 100 beds is often mentioned as the standard. The number of beds is however not the only criterion. The average occupied beds, and the nature of the cases admitted, are also of importance. We are of opinion that if the cases are acute and varied, and the teaching good, a sound training can be given in a hospital of less than 100 beds. For instance, excellent training is given in some County Hospitals which have not this number. Now that General Nursing Councils have been appointed by Act of Parliament in the three Kingdoms we may soon hope for an authoritative list of recognised training schools for nurses, and also that gaps in the training facilities of one institution may be filled by affiliation with another institution which is able to provide this training. Thus by co-ordination and systematization the best possible use will be made of the material available.—ED.]

## KERNELS FROM CORRESPONDENCE.

## NURSES OBJECT TO UNEMPLOYMENT TAX.

*Miss Jean Lawson, London.*—"Nothing will induce me to pay for unemployment benefit, or as it really is, so far as nurses are concerned, the unemployment tax. What can be done to me? Shall I have to go to Holloway?"

[Ask the Minister of Labour. We believe the Government protects itself by penalising the employer. This type of legislation is designed for the benefit of industrial extern workers. The subscriptions of professional women, who do not need and who do not intend to apply for such doles, will go to support industrial applicants.—ED.]

## BEHIND THE TIMES.

*S. T. G., Liverpool.*—"How I should like to take the Post-Graduate Course for Nurses on the Boston Floating Hospital; but, alas, the cost of journey is prohibitive. Fancy this fine work having been on the go for 22 years, and this the first we have heard of it in Liverpool!"

[Evidently you have not been a reader of the BRITISH JOURNAL OF NURSING. We have brought this interesting work to the notice of our readers from time to time for many years.—ED.]

## CANADIAN NURSES SYMPATHISE.

*Miss May Summers.*—"It is only a few months ago, after years of disappointment, that we hoped we had chased the Nation's Fund for Nurses off the hoardings in England. It really is a shame, just as we hoped we had got rid of its demoralising influence, to find Lady Harvey playing the mendicant upon our behalf throughout Canada. I am glad to hear our Canadian cousins are up in arms upon our behalf."

## PRIZE COMPETITION QUESTIONS.

*April 16th.*—What is marasmus? What are the principal nursing points in caring for a case of this kind?

*April 23rd.*—What are the principal counter-irritants, and how are they applied?



# The Midwife.

## CENTRAL MIDWIVES BOARD.

We welcome the nominations of Miss M. Olive Haydon and Miss Gladys M. Le Geyt to seats on the Central Midwives Board by the Minister of Health. Miss Haydon is an experienced midwife and brilliant teacher, and Miss Le Geyt is representative of the highly trained group of midwives who are also trained nurses—an ideal to be aimed at.

The Society of Medical Officers of Health have nominated Dr. Robert A. Lyster, M.O.H. for Hampshire, as their representative.

## THE WIFE AND MOTHER.

### A MEDICAL GUIDE TO THE CARE OF HER HEALTH AND THE MANAGEMENT OF HER CHILDREN.

The fact that "The Wife and Mother" by Dr. Albert Westland, M.A., M.D., C.M., is now in its seventh edition is a proof of its popularity, and an indication of its usefulness. The book is published by Messrs. Charles Griffin & Co., Ltd., Exeter Street, Strand, W.C. 2, at the modest price of 5s. It is a book which nurses and midwives, when asked by young mothers to tell them of one which will be of use to them, may with confidence recommend.

The book is divided into four parts. Part I: Early Married Life, dealing with its duties and responsibilities up to, and including, the first confinement.

The author begins by pointing out that "Every young woman who enters into what are conventionally called 'the bonds of matrimony,' voluntarily accepts certain responsibilities, and undertakes certain duties, not only important in themselves, but noteworthy also in this, that their neglect and repudiation may be followed by far-reaching consequences to others. Convention has decreed that those duties and responsibilities should be discovered mainly by wives after marriage, and it is seldom indeed that mothers are judicious or enlightened enough to place before their marriageable daughters even a partial view of the difficulties and troubles which almost every married woman will have to face at some period of her married life. . . . It is certainly desirable that women on entering married life should be aware that calls will be made upon their courage, their temper, and their forbearance; and should take what is undoubtedly the most decisive step of their lives with some knowledge of its importance and gravity, and some sense of the great influence which marriage must exercise on all their future career."

The author impresses on his readers the influence which maternal characteristics may have upon children, and, on expectant mothers, the propriety

and desirability of conscientiously regulating their conduct during pregnancy and in motherhood, so that right impulses and healthy energies should spread outward in an increasing wave through successive generations. He reminds us also that "it is related in the life of the Rev. Charles Kingsley, that when his mother was aware that she was about to bear a child, she firmly resolved that during her pregnancy she would allow no external troubles to influence her mind, and that, living in a beautiful country, she would give up as much time as possible to the contemplation of natural beauty, and to admiration of the works of the Almighty; and it is easy to believe that the thorough sympathy with nature, and the earnest humanity, which characterised the author of 'The Water Babies' and 'Yeast' were due in great measure to the mental attitude of his mother during the months preceding his birth."

We feel impelled to make one or two minor criticisms of a book which contains so much of value. Thus, in connection with the illustration of Higginson's syringe which appears on page 23, the bulb should not be held, as represented, between the thumb and forefinger, but should be grasped by the palm of the hand, and all four fingers as well as the thumb. Also, on page 43, when syringing the vagina, it is advised that the solution used should be Condyl's Fluid, Sanitas, Jeyes' Disinfectant, or carbolic acid, two tablespoonfuls of the first three, or one tablespoonful of carbolic acid to a pint of warm water. No strength is mentioned in relation to carbolic acid, and, if it is intended that the pure crystals should be used, making a solution of 1 part carbolic to 39 of water, then the method of mixing should be explained.

In regard to the remarks as to the protection of the bed during the first and third stages of labour by waterproof sheeting, we entirely concur, but the careful nurse and midwife will be further prepared for the "bursting of the waters," and the reception of the afterbirth, by having at hand a kidney tray or other receptacle; and it is a matter of some professional pride with her that when the "labour mackintosh" and sanitary pad, or folded draw sheet, are removed there should be no spot on the bed, and no necessity for changing or even drawing the ordinary draw-sheet.

Part II deals with "Early Motherhood: Convalescence from Confinement, and The Mother in relation to the Infant." Part III with "The Child," its normal development, general care, nutrition, physical and mental training, Some congenital defects, Hints upon nursing during illness, Minor troubles of the earlier months of infant life, Disorders associated with dentition, Common maladies of children, and Management of some emergencies. Part IV relates to "Later Married Life," and the Menopause, and there is a useful appendix.



# THE BRITISH JOURNAL OF NURSING

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Vol. LXV

## EDITORIAL.

### THE ATTRACTION OF MATERNITY NURSING.

Never before in the history of the Nation has so much attention been directed to Maternity Nursing, or has there been so great a demand for nurses to take up this branch of work. The Great War has emphasised the importance of the conservation of Infant Life. The application of the National Insurance Act has shown the need for increased provision for the care of maternity cases, the housing shortage has accentuated the need for hospital accommodation, and Municipal Maternity Homes and Hospitals are being organised. For some time, also, under the War Office, there has been, as part of Queen Alexandra's Imperial Military Nursing Service, a department dealing with the nursing in Military Families Hospitals, which are largely concerned with Maternity work, and which, as we notify in another column, is now being organised as a separate Nursing Service. The work in these hospitals, a number of which are recognised as training schools for midwives by the Central Midwives Board, affords to trained nurses a valuable opportunity of obtaining the additional qualification of "certified midwife" and also of employment in the important branch of maternity nursing, and it is one which nurses may well consider on deciding on their future careers.

One great attraction of maternity nursing is that it is fundamental. It is near enough to the beginning of things for there to be good hope that if the steps of the young mother are set in the right way she will respond to the teaching offered to her, and the result will be that the standard of health of the race will be raised. All maternity nurses know the anxiety of the large majority of mothers who come under their care to do their best for their children, if only

they know the way, and how extremely responsive they are to the guidance of the nurse whom they have come to trust during her attendance on them during child-bearing.

Another attraction of maternity work is its hopefulness. Ordinary hospital work has a sad side to the thoughtful worker, both because of her consciousness that much of her work is often palliative, not remedial, and because of the inevitable percentage of deaths which occur in hospital practice. The Maternity Home, on the contrary, is the gate of life. The infants born there are started, for better for worse, on their life's career during the all-important first weeks. And in regard to the mothers, once the act of child-bearing is over, there remains the restful period of convalescence, until recovery is established, and joy in the possession of the new baby which, as they say, "brings the love with it."

Whether, therefore, from the point of view of national and social service, of the nursing interest, and of the hopeful atmosphere characteristic of maternity nursing, it deserves the serious consideration of nurses when determining in what department of nursing they shall specialise.

There remains the consideration of the Maternity Departments of our Poor Law Infirmaries, for these cannot be considered an entirely hopeful environment. The tragedy of a ruined life is often played out there, and further, that sad class, the feeble minded, who again and again return to its shelter for a time, while they bear children who, as they grow up, often become a charge on the State—whether in hospitals, asylums, or prisons—must occasion deep sadness to a thoughtful and sympathetic nurse. On the other hand there is great opportunity for helping many who need, and are responsive to, a helping hand in trouble.



## EARLY TREATMENT AND PROTECTIVE INOCULATION IN TUBERCULOSIS.

In an article on the above subject, translated from the original, and published in the *International Journal of Public Health*, Professor K. Shiga, of the Kitasato Institute for Infectious Diseases, Tokio, states that the general rule that diseases should be treated in their incipient stage is particularly applicable to tuberculosis. But as yet we have for its treatment no other method than to promote and to assist the natural healing processes of the tissues. Hence we must endeavour to make generally known the importance of early treatment.

The danger of infection in tuberculosis begins, he states, only when the disease has arrived at the so-called open stage. It is, therefore, extremely important to combat the evil before this dangerous period, and that not only from the point of view of successful therapy, but also for the sake of prophylaxis.

Professor Shiga hopes now to take one step further in advance, and to undertake treatment by immunization before the appearance of symptoms. In other words, he would administer tuberculosis vaccine during the stage of incubation of the disease. That is what he understands by early treatment or protective inoculation in tuberculosis.

This protective inoculation is capable of suppressing the outbreak of tuberculosis. At the same time another remarkable phenomenon is observed. When children who are sickly and predisposed to the disease are inoculated, Professor Shiga has determined that their bodies become more vigorous, their appetite improves, and general development is promoted. In this way, he says, mortality may be reduced, the average duration of life prolonged, and the health of a nation be brought to a higher level. The segregation of consumptives in hospitals is of but little use in combatting the evil. Many tuberculous patients have no fever, and their general condition is fairly good. They walk freely in the streets, carrying bacilli in their sputum. What is the advantage, then, from a public health view point, of admitting a few of the contagious cases into a hospital ward?

The main aim of Professor Shiga's research is the suppression of tuberculosis. He is convinced that this aim can be obtained when protective inoculation during the period of incubation of tuberculosis becomes generally adopted. If tuberculosis patients are cured in the early stage, when the foci are closed, sickness through tuberculosis can more easily and more surely be prevented than by any other means.

## NURSING ECHOES.

Our readers will learn with interest that Miss Christine Campbell Thomson, the talented young authoress of "Burgoyne of Goynes," which is reviewed as our Book of the Week on page 224, is the daughter of Mrs. Campbell Thomson, the very popular Nurse Hon. Secretary of the Royal British Nurses' Association. This will give it an additional interest to members of the Association, and they will no doubt take an early opportunity of placing it on their library lists.

Cavendish Square—that one time stronghold of eminent medical consultants—is being more and more developed as a business and Club centre, and the Nursing World appears to be securing its share. A Club has been formed, with the title of the United Nursing Services Club, Ltd., as a Share Company, the Memorandum of Association being signed by members of those Services. A Prospectus and a Form of Application for Shares are being circulated and applications invited, a deposit being paid on application and the balance on the allotment of Shares. The Club will be located at 34, Cavendish Square. Then we have a V.A.D. Club at No. 28, and the College of Nursing, together with other professional women, is to start one at No. 20. Just out of the Square, the "Pioneers" have secured No. 12, Cavendish Place—a lovely house and garden, which we should like to have seen Headquarters of the General Nursing Council, but which was thought too costly by the Ministry.

Patients are washed at 3.30 a.m. in a Stepney infirmary, according to the statement of a nurse at an inquest on a woman inmate of 74.

A doctor said he could not say whether it was the practice to start washing at that hour, though it was necessarily early. He undertook to convey to the proper authority the coroner's opinion that an inquiry should be made to decide whether it was necessary to wash patients so early.

We decide that it is *not* necessary if the ward work is properly organised, and the comfort of the patients receives rightful consideration.

There is little doubt that before long Panel Nurses will be available for insured persons, and in our opinion Nursing by well qualified Nurses would be a very sound additional benefit. Visiting Nursing for all classes has also come to stay.



The report of the Bedford District Nursing Association, 3, St. Peter's Street, Bedford (affiliated with the Queen Victoria's Jubilee Institute for Nurses), shows that the number of visits paid by the Superintendent and four nurses during the past year was 16,984, of which 13,501 were free, an increase on the number paid in the previous year of 2,751, pointing to the necessity of providing another nurse. The Committee record that they have received most welcome assistance from the Invalid Help Branch of the St. John's Ambulance Association, and tender their thanks for the invalid appliances, invalid dietary, and light dinners received through the Hon. Superintendent, Mrs. Alfred Paine.

The grant from the Central Demobilisation Fund of the British Red Cross Society, and the Order of St. John of Jerusalem, has enabled the Association to carry on, but with the increase of expenses, in bringing up the salaries and allowances of the Superintendent and nurses to the standard required by the Queen's Jubilee Institute, to be met in the forthcoming year, and the prospect of the necessity for employing another nurse owing to the increased work, the Committee are earnestly appealing for an increase in the subscriptions and donations.

The increased cost of maintenance has hit all classes, and special efforts have had to be made to support existing charities, foremost among them being the District Nursing Associations affiliated to the Q.V.J.I. It is highly desirable to have an endowment fund to cover running expenses, and an influential committee of ladies and gentlemen in Tunbridge Wells have decided to organise a garden fête for this purpose, the existing Home having been bought for a memorial of our late Queen Victoria. Among the attractions is a competition stall, with handsome prizes in each class, the articles to be sold for the benefit of the Fund. Particulars will be found in our advertisement columns.

On Sunday last, at the Tir National, Brussels, was unveiled a monument to thirty-five men and women (including Nurse Cavell) who had been executed there during the war by the Germans. Those present included the King and Queen of the Belgians, Cardinal Mercier, and Burgomaster Max, as well as the relatives of the thirty-five victims, and children from various schools. A battalion of infantry formed a firing party. The Prime Minister, M. Carton de Wiart, paid a tribute to the heroism of the dead and recalled the story of Nurse Cavell.

The monument consists of a slab of granite, on which is inscribed:—"Ici tombèrent sous balles allemandes trente-cinq héros, victimes de leur attachement à la patrie." Before leaving, the King and Queen greeted and conversed with the relatives.

From the *Westminster Gazette* we cull this glimpse of Edith Cavell's grave:—

"I was in Norwich yesterday, and I made my way to the spot where Nurse Cavell lies, beneath the shadow of the cathedral. The grave is all abloom with primroses and violets and other spring flowers, and altogether it forms a beautiful little garden, standing by itself in an enclosed green. Many visitors, I find, have the idea that Nurse Cavell is buried within the cathedral, and notices have had to be posted in the nave, directing people to the actual spot, which is not very easily found, outside the building and under a window to the south-east. At the head of the grave is a small cross, like those in a war cemetery, recording only her name and the date of her death. There is no other inscription or emblem whatsoever, and I found it much more satisfying, simple as it is, than the big memorial in London."

The following letter from a "Dublin Nurse" appears in the *Freeman's Journal*, headed "Nurse Lina Kearns":—

"Irish nurses are horrified to read the sentence which has been passed on a member of their profession. We cannot go into the merits or demerits of the case, simply for the reason that the trial and its findings have not been published, which seems an extraordinary thing.

"Nurse Kearns belongs to a family of nurses, having four sisters trained. She received her training at the Royal City of Dublin Hospital, and passed all her examinations with honours. She is a member of the Incorporated Society of Trained Masseuses, and also a member of the Irish Nurses' Union. In her nursing career of nearly fifteen years she worked in Achill during the terrible influenza epidemics of 1918 and 1919. She gave her services voluntarily as masseuse in Dublin Castle Hospital. She has a host of friends amongst her private patients, one of whom left her an annuity which enabled her to buy a motor car which is now confiscated.

"As far as we know, this is the first case in which a member of our profession has ever received sentence for a political offence, with the exception of Nurse Cavell.

"Ten years' penal servitude is a most drastic sentence, and surely all nurses should join together (no matter what their political views may be) to protest against this severity and ask for its mitigation."



**ROYAL BRITISH NURSES' ASSOCIATION.**

By the time this issue reaches our readers the Royal British Nurses' Association will have taken over 194, Queen's Gate, S.W., as headquarters and a Nurses' Club—a rapid flitting which necessitates prompt organisation. But the stars in their courses appear to be fighting for the pioneer Nurses' Association, as the following announcement will prove.

At a meeting of the Executive Committee held on Tuesday, Miss Beatrice Cutler was appointed Home Sister to the Club, and together with Miss Macdonald, will be soon actively engaged getting it ready for the reception of members at the earliest possible date. With two such able women at the helm, the success of this great undertaking should be assured; everyone who knows them holds them in the warmest admiration and respect.

Upon the suggestion of Her Royal Highness the President, a small House Committee was elected. The financial arrangements of the Club were considered, and it was agreed that for a period of three months all members of the Association would be admitted as members of the Club on preferential terms of £1 1s. entrance fee, and an annual subscription of £1 1s.. The fees for non-members of the Association will be announced at an early date. We are asked to announce that a few of the Matrons attending the General Nursing Council Conference on April 28 can be accommodated at the Club.

**THE MATRONS' COUNCIL.**

The quarterly meeting of the Matrons' Council will be held, on the kind invitation of Mrs. Walter Spencer, at 2, Portland Place, London, W., on Saturday, April 30th, at 3 p.m. Mrs. Spencer, who for some years acted as Hon. Treasurer of the Council, always takes a warm interest in its welfare, and there is sure to be a good attendance in response to her invitation, as she is very popular with the members, and an ideal hostess. Miss Macdonald has consented to speak on the aims of the Royal British Nurses' Association New Club, 194, Queen's Gate, S.W., in which we feel sure the members of the Matrons' Council will be greatly interested. Residential Hostels are a very great need for all professional women workers, and London does not yet meet the requirements of trained nurses. Through last autumn we knew of many excellent private nurses who returned to institution work or emigrated, owing to the constant worry of finding house-room between their cases—just when they needed rest and home comforts.

**THE ISLA STEWART MEMORIAL FUND.**

At a meeting of the Standing Committee of the Isla Stewart Memorial Fund, it was unanimously agreed that the income for 1921 should be expended in welcoming all members of the League of St. Bartholomew's Hospital Nurses at dinner on the evening of April 28th who attend the Conference on Nursing Education upon the invitation of the General Nursing Council for England and Wales, to be held in London on that date. The late Isla Stewart supported for upwards of twenty years the nurses' demand for the organisation of their profession by Act of Parliament—in those far-off days, when the leaders of this reform were met by so much opposition. Had this liberal minded woman lived to see the realisation of her work, she would assuredly have been a member of the General Nursing Council, and taking a leading part in the great Conference promoted by it. The active members of the Committee of the Memorial Fund feel that to meet and associate the name of Isla Stewart with a gathering of the delegates of the League she founded, would be a gathering after her own hospitable heart.

Members of the Bart's League who are invited and who intend to attend the Conference, and who are able to accept the invitation of the Committee of the Fund, should write to Mrs. Shuter, Hon. Treasurer, Cleveland House, Chiswick Lane, Chiswick, London, W.4, and inform her that they hope to be present, when further information of the function will be sent to them. League Badges will be worn.

**GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.**

Much interest is being aroused in the Conference convened by the General Nursing Council to be held in the house of the Royal Society of Medicine, 1, Wimpole Street, London, W., on April 28th. The *Poor Law Officers' Journal* expresses the hope that guardians having training schools for nurses will officially appoint their Hospital Matrons and Superintendent Nurses to attend the Conference, and will pay them reasonable out-of-pocket expenses—railway fares and subsistence allowance—in making the attendance, and expresses the view that such payments would be a legitimate charge upon the common fund of the Union, as they would be incurred in the interest of the training school. Our contemporary points out that the Matrons and Superintendent Nurses at such schools have received invitations to the Conference direct from the Nursing Council, so they will be entitled to attend; but if they



attend without being specially appointed by the Boards, they can then only do so in a private capacity, and it considers, consequently, their expression of views will be weakened by the fact that they are not officially appointed to say anything.

We hope that the Voluntary Hospitals, the Committees of which have a free hand to pay reasonable expenses incurred by their Matrons in attending the Conference, will adopt the course advocated in the case of the Poor Law Matrons, so that a thoroughly representative Conference may express considered opinions on the important questions placed on the Agenda for discussion.

## GENERAL NURSING COUNCIL FOR SCOTLAND.

### SUMMARY OF PROCEEDINGS ON WEDNESDAY, APRIL 6th, 1921.

Eleven members were present, and in the absence of the Chairman and Vice-Chairman, Dr. H. E. Fraser was moved to the Chair.

A letter was submitted from the Scottish Board of Health informing the Council that the Board had appointed Miss Margaret M. White, Superintendent of Queen Victoria's Jubilee Institute for Nurses, 26, Castle Terrace, Edinburgh, to be a member of the Council. Miss White was present, and Dr. Fraser welcomed her on behalf of the Council.

The Registrar was instructed to endeavour to arrange a meeting with the Scottish Board of Health to discuss certain points outstanding with them in regard to the Draft Rules already submitted.

Miss Gill called the attention of the meeting to a report in the *Nursing Mirror* of April 2nd, of a meeting of the General Nursing Council for England and Wales held on March 24th, 1921, in which it was stated that the Chairman of the English Council had announced that he had discussed with two gentlemen from Scotland and one from Ireland, representing the Scottish and Irish General Nursing Councils, the question of registration of nurses trained in one country and working in another. The Registrar was instructed to communicate with the Editor of the *Nursing Mirror*, and to point out that this statement was inaccurate as the Council had no knowledge of any such meeting and no one had any authority from them to discuss such a question.

It was remitted to the Registrar to prepare the Report required by Section 9 of the Nurses Registration (Scotland) Act for submission to the Scottish Board of Health on the work of the Council to December 31st last.

The Registrar submitted the Report of the Government Auditor on the Accounts of the Council to December 31st, 1920.

It was arranged that the next meeting of Council should be held on 20th inst.

### IRREGULAR PROCEEDINGS.

In reference to the action taken by Miss A. W. Gill as a member of the General Nursing Council for Scotland, the Registrar of which was instructed to inform the Editor of the *Nursing Mirror* that "no one had any authority from them (the General Nursing Council for Scotland) to discuss such a question," we find, on referring to our representative's notes of the discussion on the matter referred to at the meeting of the General Nursing Council for England and Wales, held on March 24th, the following report:—

"Mrs. Bedford Fenwick moved that the Report of the Registration Committee be received. This was seconded by Dr. Goodall.

To recommend the following Rules:—

"Part II of Draft Rules (page 3).

"To follow first paragraph of 4.

"An applicant resident in England or Wales shall be permitted to apply for admission to the Register of the General Nursing Council for England and Wales, notwithstanding she may have been trained as a nurse in Scotland or Ireland."

Mrs. Fenwick explained that this Rule provided that existing nurses would be able to register in the first instance in the country in which they were resident.

The Chairman then reported that on the previous Thursday he was invited to go to Mr. Brock's room. He found there two gentlemen from Scotland and Sir Coey Bigger from Ireland, who were discussing the very Rule that Mrs. Fenwick had dealt with. They held the view that every nurse should, in the first instance, register in the country in which she was trained. He (Mr. Priestley) pointed out the inequity of this procedure and eventually both parties ended by cordially agreeing with the English view. He did not know if it was now necessary to insert the words "resident in England or Wales."

Mrs. Fenwick said she would not oppose the deletion of these words. Now that representatives of the Scottish and Irish Councils had apparently agreed to the English view, the insertion of the words might not be necessary; but the method of procedure was very informal. If a Rule agreed upon and recommended to the Council by the Registration Committee was to be altered because gentlemen from Scotland and Ireland had discussed their business with the Ministry without consulting them, she considered the proceedings very irregular, and was of opinion that all suggestions from the Scottish and Irish Councils should be placed before them officially through the Registrar.

The Chairman said he had made a note at the time that both Councils would agree with the recommendation of the English Council. If not, the Chair asked leave to reinsert the words "resident in England or Wales."

With this understanding the adoption of the Rule omitting the words "resident in England or Wales" was proposed by Mrs. Fenwick and seconded by Miss Cox-Davies, and carried."



We gather from Miss Gill's statement that the two gentlemen referred to above (neither of whom, we believe, are members of the General Nursing Council for Scotland) were not officially authorised to act upon its behalf in this matter.

The Acts provide that the three Councils *shall* consult before making Rules "with a view to securing a uniform standard of qualification in all parts of the United Kingdom," and the sooner the three Councils conform to this provision of Parliament the better.

### THE GENERAL NURSING COUNCIL FOR IRELAND.

The General Nursing Council for Ireland has now opened its Register for Existing and Interim Nurses, and Forms of Application may be had from the Registrar at 33, St. Stephen's Green, Dublin. The Rules, as agreed by the Chief Secretary for Ireland, are almost uniform with those drafted by the General Nursing Council for England and Wales, and we congratulate the Irish Council on being first in the Registration field. We note, however, in articles supplied to the Irish press that the statement is made (we quote the *Irish Times*) that:—

"A UNITED KINGDOM SCHEME."

"Nurses admitted to the Irish Register will be automatically entitled to admission to either the English or Scottish Registers if they should go to Great Britain to practice, and the Irish Council will accept nurses already registered in England and Scotland."

We have the Approved Irish rules before us and no rule providing for automatic registration between Ireland, England and Scotland is incorporated in them.

So far the English Council has agreed to no rule providing for automatic or transfer registration—thus opening three portals to its Register—instead of one, over two of which it would have no power of discrimination. The English Council claims that the Acts specifically provide, Section 3, (2) (c) that applicants must produce "evidence to the satisfaction of the Council . . . under conditions which appear to the Council to be satisfactory for the purposes of this provision and have adequate knowledge and experience of the nursing of the sick" before they are eligible for registration.

Through a system of automatic registration a Council relinquishes personal and collective responsibility, and would fail to comply with the provisions of the Act. Parliament also anticipated that after consultation the three Councils would secure "a uniform standard of qualification in all parts of the United Kingdom" before admitting applicants to the Registers compiled by them. Power of admission to the Registers must be jealously guarded by each Council or registration will become a snare and a delusion, of no benefit either to the nurses or the public. We have been promised the one portal to the Register and we must see that we get it.

### POOR LAW INFIRMARY MATRONS' ASSOCIATION.

In connection with the Conference convened by the General Nursing Council for England and Wales, on Thursday, April 28th, the Poor Law Infirmary Matrons' Association will hold a meeting on April 26th, at the Eustace Miles Restaurant, Chandos Street, Charing Cross, at 3 p.m., to discuss (a) The draft syllabus for the training of nurses just issued by the General Nursing Council; and (b) the best means of helping the smaller training schools.

We are asked to state that all Matrons and Superintendent Nurses of Infirmarys recognised by the Ministry of Health as Training Schools for Nurses, are cordially invited to be present.

### NURSING REFORM AT THE LONDON HOSPITAL.

The *London Hospital Gazette* publishes the old and new schemes of remuneration for the Nursing Staff.

Board, lodging and washing are valued at £95 per annum. Certain material for uniform is provided. It costs a candidate, however, about £6 6s. to provide all that is required in uniform when she first comes to the Hospital. A month's holiday is given annually. Sick pay is allowed. A bonus (£5) is added to the salary at the end of six years' service, and again after twelve years' service. £5 is added to the salary if a nurse holds the Central Midwives Board Certificate (obtained at her own expense). A pension is given after twenty years' service.

#### OLD SCHEME.

No such Appointments under Old Scheme.

#### GROUP I.

ADMINISTRATIVE POSTS  
(about seven people).  
Salary—£60 to £150 per annum by annual £10 increases.

#### GROUP II.

HEADS OF DEPARTMENTS  
(includes about 6 people).  
Salary—£65 to £110 by £5 increases.

#### GROUP III.

SPECIAL APPOINTMENTS  
(about 20 people).  
Salary—£55 to £100 by £5 rises.

#### NEW SCHEME.

Appointment of 2 Assistant Matrons at £200 to £300 per annum, by £25 annual increases.

#### GROUP I.

ADMINISTRATIVE POSTS  
(includes 8, later 9, people).  
Salary—£150 to £250 by £25 increases.

#### GROUP II.

HEADS OF NURSING DEPARTMENTS AND FULL TIME TEACHERS  
(about 8 people).  
Salary—£140 to £200 by £15 increases.

#### GROUP III.

SPECIAL APPOINTMENTS  
(about 16 people).  
Salary £110 to £150 by £10 rises.



**GROUP IV.**  
WARD SISTERS AND HOLIDAY SISTERS.

Salary—£50 to £65 by £5 rises.

**GROUP V.**  
PRIVATE STAFF NURSES (includes about 210 people).

Salary—£45 to £70 by £5 increases.

**GROUP VI.**  
WARD STAFF NURSES (includes about 132 people).

Salary—£40 per annum.

**GROUP VII.**  
PROBATIONERS, 1st and 2nd Year.  
(includes 124 in 1st Year)  
( " 117 in 2nd Year,

Salary—£20 First Year.  
" £25 Second Year.

We note with satisfaction the proposal to appoint two Assistant Matrons at good salaries. The old system of a quartette of hard-worked women, given very responsible work and officially submerged as "Matron's Assistant," was very unfair.

Group V is open to criticism. We imagine "Private Staff Nurses" alludes to nurses working on the private staff. Surely a salary of £60, or about twenty-three shillings a week, is a very insufficient salary for women earning £3 3s. a week, especially as board, lodging and laundry are being saved by the hospital. Private nurses should be paid at least two-thirds of what they earn for the hospital.

Group VII adds a third year to the Probationers' training—a long-needed reform at the London Hospital, and one upon which the patients are to be heartily congratulated, and which should have been secured for them by the Medical Staff years ago.

## PROFESSIONAL UNION OF TRAINED NURSES.

A very enjoyable dinner and dance took place at the Hotel Cecil, on Thursday, the 7th inst., under the auspices of the South London Branch of the Medico-Political Union. Many well-known medical men and ladies were present, with Dr. Stancombe, as President.

The Hon. Secretary of the Professional Union of Trained Nurses, who responded to the toast of "The Ladies," thanked the Medico-Political Union for the help and encouragement they had given to the P.U.T.N. Not long since, she had

**GROUP IV.**  
WARD SISTERS, HOLIDAY SISTERS AND CERTAIN MINOR SPECIAL APPOINTMENTS

(includes about 60 people).  
Salary—£90 to £130 by £10 rises.

**GROUP V.**  
PRIVATE STAFF NURSES (includes about 215 people).

Salary—£60 to £90 per annum by £10 increases.

**GROUP VI.**  
WARD STAFF NURSES (includes about 95 people).

Salary—£60 per annum.

**GROUP VII.**  
PROBATIONERS in their 1st, 2nd and 3rd Year.  
(includes 188 in 1st Year)  
( " 105 in 2nd Year)  
( " 53 in 3rd Year)  
Salary—£30 First Year.  
" £35 Second Year.  
" £40 Third Year.

joined in the chorus of Nurses who said that medical men were no friends to them, but lately she had learned wisdom, and amongst other things, that it was no use for anyone to sit still and expect others to free them from bondage; "who will be free, *themselves* must strike the blow." The Nurses had struck the blow, had formed their Union, and medical men—especially the Medico-Political Union—had come forward and given them very great assistance, for which she thanked them on behalf of the Nurses.

M. MACCALLUM.

## APPOINTMENTS.

### MATRON.

**Well House Hospital, Barnet.**—Miss H. H. Newton, R.R.C., has been appointed Matron. She was trained at the Leeds Township Infirmary, and received her midwifery training at the Jessop Hospital, Sheffield. She has been Assistant Matron at the Northumberland Military Hospital, Assistant Superintendent of the District Nursing Association, Sunderland, Matrons' Assistant in the Out-Patients' Dispensary, Gateshead, Senior Nurse with Emergency Midwifery duty under the Queen Victoria's Jubilee Institute in Carlisle, and Sister at the Kendray Fever Hospital. She is at present Superintendent Nurse at the Coventry Infirmary. She is a certified midwife.

**Alston Cottage Hospital, Cumberland.**—Miss E. Littlewood has been appointed Matron. She was trained at the Lake Hospital, Ashton-under-Lyne, and has been Matron of the Municipal Maternity Home, Stockton, Matron and Superintendent of Nurses at Queen Park Military Hospital and Poor-Law Infirmary, Blackburn, and Superintendent of Nurses at the Winchester Infirmary.

**Borough Isolation and Smallpox Hospitals, Peterborough.**—Miss M. L. Thomas has been appointed Matron. She was trained at the London Hospital, Whitechapel, E., and has been Sister at Monsall Fever Hospital, Manchester, Matron at the Borough Fever Hospital, Bury, Lancs., Matron at the Borough Isolation Hospital, Plymouth, Matron of the Isolation Hospital, Altrincham, and Manchester.

**Thingwall Sanatorium, Birkenhead.**—Miss F. G. Middleton has been appointed Matron. She is at present Matron of the Tuberculosis Hospital, Kingshepe, Northampton.

### SISTER.

**London Homeopathic Hospital, Great Ormond Street, W.C. 1.**—Miss M. England has been appointed Sister of the Outpatient Department. She was trained at the Royal City of Dublin Hospital, and has held the position of Night Sister, and for the last two years that of Housekeeping Sister also, in her training school.

Miss J. Scorgie has been appointed Sister of a Women's Surgical Ward in the same institution. She was trained at the Royal Infirmary, Manchester, and has been Theatre and Ward Sister in the same institution, and Sister in the Scottish Women's Hospital, Serbia. She served four years in Queen Alexandra's Imperial Military Nursing Service Reserve, and holds the Royal Red Cross (Second Class) and the Serbian Cross Good Samaritan.

**Royal Infirmary, Blackburn.**—Miss Rhoda Gameson has been appointed Sister. She was trained at Ancoats Hospital, Manchester, and at the Hospital for Sick Children, Derby, and held the position of Sister in the latter institution.



**SISTER.**

**Infirmiry and Dispensary, Bolton.**—Miss Lucy Lees has been appointed Sister. She was trained in the same institution and at the Cottage Hospital, Ramsbottom, and has been Sister at Blair Hospital, Bromley Cross.

**SISTER-IN-CHARGE.**

**Municipal Hospital, Warrington.**—Miss Beatrice Evans has been appointed Sister-in-Charge. She was trained at the Royal Infirmiry, Manchester, and has been Sister at the City Hospital, Coventry, Night Sister at the Guest Hospital, Dudley, the Cumberland Infirmiry, and the Willesden Municipal Hospital. She has also done Military Nursing.

**TERRITORIAL FORCE NURSING SERVICE.**

The following appointment and resignations are notified in the Supplement to the *London Gazette* of April 4th:—

Miss K. Scott, R.R.C., to be Principal Matron, Second Eastern General Hospital (March 10th).

Miss L. O. Carter, Matron, resigns her appointment (January 1st).

Miss F. H. Warter, Matron, resigns her appointment (February 17th).

**THE HOSPITAL WORLD.**

At the annual meeting of the West London Hospital it was stated that Mr. Dan Mason had contributed £22,000 towards the rebuilding of the out-patient department.

The Infants' Hospital, Vincent Square, Westminster, S.W. 1, which has done pioneer work in placing the management of infants and the treatment of the disorders and diseases of nutrition upon a scientific basis, is in the happy position of recording that the indebtedness of the hospital has been reduced by the sum of £1,124 14s. 10d., this being the excess of income over expenditure for the year 1920, a position due to three items of extraordinary income, totalling £3,150. The ordinary income is now altogether inadequate to the necessary expenses of maintenance, and the Committee earnestly hope that some means may be found of supplementing it. The laundry accounts at this hospital are always of interest. It is really amazing to read, in these days of high prices, that 308,233 articles were washed at the cost of £177 os. 3d., or 11s. 6d. per thousand. About four-fifths were washed on the hospital premises.

Speaking at the annual meeting of the Birmingham General Hospital, the Bishop of Birmingham pointed out that it was a pity that the public generally and some of the well-to-do particularly, were so slow to realise their responsibilities in regard to the hospitals. Hearts still required a great deal of warming. He appealed to the public to come to the hospital's rescue. Mr. T. Ratcliff, the Chairman of the Finance Committee, estimated the present year's deficiency at £25,000. "That is to say," he said, "we are running to ruin at the rate of about £500 per week." The Bishop of Birmingham was re-elected president.

**A NEW NURSING SERVICE.**

The establishment of "Queen Alexandra's Military Families Nursing Service" is officially announced. This service, which will take over the permanent nursing establishment of the Military Families and Military Isolation Hospitals, will consist of matrons, sisters-in-charge, and staff nurses; and appointments will be given to persons qualified under regulations approved by the Army Council. The rates of pay will be the same as those laid down for the corresponding ranks in Queen Alexandra's Imperial Nursing Service. Sisters-in-charge will receive, in addition charge pay at the rate of £20 per annum (for up to thirty beds), and £30 per annum (for over thirty beds). The conditions of retirement and rates of pension will be as laid down for the Queen Alexandra's Imperial Military Nursing Service. An outdoor uniform is under consideration. For new members the rates of uniform allowance will be £20 for the first year of service, £5 for second year, and £10 for third and subsequent years. For serving members the rates will be respectively £15, £8, and £10, calculated from the date on which the next issue of uniform allowance becomes due.

The Military Families Service is under the direction of the Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service. The existing nursing establishment of the Military Families Hospitals will be transferred to the new service as follows:—

Old Rank.	Rank in Q.A.M.F.N.S.	Corresponding Rank in Q.A.I.M.N.S.
Matrons at Aldershot..	Matron ..	Matron
Matron at other ..	Sister-in- Charge ..	Sister
Stations ..	Staff Nurse	Staff Nurse

Some vacancies still exist in this Service, and we commend the fact to trained nurses, as an unusual opportunity of considerable importance.

**CANADIAN NURSES AND LADY MARTIN HARVEY.**

A responsible colleague writes from Calgary:— "I have already posted cuttings re Lady Harvey's Appeal for Nation's Fund for Nurses. The Calgary Association of Nurses are very indignant at her remarks, and that she should collect funds in the name of the Nation's Nurses, and have strongly protested against her appeal. Our President, Miss E. P. McKinney, who is a splendid woman and Canadian graduate, together with the Vice-Presidents of the Association, are receiving the praise and support they deserve for



standing up for their sister nurses not only in Canada, but in England. I take THE BRITISH JOURNAL OF NURSING, and am always so pleased to read the home news."

Under heading of "Letters to the Editor," March 16th, the following letter appears in the *Morning Albertan, Calgary* :—

#### LADY MARTIN HARVEY DENIES CHARGES.

Editor *Albertan*.—With reference to the paragraph which appeared in your issue of February 11th, headed "Nurses' Association Feels Slighted by Lady Martin Harvey," both Sir John and Mr. O'Neill thought it of so grave a nature that it was necessary either to ignore it or go into the matter very seriously. The details which I gave your correspondent did not appear, and we felt it wiser not to urge their publication, in view of the fact that we were of the opinion that the feeling in Calgary was so strongly against the insinuations contained in the paragraph, and also that the meeting which was held in support of the fund by the Daughters of the Empire was received with such enthusiasm. However, since it has come to our knowledge that the paragraph in question has done harm in many directions and the people who instigated it are still spreading erroneous reports and stirring up ill feeling among the Canadian nurses, also that paragraphs of a far more serious nature are being sent to the press throughout Canada, it is, therefore, necessary to take immediate steps in the matter. In the first place, I do not think that it has been understood either by yourself or the writers of such paragraphs that they are attacking the British Red Cross Society. It is also evidently not understood that the College of Nursing is under the British Red Cross Society. As one of the Vice-Presidents of the College of Nursing, I am bound to resent any attack or suggestion as to the integrity of the accounts. I gave your correspondent the names and addresses of our auditors, and I beg to enclose them again; also the members of our committee and our treasurers. I think, perhaps, you will realise what a very grave matter this is, and, if I may say so, that it was unwise to publish a paragraph of this kind without going further into the matter and inquiring as to the veracity of the statements contained therein. I shall require a public apology from the Nurses' Association, and a complete withdrawal of any statement of a libellous nature contained in the paragraph, also the publication of a letter in your paper, which I feel sure, both in justice to yourself, Sir Arthur Stanley, the British Red Cross Society and to me, you will undertake to do.—I am, dear Sir, yours faithfully,

N. MARTIN HARVEY.

We learn that the action of Lady Harvey in soliciting funds from organisations inviting her to address them on other topics, has been criticised, but not publicly. . . . It was felt by some members of the University Women's Club at Toronto that she abused the position of a guest when she acted without permission from their executive.

Lady Martin Harvey's statements may usually be taken *cum grano salis*. It certainly will be news to nurse members of the College of Nursing that they are "under" the B.R.C., and that Lady Harvey is a Vice-President of the College! These items of information have not so far appeared in the *Bulletin*. Lady Harvey impugns the "veracity" of her opponents, and

accuses them of "spreading erroneous reports" and talks of "withdrawals" and "apologies." Pure bluff!

As a member of a reputable profession, we consider Lady Harvey owes it an abject apology, both in Canada and at home, for scattering from one end of the Dominion to the other, *without our knowledge or consent, a demand for charitable support*, for which there is not the slightest demand upon the part of professional nurses. We repeat what we have said before: Let actresses, if necessary, beg for the destitute in their own ranks, and cease to attempt to acquire "society" success by maudlin meddling with the honourable profession of nursing. We are neither impressed nor deluded by their tactics, and resent and repudiate their patronage.

### THE ADVERTISERS' A.B.C.

Quite recently His Majesty the King remarked that there was an important enterprise going on in the country, and he never knew it, and it is therefore not surprising that many of his subjects are quite unaware of the extent and importance of the mighty commercial force which is now comprehended in the word Advertising.

The splendid book compiled and published by Messrs. T. B. Browne, Ltd., the great advertising agents of 103, Queen Victoria Street, London, E.C.4, will do much to enlighten those who wish to know more of a business which is both fascinating and profitable, to those who bring to it the right talents, and indeed almost every kind of talent can be utilised in an adventure so wide-spread and far-reaching.

The Standard Advertisement Directory is now in its thirty-fifth annual issue, and it has been successfully employed throughout its long existence, in the mission of making known the true functions and aims of advertising, and as the standard work of reference for advertisers. It is a volume of which any firm might be proud, both for the manner in which is produced and illustrated, and for the comprehensive nature of the information it contains. The frontispiece is appropriately a beautifully produced picture of buildings in the City of London, with the river as foreground, clustered round the dome of St. Paul's Cathedral, for London is the free market of the world. "There is always a buying public in London awaiting the manufacturer, and the link which connects the two is Advertising."

The extremely interesting articles, "London in the Past: The Beginning of the World's Greatest Market," and "London To-day," give a wealth of information which will be greatly appreciated by those who love their London, whether they regard it "as comprehending the whole of human life in all its variety, the contemplation of which is inexhaustible," or as the "shopping centre of the nation of shopkeepers."

The article on "London in the Past" begins with the time when its site was an expanse of marsh-



land on either side of the Thames—a wide tidal river. Then the traders from Gaul discovered its natural port, and both foreign traders and those from inland combined to establish it as a commercial centre. Then came the Roman occupation, and, after a period of over 400 years, the withdrawal of the Roman legions, when for six centuries the people of London had to defend their City against foreign invaders—Scandinavian Vikings, Saxons and Danes. Then came the Normans, and it was fortunate that “William the Conqueror was a ruler of considerable wisdom and perceived that an assurance of security would be all to the good of the trade of London. He therefore granted a Charter to the City, the original of which is still in the possession of the present Corporation, the text of which is as follows:—

“William the King greets William the Bishop and Godfrey the Portreeve, and all the burgesses within London, both French and English, and I grant that they be all law-worth as they were in Edward the King’s days. And I will that each child be his father’s heir after his father’s days. And I will not suffer that any man do you wrong. God keep you.”

London grew and prospered, and “during the reign of Queen Elizabeth, London was a continuous pageant of display. The Thames, then the main highway of London, was crowded with magnificent barges, the nobles vieing one with the other in magnificence; beautiful palaces were erected and lavishly decorated and furnished. Theatres sprang up—it was the day of Shakespeare. It was an age of adventure and genius, when London streets were trodden by such famous men as Drake, Frobisher, Sir Walter Raleigh, Shakespeare, Sir Francis Bacon, Ben Jonson, and many others. . . . To this glittering period of London’s history may be traced the origin of much of our commercial greatness and scientific achievement. Charters and concessions were given to adventurous over-sea traders, and the discovery of new sources of trade and wealth thus encouraged.”

London of course had its trials. Outstanding are the Great Plague and the Great Fire. But these and other evils were met with the characteristic courage and energy of London, and the passing of each catastrophe saw it rise a city of nobler pretensions, more healthful, and always more full of promise. So we come to “London To-day,” “when one may walk or take a car for a distance of 20 miles, and see shops on either hand almost the entire way.”

“Inner London has an area of about 200 square miles, and is controlled by the London County Council. Lastly comes the City of London, one square mile in area—the richest and most famous square mile in the world.” The City is governed by the Lord Mayor, whose office has existed for 700 years, and in the City he “takes precedence of all but his Sovereign, even Princes of the Royal Blood coming after him in order of ceremonial. Soldiers may not be marched through the City with their bayonets fixed without the sanction of the City Authorities. Parliament, which exercises

a strict control over all the local governing bodies in the country, does not claim the same over that of the City of London. The City Councillors are representative of all the great commercial interests of London, men of the highest standing in commerce, and bound by every civic tradition to maintain the dignities and rights of the City.”

The book is beautifully illustrated by some of the successful advertisements designed by Messrs. T. B. Browne, and contains numerous illustrated articles relative to the great Dominions of the Empire, written in the same interesting way as that on London, and there are of course, classified lists of London, country and Colonial and foreign papers, with publishers’ own statements. The firm conducts under one roof every operation involved in modern advertising from the conception and preliminary planning of an advertising campaign, the writing, designing, and producing of advertisements, to the organisation of the trade channels by which a commodity is supplied to the press.

There are comparatively few people who realise the romance of modern advertising, the skill and genius brought to its service, and, to take one department, the sporting interest attached to canvassing. As a canvasser sets out on his daily rounds he knows that it is within the chances of the day that his propositions may be turned down, or that he may secure business worth hundreds, perhaps thousands, of pounds for his firm, and the latter result depends not on the swiftness of a horse, the luck of the dice, or the skill of an oarsman, but largely on his own good judgment, initiative, patience and persistence in conducting his operations—always assuming, of course, that he has a good commodity to dispose of. The advertising enterprise, great as it is, has yet far to go before it attains its possible heights, and, in the gallant struggle, the services of women are increasingly proving of value. It is an adventure worthy of their consideration, and, to those temperamentally suited for it, it will assuredly prove both an interesting and lucrative means of self-support. We advise those to whom such a career appeals to study the Advertisers’ A.B.C.

#### COMING EVENTS.

*April 16th.*—Chartered Society of Massage and Medical Gymnastics, Annual Meeting, 224, Great Portland Street, W. 11.30 p.m. Social Gathering after the Meeting, 93, Mortimer Street, W.

*April 28th.*—General Nursing Council for England and Wales. Conference on Nursing Education and Alternative and Reciprocal Training of Nurses. Royal Society of Medicine, 1, Wimpole Street, London, W. 11 a.m. and 2.30 p.m.

*April 28th.*—The Isla Stewart Memorial Fund Dinner to delegate members of the League of St. Bartholomew’s Hospital Nurses to the Conference on Nursing Education convened by the General Nursing Council of England and Wales.

*April 30th.*—Quarterly Meeting of the Matrons’ Council of Great Britain and Ireland. At 2, Portland Place, W., by kind invitation of Mrs. Walter Spencer. 3 p.m.



## OUR FOREIGN LETTER.

### SOME EXPERIENCES IN VIENNA.

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

I have just returned from Vienna, and what I saw was so abnormal, that I thought a note on the conditions that prevail there just now might be of interest to readers of the Journal.

My object was primarily to investigate the histology of the blood in rickets and allied disorders resulting from malnutrition; for this it seemed necessary to study at first hand the system of infant feeding devised by Professor Pirquet. I do not propose to discourse about the scientific aspect of the subject now, though perhaps I may do so later on. I had, however, also the opportunity of visiting and talking to typical people of all classes, and finally the honour of a long talk with the President of the Republic on what I had observed.

The Hospitals are run by the State, and there is a large staff of paid assistants, who often stay on for their lifetime. The nursing staff is very large, and the sisters especially are very highly trained and skilful. In the out-patient department I saw direct smears being made by the sister from the throat of every child who had a temperature. She stained the preparations, examined them under the microscope, and called out the result to the physician in charge. Only twice was she in doubt, and then there was a pathologist to refer to. In Vienna they do not regard clinical pathology as a side show, but as an essential routine.

I cannot leave the Hospitals without a brief note of admiration for their marvellous organisation.

They do not, for instance, waste time in discussing whether the clinical symptoms of a patient point to syphilis or tubercle; instead the Wassermann and Pirquet tests are performed on almost every case as a routine practice, so that when the patient comes before the director of the clinic, the results of these and many other tests are already recorded on the notes.

Everything is done in a methodical way, but I saw nowhere any trace of harshness or callousness. In one of the large receiving rooms where the out-patients and their relatives were congregated, several sisters and nurses were engaged in sorting out the patients for the particular physicians and shepherding them for the various tests, and nothing could have been happier than the gentleness of their manner. I was told afterwards that the director did not put any nurses on in this department until they had shown that they not only liked children, but were capable of showing it steadily through long hours of routine work.

The clinical notes of the cases are very full, and are all centralised and cross indexed, so that any one who wishes to look up the statistics of any particular disease, has no difficulty in getting quickly at what he wants. In this respect the Viennese system is greatly superior to our own—when we have any at all.

The social conditions, however, impressed me

most. Before I went to Vienna I had seen horrible posters of children dying in the streets, and had imagined that they were intended to represent the state of things at the present time. As a matter of fact, however, the children are not now starving at all, because every under-nourished child can obtain at least one good meal a day for the asking from the foreign relief associations. Owing to the excellent work that these have done, there is no starvation now amongst the children, and I saw very little evidence of marked malnutrition, though I visited every place—homes, relief stations, infant welcomes, hospitals—where it could be found. I am bound to say that except for the prevalence of rickets, which is due to the deficiency of fat soluble vitamins in the diet—the Austrian régime being to supply the necessary calories by excess of carbohydrate rather than fat—the children of the clinics did not differ markedly from what one can see in the out-patient department of any children's hospital here.

Every child had one or more cards showing that it was receiving relief, which is given in two ways. From birth till the age of six the food is administered by the Friends Relief Committee, and is given to the mothers in fortnightly rations for consumption in the homes, the children being brought from time to time to the welfare centres for medical examination, weighing, and so forth. From six to (I think) twelve they are under the care of the American Relief Association, who insist on the child attending a centre where a very good meal is served out to it. In addition, both associations supply a certain amount of clothing (or materials for making it), beds, soap, and other necessaries to the home where the children come from. Expectant mothers are also given rations.

So the children are well cared for, because charitable funds from America and England (and to a lesser extent from other countries also) have been available, but the flow is now showing signs of drying up, and I understand that unless further support is forthcoming the associations will not be able to carry on after this summer. This would be disastrous.

The most serious problem now is what is going to happen to the professional classes—doctors, lawyers, musicians, artists, teachers, for instance. All are under-nourished, and many have died literally from starvation. Suicide is increasing rapidly. Tuberculosis is rampant, and claims its victims every day. It is not regarded as a scourge, but as a welcome relief from an almost intolerable existence.

Let me give instances. If one goes into the home of a formerly prosperous doctor or lawyer, one sees the bookshelves stripped and the once beautiful house simply bare walls. Everything has been sold to buy food. For these folk there is no fuel or light. Their first meal is a cup of adulterated coffee, two slices of dark bread. At 12 o'clock they go to the municipal kitchen for their food, which consists of a cup of vegetable soup and bread,



vegetables—occasionally a scrap of meat. Here they can sit near a stove until three o'clock, when the kitchen closes, and they go home to bed in order to keep warm. Incidentally, it can be very cold in Vienna. I know I shivered all day long.

Only a week before I arrived, a professor of international reputation died of starvation, pure and simple.

The reason for the distress is two-fold. The general rise in the prices of necessaries is enormous and is increasing every week, and private practice has disappeared.

To illustrate the first factor, it is necessary to remember that a krone, which was worth about a shilling before the war now represents a tenth of a penny. *But it is still a shilling for a Viennese.* So if he gets his hair cut it costs him £5 (100 kronen), and to travel a short distance in a tram costs 5s. A cup of alleged coffee with condensed milk and two pieces of bread and margarine costs £4, and a piece of cooked veal, potatoes and cheese £12, and so on. The salary of the average professor is now about 2,000 kronen (£100) a month, and the majority of professional men and women are getting much less than that. Those who have retired on small pensions have nearly all died.

The workmen are in better case, because they are mostly employed by the State, which has—probably wisely—kept them on an inflated salary list though there is little for them to do, rather than allow them to starve or go Bolshevik. They pay their salaries by printing more notes!

The disappearance of private practice is largely due to the policy of the Allies at the peace of St. Germain in making portions of Austria into independent states. Bohemia has become Czechoslovakia, Hungary is independent, and Italy has got a large slice of the Tyrol.

Formerly Vienna was a centre for all these, and the Viennese doctors, lawyers, engineers, and so on acted as consultants for the people outside. Now they do not come. This, incidentally, is a singularly idiotic policy, because in science, art and commerce Vienna was a centre of light and learning, and the States that have been separated consist mainly of peoples of a lower grade of intellect and culture.

Commercially, also, the partition is unsound, because the raw materials are now in the surrounding states and the factories in Vienna; together these made for a successful Austria; now they are useless by themselves. In consequence, Vienna has to buy sugar, for instance, from Java, and coal from America and Australia; though there is plenty of both in Czechoslovakia 50 miles away!

How any collection of statesmen can have imagined that the attempt to make nations by cutting up maps with a pair of scissors could be a contribution to economic peace and progress seems incomprehensible.

The result of this political game is that the Allies are in the position of the man who has cut his nose off to spite his own face. Obviously, it is not to our advantage to see the mechanism of

Europe piled on the scrap heap because an essential part has lost a cog wheel, and Vienna is the cog-wheel of Central Europe, not only in art and science, but in trade also. If Vienna were to go under, the one remaining barrier between civilised Europe and the raw barbarian immorality of the adjoining East would be broken down, and that—to put it on the lowest ground—would pay nobody.

It is therefore to be hoped that the Commission which is soon to sit on the question of readjusting the economic barriers between Austria and her former components will undo the folly of the peace of St. Germain, and that the movement towards extending credits to Austria for which wise financiers have now appealed to our Government will not be sacrificed to political opportunism.

## BOOK OF THE WEEK.

### "BOURGOYNE OF GOYNE."\*

"The Bourgoynes of Goyne had held their lands for many hundred years. Like many another family they had been crippled by their loyalty in the Civil War. The great change came after the '45, when, on his return from exile in France ten years later, the head of the family found that the plate and jewels had disappeared and that his sister, the only one who knew where they had been hidden, had died suddenly in his absence without confiding her secret to anyone." Worst of all, with the silver had disappeared the great two-handled golden loving-cup which had been known for centuries as "The Luck of the Bourgoynes."

The discovery of the hidden treasure furnishes a dramatic incident towards the close of the story.

The present head of the family, Ronald, lived with his sister Muriel on his impoverished estate. When the story opens, he is a good deal attracted by a beautiful adventuress who, by clever intrigue, had launched herself into Society. It was owing to her wealth that she had been given as a dinner partner to Ronald out of the rather select party that had been invited; his hostess, Lady Marchmont, was determined he should marry money and retrieve the family fortunes. Before the close of the evening, Ronald had invited his fair partner to be his guest during the coming summer at Goyne.

"For a moment there was no answer. Melisande was trying to keep out of her eyes the exultation that she knew must be shining there. She had come that evening with the definite intention of securing the invitation which had come sooner than even she had dared to hope."

Muriel, more shrewd than her brother, scented trouble from the first.

There is somewhat of a complication of love affairs in this story. Ronald is really in love with

\* By Christine Campbell Thomson. John Bale, Sons & Danielsson, Ltd., 83-91, Great Titchfield Street, W. 1.



# The Registered Nurses' Society

**431, OXFORD STREET,  
LONDON, W. 1**

Telegraphic Address: "SOROR: LONDON."

Telephone No. 1712 GERRARD.

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The Society has been in existence for twenty-six years and only accepts on its staff Nurses who have had at least three years' training in a good general Hospital, and who possess the highest personal credentials.

The Society secures to the Nurses the just remuneration for their work.

The Society is managed by a professional Committee.

## WHY THE SOCIETY SUCCEEDS

The Medical Profession and the Public support the Society with confidence, because a high standard of professional efficiency is maintained, and it works on just economic principles.



Diana, the young wife of his friend Toby Northcote, whom he had hoped to marry, had not Toby unconsciously supplanted him.

It speaks well for Ronald that neither the husband nor wife were aware of his feeling.

On the other hand, Patricia Heron, the sister of his friend Rupert, a near neighbour and close friend, cherished the hope that Ronald would some day declare himself something closer than a friend.

The advent of Melisande into the friendly circle caused the calm waters of everyday life to become troubled, and before Ronald knew where he was, he was tricked into proposing marriage to Melisande.

Unhappy, but honourable, he confides his unhappy position to Patricia, who then for the first time learns of his love for Diana, and realises that whatever may occur, Ronald will never regard her as anything but a good pal. Happily, his sister Muriel, by a bold stroke, unmasks Melisande and leaves her stripped bare of her deception and so delivers her brother from her toils.

Following closely on the heels of this comes the discovery of the "Luck" by Ronald and Patricia. In a secret chamber they come upon the embalmed body of the woman who had died some hundred years back, taking her secret with her.

"Lying stiff and straight in her narrow bed was a lady in a rich grey satin dress that seemed to crumble as he looked at it. Her body showed no signs of decay; her white hands with long, tapering fingers, were crossed on her breast over a piece of parchment sealed with the great seal of the Bourgoynes."

The parchment contained directions for the recovery of the treasure, which had been buried in the family vault instead of the supposed body of Lady Anne.

To avoid trouble with the Home Secretary, a selected party raided the tomb at night and found undreamed of hordes of plate and jewels, to say nothing of "the Luck of the Bourgoynes."

"My heavens!" said Ronald; "Sunday after Sunday have we stood and looked at the tomb of Lady Anne and never guessed for a minute that we were looking at the family safe."

"Patricia giggled hysterically."

Matters having come to this point, we quite hoped that Ronald would quit his passion for Diana and reward Patricia's devotion—for she is a very nice girl.

But no. Toby dies—quite unnecessarily, we think—as the result of an accident, and the studio where he and Diana had been perfectly happy together is closed.

The closing chapter is already anticipating the time when Ronald Bourgoyne shall win his heart's desire, while poor Patricia is realising that life will in future hold nothing more thrilling for her than the care of an invalid brother.

Quite the book for the Whitsuntide holidays; be sure to obtain it.

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.*

### WORTHY HEADQUARTERS OF THE NURSES' CHARTERED ASSOCIATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It seems really too good to be true that we members of the Royal British Nurses' Association are to have such a splendid Club, fully furnished and equipped—rather as if a good fairy had suddenly remembered us and waved her magic wand. Only we know that such things do not come that way, but are the result of foresight and hard work on the part of someone.

First, then, we know that the acquisition of the Club is the result of the personal interest of Her Royal Highness, the President, and I am glad that the General Council lost no time in expressing to her the sincere thanks which every member of the Association must feel. Then there are the Hon. Officers, and last, but not least, I happen to know how hard our dear Secretary, Miss Isabel Macdonald, has worked for many months to find, and secure, a suitable home for the Association, and we cannot be too grateful to her for her work, not only in this instance, but every day and all day, often far into the night, for the furthering and conservation of our interests.

There remains now the duty of each individual member to support her Association and its Club to the utmost of her power. I know something of Clubs, and realise quite well that it will take many subscriptions, and much personal interest, to maintain a house such as that so charmingly illustrated in THE BRITISH JOURNAL OF NURSING last week. Let us all, therefore, do our best to get new members for the Association at once, and members for the Club as soon as we know what the terms of admission to it are, which, I hope, will be soon, for I am all impatience to join it.

Yours faithfully,

LIFE MEMBER, R.B.N.A.

### THE LONDON NURSERY SCHOOL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—The work of the London Nursery School counteracts the evil influences of slum life by placing children in an environment suited to the development of their better selves, by giving them the atmosphere which characterises a good home. By attention to physical needs at an age when the foundations of a good or bad physique are laid, it seeks to prevent disease and raise the standard of physique. Every child thus brought up with a sound constitution and high ideals means one more good citizen for the future of our Empire. In the nursery school habits of helpfulness and industry are formed, and the love



of order and beauty is encouraged in such a way as to react on home life. It aims at supplying means of spiritual growth and of self-discipline. The children are admitted at the age of 2, preference being given to the families who stand in greatest need. The need for these schools in the countless poverty-stricken districts of London is urgent. A Government grant is given for each approved school which amounts to half the yearly expenditure. The other half has to be raised voluntarily.

The Mission Hall in which the school is now held may, at any time, be taken over by the Lambeth Council for building purposes in connection with their housing scheme, and in view of this the committee feel the urgent necessity of securing a freehold site close by where they could, later on, erect a simple and economical building. To purchase this site £425 is needed. It is in the centre of this slum area, and would provide also a small playground for the children, which they at present lack. The advantages of this would be incalculable. The Marchioness of Carisbrooke pointed out in a recent speech how the school had justified its existence in a very remarkable way. She said: "The children enter ill-nourished and weakly, but after three months' attendance at the school they are almost unrecognisable, having benefited enormously both in health and character. The success of the school in its relation to the parents has been equally marked. They show great eagerness to profit by the experience and knowledge of the directress of the school, and the mothers flock there to learn how to cook the simple nourishing food given to the children, how to cut and make simple garments, &c."

It is hoped that generous donations and subscriptions will make it possible to start a number of such schools, and I shall gratefully acknowledge cheques or postal orders, which should be crossed "London Nursery School Fund." I specially appeal to little children to assist their less fortunate comrades and so ensure for them a happy childhood.

Yours truly,

BELLE RENNIE, *Hon. Treasurer.*

35, Cornwall Gardens, S.W. 7.

#### STATE REGISTRATION OF DUTCH NURSES.

"Nosokómos," Nederlandsche Vereeniging tot bevordering der belangen van Verpleegsters en Verplegers, P. C. Hoofstraat 97.

DEAR COMRADES,—We have the pleasure to inform you that an Act has passed the Dutch Parliament to provide for the Registration of Nurses for the Sick. This Act protects the Certificate. Only they who have the Certificate have the right to call themselves "Verpleegster" or "Verpleger" (nurse of the sick), and to carry the Badge. Only the certificate is available, given after an examination according to a programme fixed by the Minister (the requirements for examination are not fixed by law, but will be fixed by the Minister). The examination councils

are constituted by experts of the hospital schools and some other experts appointed by the Minister. Every hospital acknowledged by the Minister has the right of examination. The Badge is given by the Minister. You see, only the first step has been taken. This Act does not give any right to the nurses to appoint a member of a Council, nor have they got any right to determine in any way the requirements for examination. Still, we are glad with the Act. We may thank our efforts for it. During twenty years we were working for protection of our profession in order to raise it, and we will go on till our wishes are fulfilled.

Yours very truly,

M. BERKELBACH V. D. SPRENKEL.

Amsterdam.

["Nosokómos," the National Association of Dutch Nurses, is to be heartily congratulated on this "first step" towards the self-government of nurses in the Netherlands. We offer hearty congratulations through THE BRITISH JOURNAL OF NURSING to our Dutch colleagues. The United Kingdom Acts are by no means too progressive, but future generations of Registered Nurses throughout the world must continue to strive for the complete self-government exercised by the learned professions of men. It will come in time with self-sacrifice and tenacity of purpose—virtues we know possessed by members of "Nosokómos."—ED.]

#### KERNELS FROM CORRESPONDENCE.

##### ENTANGLING ALLIANCES.

C. V. T.—"I am glad to see from 'Splendid Isolation' that the General Nursing Council intends to keep itself from 'entangling alliances.' I am a private nurse, and see quite plainly that my branch of work will soon be seriously embarrassed by the competition of District Nursing Associations being compelled to institute visiting nursing for the better classes—and thus secure funds to carry on their work. So if the G.N.C. had associated itself with the Central District Nursing Council for London, as invited to do, its position would not have been impartial as far as the economic position of private nurses is concerned, and we should have felt aggrieved. Mrs. Fenwick is quite right, the G.N.C. as a semi-judicial body must hold the balance of power without favour between all classes of nurses."

##### A BEAUTIFUL DIPLOMA.

F.F.N.C. Sister.—"I am delighted with my most beautiful Diploma in recognition of services rendered to France, from the Comité Britannique de la Croix Rouge Française. It shall be very handsomely framed, and will remind me of three of the very happiest years of my life."

#### PRIZE COMPETITION QUESTIONS.

April 23rd.—What are the principal counter-irritants, and how are they applied?

April 30th.—What congenital defects may be present in newly-born infants and how are they usually treated? What are the toxæmias of infancy, and what are their causes?



# The Midwife.

## SUPPLY OF MILK FOR MOTHERS AND INFANTS.

The Minister of Health announces that owing to the excessive expenditure of many local authorities he has reconsidered the arrangements to be observed as a condition of his sanction to schemes for milk-supply and of grants in aid of expenditure thereon. In order to enable the expenditure to be more effectively controlled former orders have been rescinded and local authorities must in future obtain the sanction of the Minister, under the Maternity and Child Welfare Act, 1918, to schemes for the supply of milk to expectant and nursing mothers and children under 5. In a circular issued to local authorities a list of conditions is given without which sanction will not be given; these limit the quantity supplied at less than cost price to one pint a day (exceptionally one and a half pints for infants between 3 and 18 months) and the recipients to be nursing mothers, expectant mothers in the last three months of pregnancy, and children up to 3 (exceptionally up to 5) years of age. The other conditions are framed to ensure that only those applicants receive milk at less than cost price to whom a supply is essential on grounds of health and who cannot afford to buy sufficient milk for their needs.

## BROMISM THROUGH MATERNAL MILK.

A curious case of bromism is, says the *Lancet*, reported from the pediatric department of the diagnostic clinic of the State Department of Health at Carthage, New York.\* A breast-fed infant of 6 months presented an apparently painful papulo-pustular eruption. There was a history of a general "white" rash at birth, followed by the appearance of this papulo-pustular eruption at the age of 6 weeks. The diagnosis of bromism was made and was confirmed by the discovery of bromine in the mother's milk. The origin of the bromine was not far to seek. The mother, a nervous individual, had been taking for two years a proprietary remedy called Miles' Restorative Nervine, shown by the American Medical Association to contain bromides of ammonium, potassium, and sodium, along with chloride and benzoate of sodium. No record has been found in the literature of bromism acquired in this way, though it is noted that some American authors have observed the secretion of bromides in human milk. This is mentioned also in Hale White's "Materia Medica," but we have found no allusion in accessible medical literature to the danger of producing bromism in the infant from administering bromides to the nursing mother.

\* Bromism Poisoning through Mother's Milk. Frank van der Bogert, M.D. Am. Jour. of Diseases of Children, February, 1921, p. 167.

## CONFERENCE ON INFANT WELFARE.

The National Association for the Prevention of Infant Mortality, and the National Baby Week Council—Sections of the National League for Health, Maternity and Child Welfare—4 and 5, Tavistock Square, W.C. 1, are arranging an English Speaking Conference on Infant Welfare, to be held in the Kingsway Hall, Kingsway, London, W.C. 1, on July 5th, 6th and 7th, from 10 to 1 and from 2.30 to 4.30 each day.

The main subjects under discussion will be (1) Residential provision for mothers and babies; (2) Inheritance and environment as factors in racial health; (3) The supply of milk: its physiological and economic aspects.

Throughout the Conference a Mother-craft Exhibition will be open from 11 a.m. to 9 p.m., at which the main features will consist of practical demonstrations in important matters relating to infant care, and lectures on Infant Care will be given every evening during the Conference, from 7 to 8 and from 8 to 9 p.m.

Further information can be obtained from the Secretary at the above address.

## CENTRAL MIDWIVES BOARD.

### EXAMINATION PAPER.

The following are the questions set in the Examination of the Central Midwives' Board on April 5th:—

1. How do you recognise that the breech is presenting? Describe in detail your management of breech labour, and state your reasons for each step.
2. Describe the female bladder and urethra. How does inflammation of the bladder arise during the puerperium? What are the symptoms?
3. Under what circumstances would you consider the second stage of labour unduly prolonged? What ill effects to the mother and child may arise from its prolongation, and how would you recognise them?
4. Describe a case of inflammation of the infant's eyes. What are the causes, and how may it be prevented? What are the requirements of the Board in such cases?
5. What inquiries and observations would you make of a woman who engages you to attend her in her confinement, in order to guard against possible dangers to herself and the foetus?
6. A baby refuses to take the mother's breast. How would you investigate the causes of this, and what treatment would you adopt to relieve such causes?

### NOTICE.

#### PRIZE COMPETITION.

We regret that we have been unable to award a prize this week, no paper of sufficient merit having been received.



# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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## EDITORIAL.

### IN THE MULTITUDE OF COUNSELLORS THERE IS WISDOM.

The Conference convened by the General Nursing Council for England and Wales, to be held at the Royal Society of Medicine, No. 1, Wimpole Street, London, W.1, on April 28th, will be unquestionably the most important nurses' gathering ever yet held in this country.

We do not forget the magnificent conferences organised by the International Council of Nurses, of world-wide influence and interest, but the importance of the present Conference for British nurses lies in the fact that, for the first time, Matrons of Public Institutions, and delegates of organisations of nurses, are invited to meet the General Nursing Council for England and Wales, the Statutory Body set up by Parliament, and to confer with it on the Draft Syllabus of Lectures and Demonstrations, and Training in General and Special Branches of Nursing, on which the examination qualifying for admission to the Register will be based, which has been drawn up by the Council, before it is finally adopted.

The invitation has, we are aware, given great pleasure because it proves, firstly, that for the future nurses in training will have the advantage of instruction on a carefully drafted and well-balanced plan, and that the same Syllabus will be in force in all approved nurse training schools in England and Wales; therefore, when a registered nurse takes up a new appointment, the authorities who employ her will know that she has passed through the prescribed curriculum, and attained a definite standard of knowledge. This is an immense step forward, which all who are concerned in the training and supply of nurses will appreciate. Secondly, it indicates the desire of the General Nursing Council to take the Heads of the Nurse

Training Schools into their confidence, to obtain from them suggestions and criticisms before the Syllabus assumes its final form, and not only the Heads of the training schools, but representatives of the nurses' organisations, who can also offer suggestions of value for the consideration of the General Nursing Council.

If all the interests concerned can work in a spirit of co-operation for the general good, the success of the work of the Council will be assured, and the opportunity afforded for the free expression of professional opinion cannot fail to be of great advantage both to the General Nursing Council and to all who take part in the Conference.

To those who are enthusiasts on the subject of nursing education, the calling of this Conference is an occasion of hopefulness and thankfulness. For many years some of them have worked strenuously, often in the face of much difficulty and discouragement, to improve the standard of training in the institutions in which they held office, and succeeded in gaining, with justice, a high reputation for the schools of which they were the heads. But every Matron who thus worked was all the time aware that if she achieved success there was no permanence about her work, or security that it would be continued on the same lines when the reins of office passed from her hands.

Now, when a Matron resigns her position, she will know that the General Nursing Council will require standards to be maintained, and thus a Matron's work will have a permanence it never before possessed.

The work of the General Nursing Councils is being watched with interest, not only by nurses in the United Kingdom, but in the Dominions beyond the seas, the nurses of which will have a right to apply for registration on reciprocal terms.



## OUR PRIZE COMPETITION.

### WHAT ARE THE PRINCIPAL COUNTER-IRRITANTS, AND HOW ARE THEY APPLIED?

We have pleasure in awarding the prize this week to Miss E. Garland, Ministry of Pensions Hospital, Maghull, near Liverpool.

#### PRIZE PAPER.

Mustard plaster, iodine, liniments, blisters, croton oil, actual cautery, leeches, cupping.

*Mustard plaster.*—This is stronger than a mustard poultice, and usually more convenient. Care should be taken not to burn the patient. Boracic and starch powder should be applied when plaster is removed, and part covered with cotton wool.

*Blisters (cantharides).*—This can be applied as a plaster or painted on the part. If fluid is used, a ring of olive oil or vaseline should be smeared round the part to prevent running down and blistering surrounding skin; two or three coats should be applied.

A plaster should be cut exact size required, the part washed with soap and water and sponged with ether, plaster moistened with warm water and applied, secured in place by wool and bandage and left ten hours for adult, five hours for a child; ointment usually required for dressing.

*Croton oil.*—Very little used; powerful. Two to four drops rubbed into the part with a piece of flannel.

*Iodine.*—Painted on with a camel-hair brush. One coat allowed to remain to dry before another is applied.

*Liniment.*—Only a mild counter irritant; to be rubbed into part affected.

*Actual cautery.*—Occasionally used, and worked by electricity.

*Leeches.*—These are used for drawing off small quantities of blood. The part must be washed with soap and water, and friction used to draw the blood to surface; put the leech in a test tube and apply over the part; let the leech hang as long as it will, and do not drag it off; the leech bites should be washed and covered with cotton wool. If oozing is troublesome, a little ice will usually stop it. Occasionally it cannot be checked, when medical advice must be obtained. Elderly people should be watched after the use of leeches. Never apply a leech over a large blood-vessel.

*Cupping.*—For this there are required cupping-glasses of various sizes, blotting-paper, methylated spirit, a little oil, a scarifier. The air must be exhausted from the cupping-glasses by placing a piece of blotting-paper

wetted with a few drops of spirit in the bottom of the glass, and then igniting it. The glass should be warmed first. Apply quickly to the selected spot, but first smear the edges with oil. The skin swells up within the glass. In wet cupping a scarifier is first applied to the spot, whereby several cuts are produced; the cupping-glass is then applied as in dry cupping, when a certain quantity of blood is drawn into the glass. The wound should be dressed with a dry dressing.

A counter-irritant is a local application, and always used for the relief of pain and to promote the absorption of inflammatory products. The same effect is produced by counter-irritants as by baths in a lesser degree; also by irritation of the peripheral nerves. They may ease deep-seated pain. For instance, a mustard leaf, applied to the back of the neck, may relieve a severe headache.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Linda M. Smith, Miss Henrietta Ballard, Miss P. Thomson, Miss F. Burns.

Miss Henrietta Ballard writes: "Counter irritants may be of three classes:—

"1. *Rubefacients*, just sufficient to induce redness of the skin, as fomentations, poulticing, painting with iodine, and stupes and plasters.

"2. *Vesicants*.—These redden the skin, but also produce blisters, such as blistering fluids and plasters and ammonia, strong solutions of iodine, or liniments of mustard, croton oil, &c.

"3. *Pustulants*.—Under this heading one can place nitrate of silver and other strong irritants not in common use.

"Strong liniment, solutions of croton oil, ammonia, and belladonna are in use, and these need just painting on as for blistering fluid, but blistering may not be necessary.

"The more common irritants used are fomentations, to which turpentine is added. The safest way of using turpentine on flannel is by adding  $\frac{3}{4}$  iv to vi of turpentine to Oi of boiling water, stir and pour on flannel fomentation cloth placed in a dry wringer, wring and apply to part; cover with jaconet and wool, and apply bandage or a binder."

#### QUESTION FOR NEXT WEEK.

What congenital defects may be present in newly born infants, and how are they usually treated? What are the toxæmias of infancy, and what are their causes?

#### NOTICE.

Will competitors kindly observe the rule that paper must only be written upon on one side?



## NURSING ECHOES.

Miss Isabel Macdonald will speak on "The Royal British Nurses' Association's Club and its Place in Professional Organisation" at the quarterly meeting of the Matrons' Council, on April 30th, at 2, Portland Place, W. The meeting is at 3 p.m. Short Address at 4, and Tea, by kind invitation of Mrs. Walter Spencer, at 4.30. Miss M. Heather-Bigg, R.R.C., will be in the chair.

A prominent member of our profession in Canada writes to a member of the Registered Nurses' Parliamentary Council:—

"I have your letter of March 10th, *re* the appeal being made by Lady Harvey on behalf of distressed British nurses, and am very glad to have your explanation.

"This matter has received a great deal of publicity in the Canadian press. Lady Martin Harvey wrote a long letter to the Winnipeg papers, and wished the Graduate Nurses' Association of Canada to apologise to her in the public press because they have protested against her campaign.

"The Women's Canadian Club held a meeting and endorsed Lady Martin Harvey's work, but I notice there is no sign of an apology coming from the Graduate Nurses' Association of Canada, and the Women's Canadian Club are all lay women and society women.

"I can assure you that wherever possible I will express the views and sentiments of the British Nurses regarding this matter, which I was unable to do before, as I did not understand the situation. It seemed a somewhat undignified situation, and I am very glad that the British nurses have put themselves on record, and I will be pleased to use my influence on their behalf.

"I am hoping that the day is not far distant when we will have a closer understanding between the graduate nurses of Canada and those of the Old Country. I think we need something in the nature of an Empire Conference, so many of our Canadian nurses look to the United States as the home of good nursing, when the honour really belongs to the Mother Country. We mingle more with our American cousins than with our British sisters."

We are specially interested in the desire for closer understanding between the nurses of the Empire, as we had more than one "good talk"—which he enjoyed so much with all manner of folk—with the late Sir Robert Morant on this

subject. He had it in mind to urge the Minister of Health (Dr. Addison), once the Nursing Acts were set going, to promote a Conference between the nursing educationists of the Empire, and to invite our American cousins to take part in it. Can't you hear him over the "phone," saying "Isn't it fun?" That was his happy faculty—to find fun in undertaking great new bits of work.

Let us hope the Empire Nursing Conference may take place at no distant date.

*Time and Tide*, an excellent fortnightly paper for women, is devoting considerable space to a discussion on the Nation's Fund for Nurses. Miss E. L. C. Eden, late Hon. Secretary of the National Union of Trained Nurses, voices the views and feelings of the working nurses' organisations with her usual lucidity and courtesy.

We hear that the Brentwood Board of Guardians is being severely criticised for its methods of summarily discharging several nurses, and that a question was down this week in the House of Commons on the subject.

The Edith Cavell Home erected by the "Foyer de la Femme" Charity in the Schaerbeek quarter of Brussels was opened on Sunday. It is intended for young girls coming from the country to work in Brussels, who will be able to secure board and lodging there at moderate rates.

The Ninth Ordinary General Meeting of the Irish Nurses' Co-operative Hostel Co., Ltd., was held at the Registered Office, 34, St Stephen's Green, Dublin, on April 14th, when the Directors' Report was received, showing that the net profit on the year's working, including dividends and interest, with the balance from the last account, made £146 17s. 1d. available for allocation, out of which the Directors recommended payment of a dividend on Share Capital of 5 per cent., free of Income Tax, leaving a balance to carry forward of £117 1s. 1d.

The Report states further that sixty-five nurses have been employed at different times during the year; ten resigned, five for family reasons, and five to take up other posts. Ten new nurses joined the staff. It has not been a good year for private nurses; the disturbed state of the country, and the difficulties in travelling partly accounted for the scarcity of work; but it has also been a very healthy year, illness has been of a mild type.



The Report is signed by Miss M. Huxley and Miss M. M. O'Flynn (Directors), and Miss A. Carson Rae (Secretary).

Sister B. M. Campion, formerly a member of the Registered Nurses' Society, 431, Oxford Street, London, writes from Rangoon: "I often think of you all, and reading THE BRITISH JOURNAL OF NURSING recalls many well-known faces and friends. My first year is over, and a very happy one too. I have been about quite a lot, one trip to Lower Burma, 300 miles by sea, and 60 miles up river to the patient's bungalow was very interesting, jungle on one side, with native settlements and Siamese mountains the other. At the present moment I am at a case—double pneumonia—in the Southern Shan States. Such a journey here. Arrived at the railway terminus I then had a motor drive with only a Shan chauffeur, for over three hours into the interior. At times I did not at all care to gaze down the mountain side and wonder what would happen should we leave the track. They are such kind people I am with, and arranged for me to have an elephant ride yesterday, on a gentle beastie which accompanies them on their jungle journeying packed with provisions. When they come to a big river they tell me their elephants have to swim across, only their trunks above water and the drivers standing on their necks. The Shan States are quite different from Burma proper; and the people, their manners and customs intensely interesting. I am going to be up at a Hill-Station now for a time in charge of one of the Homes. It has a glorious climate. This climate is much maligned; personally I prefer it to the cold and damp at home, and the outdoor life is so enjoyable.

I do not forget old times, and some day I shall arrive home and certainly call in at 431, Oxford Street."

The bound Proceedings of the Convention of the National League of Nursing Education, held at Atlanta, Georgia, 1920, is to hand. It is a mine of interesting matter which will well repay study by nursing educationists. The Reports upon Readjustment in Practical Training of Student Nurses; of the Sub-committee on University Schools of Nursing; State Board Examinations; Problems in Training School Administration; the Introduction of Public Health Nursing into the Training of the Student Nurse, are all questions of international importance which need very careful thought at the present time.

## THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

### CONFERENCE OF NURSING EXPERTS.

The informal Conference convened by the General Nursing Council for England and Wales will be held in the rooms of the Royal Society of Medicine (by the kind permission of its Council) in the Barnes Hall, 1, Wimpole Street, W., on Thursday, April 28th, at 11 a.m. and 2.30 p.m. The morning session will be devoted to the consideration of General Training, and the afternoon session to the Supplementary parts of the Register in conjunction with Alternative and Reciprocal Training.

### AGENDA OF CONFERENCE.

*Morning Session, 11 a.m. to 1 p.m.*—Subject: "The General Register."

*Chairman:* MR. J. C. PRIESTLEY. To introduce subject of discussion.

#### *Speakers:*

MISS LLOYD-STILL.—To open discussion, and to speak on the Syllabus and on Examinations.

MISS DOWBIGGIN.—To speak on the aspect in relation to Poor Law Infirmaries.

DR. GOODALL.—To speak on the medical aspect, and touch on the Supplementary part of Register.

MISS COX-DAVIES.—To sum up after the discussion.

*Afternoon Session, 2.30 to 5 p.m.*—Subject: Supplementary parts of the Register in conjunction with Alternative and Reciprocal Training.

*Chairman:* MR. J. C. PRIESTLEY.

#### *Speakers:*

MISS SPARSHOTT.—To give a general survey of Reciprocal training from a General Hospital point of view.

DR. BEDFORD PIERCE.—To speak on the Supplementary part of the Register for Mental Hospitals.

MISS SEYMOUR YAPP.—Poor Law Infirmaries.

MISS VILLIERS.—Fever Hospitals.

MISS WORSLEY or MISS COULTON.—Children's Hospitals.

MRS. BEDFORD FENWICK to sum up.

The doors will be open at 10.30 a.m. and 2 p.m. Ladies invited to take part in the Conference are requested to bring their letters of invitation with them. We learn that much interest has been aroused throughout the country in the Conference, and that there is sure to be a large and influential attendance of nursing experts. This is as it should be; now that the Nursing Profession has the lever of legal status we may expect its members to come forward and take a very active part in raising its educational and economic standards.

### OFFICIAL NOTICE.

We have received for publication the following official communication from the Registrar:—

The Meeting of Hospital Matrons and Nursing Experts which is being held at the Rooms of the



Royal Society of Medicine, 1, Wimpole Street, W. 1, on April 28th, at 11 a.m. and at 2.30 p.m., will be private and not open to the Press, but as soon as possible after the Meeting an official communication will be issued to the press for publication.

The doors will be open at 10.30 a.m. and at 2 p.m.

#### THE SEAL.

The beautiful Seal (herewith) of the General Nursing Council of England and Wales, reproduced by the courtesy of the Council, will be stamped on every certificate of Registration issued by the Council. The Goddess Hygeia, supported by the rose of England and the daffodil of Wales, makes a very appropriate and poetic device.

We have to thank the Chairman of the Council,



Mr. J. C. Priestley, K.C., for the keen personal interest he has taken in the production of the Seal.

#### ISLA STEWART COMMEMORATION.

The Dinner to welcome those members of the League of St. Bartholomew's Hospital Nurses (in the name of its founder, the late Miss Isla Stewart) who will attend the Conference on "Nursing Education," convened by the General Nursing Council in London, on April 28th, will be held at the Hotel Jules, 85, Jermyn Street, S.W., at 7.30 p.m. Mrs. Bedford Fenwick will preside. Cards of invitation will be sent at once to those members who notify Mrs. Shuter that they can accept the invitation, and she hopes they will do so as soon as possible so as to facilitate the arrangements.

The Hotel Jules is just behind St. James's Church, Piccadilly, a few minutes' walk from the Circus, and is well known for its fine French cuisine. Evening dress is optional.

Address, Mrs. Shuter, Cleveland House, Chiswick Lane, London, W.4.

#### ROYAL AIR FORCE NURSING SERVICE.

The Air Ministry announces:—

Regulations regarding conditions of service in the Royal Air Force Nursing Service, which was established by Royal Warrant on January 27th, 1921, have been issued.

The Service consists of a Matron-in-Chief, Matrons, Senior Sisters, Sisters and Staff Nurses. Candidates are required to join as Staff Nurses, and appointments, which are subject to a satisfactory probationary period of six months, are given to approved persons of British parentage, over 25 and under 35 years of age, who possess a certificate of training for at least three years at a large Civil Hospital in the United Kingdom.

The salaries of the various grades are as follows:—

Staff Nurses.—£60 per annum, rising by annual increments of £2 10s. to £65.

Sisters.—£75 per annum, rising by annual increments of £5 to £85.

Senior Sisters.—£85 per annum, rising by annual increments of £10 to £95.

Matrons.—£115 per annum, rising by annual increments of £10 to £125.

In addition charge pay, not exceeding £45 per annum, is granted to Matrons according to the magnitude of their charges, and a weekly allowance of 24s. 6d. to all members in lieu of board and washing. Furnished quarters, fuel, light and attendance are normally provided, but where this is not the case an allowance in lieu is granted.

An initial grant of £20 is made towards the cost of purchase of the prescribed uniform which members are required always to wear when on duty and when attending official or public entertainments, and an upkeep allowance of £5 for the second year and £10 for the third and subsequent years.

Members of the Royal Air Force Nursing Service may retire at the age of 50 or after 20 years' service, and retirement is compulsory at the age of 55. Retired pay, based on service and rank, is issued up to the following maximum rates, which are subject to revision in five years' time:—  
Matrons, £170; Sisters, £75; Staff Nurses, £55.

Members employed in the Royal Air Force Temporary Nursing Service and previously employed in the Navy or Army Nursing Service may count the period of such service towards retired pay.

A Nurse with less than ten years' service will not be eligible for retired pay, but provision is made for the issue, under certain conditions, of retired pay and gratuities in the event of such service being terminated owing to disablement, sickness or unfitness.

Full particulars of the Service and forms of application for appointment may be obtained from the Matron-in-Chief, Air Ministry, Kingsway, London, W.C. 2.



# Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

**THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.**

## THE OPENING OF THE NURSES' CLUB.

We announce with very great pleasure that Her Royal Highness Princess Christian, the President, will open the new Headquarters and Club of the Royal British Nurses' Association on Wednesday, May 18th, at 4 p.m. This will be a very joyful occasion, in which it is hoped many members will be able to take part.

## THE NEW HEADQUARTERS AND CLUB OF THE ROYAL BRITISH NURSES' ASSOCIATION.

Several nurses suggested that we should have a sort of farewell gathering in our old quarters in Orchard Street, but arrangements for moving into the new ones had to be carried through so quickly in order to preserve the continuity of the telephone arrangements, and to avoid as far as possible the difficulties arising from having one office in one part of London and another elsewhere, that it was quite impossible to meet their wishes. The nurses took matters into their own hands, however, and on the 15th inst. arranged a sort of surprise luncheon party, when a very merry party drank to the success of the Association's new scheme. Since then many of the members have been to 194, Queen's Gate, to view the new premises, and all admit the possibility of making for themselves a charming home from home there.

The house is delightfully situated; indeed we could not imagine any part of London which would be more desirable when it comes to the matter of a choice of residence. In the wide street in which the house is situated the trees are just bursting into leaf, and two minutes' walk distant is one of the most delightful corners of Kensington Gardens. A perfect fairyland, indeed, is this at the present time, and the garden seats scattered about will prove singularly inviting after a long night on duty. Behind and in front of them slope delightful beds of daintiest spring flowers, with great clouds of blossoming trees beyond; so varied in colour are they that one could almost imagine oneself transported to some sunnier clime than "Olde England." But it is not necessary to go as far as

the gardens to get a breath of fresh air in this delightful part of London, with its wide streets and open spaces. If the chance of a telephone call makes even the gardens too distant, all that the nurse has to do is to step into our electric lift, touch a magic button there, and, with very little trouble to herself, she will find herself on a large expanse of roof, where already we begin to see visions and to dream dreams of a charming roof garden, of long, delightful summer evenings together, watching the sun set behind the great dome of the Albert Hall, just a stone's throw from us, with, near by, the turrets and carvings of the Albert Memorial, clear cut against some lovely sky, and rising far above the surrounding trees.

The house at Queen's Gate is charming, with high, beautifully moulded Adam ceilings and cornices, and carved wood mantelpieces, and great, wide window space. The dining-room and the administrative offices of the Corporation are to be on the ground floor, and, from the hall of black and white marble, the long staircase leads up to the fine drawing-room of the house, and to rooms which the Committee propose shall be used as the nurses' lounge and smoking-room respectively. Of these and the drawing-room we hope to be able to insert photographs shortly.

Her Majesty the Queen has graciously commanded that her signed photograph which now hangs in the drawing-room is to remain, and also that her gifts to Queen Mary's Hostel for Nurses are to become the property of the Royal British Nurses' Association. Nurses who are musical will learn with pleasure that there is a fine Broadwood grand piano in the drawing-room. There are large numbers of comfortable easy chairs and couches also, and beautiful old Persian rugs cover the parquet floor, which seems to promise opportunity for plenty of dancing if the members should wish this. The high French windows open on a balcony which will prove delightful in summer time, while in winter we can imagine many a happy party gathering round the great fireplace with its tall pillars on either side. The basement will be the envy of every good housewife, paved throughout, including the kitchen, with black and white marble, and the walls white-tiled from floor to ceiling.

The House Committee are getting to work at arrangements to allow of the nurses making use



of the Club at the earliest possible moment, but a staff of servants has yet to be secured, and many details call for attention before everything can be placed in working order. At the time of going to press Miss Beatrice Cutler had not come into residence, but we hope that she will have done so before many days have passed, when arrangements will doubtless go on apace.

#### TO THE MEMBERS OF THE ROYAL BRITISH NURSES' ASSOCIATION.

The Secretary desires to thank the Members for many kind letters received by her in connection with the new Club. Because of the fact that the office staff is reduced owing to illness, and also because of the great amount of work caused by the removal of the administrative headquarters of the Association to 194, Queen's Gate, it has been quite impossible to answer all the letters received. None the less, although unable to acknowledge such messages individually, the Secretary assures the Members that she most deeply values their kind letters which have been so full of friendly feeling towards herself. They have added very considerably to the many pleasant memories which she will always have of the period during which she has acted as their Secretary.

#### MEMBERSHIP OF THE CLUB.

Nurses who intend to join the Club should write at once to the Secretary at 194, Queen's Gate, S.W. 7, as those who join before July 16th will be able to remain Members on the payment of one guinea annually and an entrance fee of one guinea, making the first payment two guineas in all for town members; country members and those in the Dominions will only be required to pay an annual subscription of 10s. 6d., provided that they join before the above-mentioned date.

#### MISS GLADYS LE GEYT,

A MINISTERIAL NOMINEE TO THE CENTRAL MIDWIVES' BOARD.

Miss Gladys Le Geyt, whose name was submitted to the Minister of Health by the Royal British

Nurses' Association, and who was nominated by Dr. Addison as a Member of the Central Midwives' Board, was trained at St. Bartholomew's Hospital, E.C., taking her certificate in 1904. She subsequently was appointed Night Sister at the Royal Hospital for Sick Children, Edinburgh, and afterwards obtained her midwifery training at the Dundee Royal Infirmary, and is a certified midwife. She was then recalled to St. Bartholomew's Hospital, where, after holding the position of Night Sister for a brief period, she was appointed Home Sister. Before taking up her next post—that of Secretary to the London Association of Nurses, 123, New Bond Street, W.—Miss Le Geyt spent a year travelling in America and Japan, and did some maternity nursing in America. When the Military Hospital, Endell Street, W.C., was opened, she worked there first as a Voluntary Sister, and was then appointed Home Sister, resigning that position on her appointment to her present post as Superintendent of the Infant Welfare Centre at 6, Manor Gardens, Holloway Road, N. Miss Le Geyt, who is a very intelligent and fearless little lady, was always a keen supporter of the movement for State Registration of Trained Nurses, and joined the Society founded to obtain an Act of Parliament providing for the legal Registration of Nurses on the day that she obtained her certificate. We congratulate certified midwives and nurses on the appointment of Miss Le Geyt, who assures us that she is preparing to put "my best intelligence into the work." M. B.



MISS GLADYS LE GEYT,  
A MINISTERIAL NOMINEE TO THE CENTRAL  
MIDWIVES' BOARD.

#### IMPORTANT NOTICE.

Will members note that the Office at 10, Orchard Street, W., is now closed, and that the official address of the Association is 194, Queen's Gate, South Kensington, London, S.W., where the Secretary is now resident. Letters are still being sent to 10, Orchard Street, which causes inevitable delay. The new telephone number is Kensington 4349.

ISABEL MACDONALD,  
Secretary to the Corporation.



## METROPOLITAN AND SOUTHERN COUNTIES ASSOCIATION OF QUEEN'S SUPERINTENDENTS.

A Conference of this Association was held on Thursday last, April 14th, at the new Home of the Paddington and Marylebone District Nursing Association by kind permission of their Committee. The chair was taken by Miss Wilde, whose experience as a Guardian and a member of the M.A.B. and other activities brings her into close touch with the Nursing Profession.

The spacious rooms of the Home were most adaptable to the large number of members who were present, many of whom came from long distances.

Such subjects were discussed as the Syllabus of Education and Training in General Nursing, as drafted by the General Nursing Council, with special reference to District Nursing; the Queen's Nurses' Benevolent Fund; Uniform; Salaries; and many other subjects of vital interest to Queen's Superintendents.

An excellent lunch was provided (at a restaurant near by), after the morning session, and after the afternoon session tea was served in the Nurses' dining room, where the opportunity of meeting old friends was greatly appreciated, and Miss Peterkin, Miss Bridges and Miss Mitchell were welcomed.

To the disappointment of everyone, a letter had been received from Miss Amy Hughes expressing her regret at not being able to be present.

## THE POOR LAW NURSES' GUILD.

A full report appears in last week's *Poor Law Officers' Journal* of the inauguration, at Manchester, of the Poor Law Nurses' Guild, at a special meeting of the National Poor Law Officers' Association, held on April 2nd, at the Union Offices, All Saints, Manchester. The Nurses were represented by the Matrons of the local Poor Law Infirmaries, and were addressed by Mr. L. Richmond, Assistant Clerk, Sheffield Union, who urged the nurses for their own protection to form a Nursing Section; membership of which was strictly confined to Matrons, Superintendent Nurses, Ward Sisters, Staff Nurses, Probationers in hospitals.

Mr. Richmond did not consider the College of Nursing sufficiently representative of the Poor Law Nursing Service to secure the proper protection of its interests, and he asked those present to withdraw any objection or bias which they had hitherto held.

### MATRONS APPROVE THE SCHEME.

Miss Burgess (Matron, Crumpsall Infirmary) said she was sure they were all delighted with the excellent manner in which Mr. Richmond had placed his views before those present. She always felt that there ought to be some efficient organi-

sation to watch the interests of Poor Law nurses, and to try to improve the conditions of those nurses. Nurses, however, felt that they were in a somewhat different position from other Poor Law officers. That, of course, was natural on account of the great seriousness of their task and duty. Whilst considering that there ought to be efficient organisation, she wanted to make it quite clear that nurses wanted nothing to do with any organisation likely to adopt trade union methods. She would like to be perfectly assured, before committing herself in any way, that there would be no question of the National Association becoming a trade union, as, with the possibility of such a course being adopted, she was sure the nurses would refuse to become members.

Miss Ross (Matron, Salford Union Infirmary) thought that if a Nursing Section were formed it would be of much advantage to nursing interests. She would like to know whether medical officers would be eligible for membership of the Nursing Section if one were formed, as, without their experience and knowledge of nursing matters, the Section could not possibly be as efficient as it would be if they were admitted.

Mr. Richmond replied that possibly the better plan would be to give to the Nursing Section authority to accept as honorary members of that Section any medical men who were members of the National Association.

After an interesting discussion, a suggestion that the National Association representatives should retire in order that the nurses' representatives might discuss amongst themselves the question of the formation of a Nursing Section for the Manchester and District Branch area was acted upon, after which, on behalf of the nurses' representatives, Miss Ross informed the Committee that there was a unanimous opinion that there should be formed a Special Section for Nurses.

### FORMATION OF NEW SECTION.

Miss Burgess suggested that there should be a distinctive title apart from that of the National Association, and after some discussion as to the title which might be adopted, it was decided that a Nurses' Section be formed and that such Section be known as the "Manchester and District Poor-Law Nurses' Guild."

Miss Burgess was elected Chairman, and Miss Ashton Secretary, of the Guild for the ensuing year, and a Provisional Committee appointed to carry out the preliminary arrangements and to make suggestions as to the alterations to, or adoption of, the Draft Rules, it being understood that the Provisional Committee, consisting of Misses Ashton, Burgess, Copeland, Dolan, Fairclough, Jeffery, Lewis, and Ross, would have power to add to its number if it so desired.

Miss Ashton, supporting, said she was delighted with the decision arrived at, and felt sure all nursing staffs would be pleased. They had wanted an organisation of their own for a long time, and it was pleasing to see the achievement at last.



## PROFESSIONAL UNION OF TRAINED NURSES.

A whole-day Conference of Women's Societies was held on Wednesday, April 13th, at 4, St. James's Square, S.W.1, the residence of Lady Astor, M.P., who issued the invitation and very kindly entertained the delegates to lunch and tea, the object being to band together as many women's societies as possible, to consider questions affecting the interests of women.

A telegram of congratulation was sent to the National League of Women Voters, in convention assembled, at Cleveland, Ohio, expressing a hope of co-operation in the great work lying before women at the present time.

The representatives of the Professional Union of Trained Nurses were among those invited.

### MEMBERS PLEASE NOTE!

The monthly meeting of the Public Health Section of the Professional Union of Trained Nurses, will be held at 17, Evelyn House, 62, Oxford Street, W.1, on Friday, April 29th, at 6 p.m.

MAUDE MACCALLUM,

*Hon. Secretary.*

## THE IRISH NURSES' AND MIDWIVES' UNION.

A special meeting of the Nurses' Section Committee of the Irish Nurses' and Midwives' Union was held at 29, South Annie Street, recently, to consider the further organisation of Dublin Nurses. It was decided to hold a series of "At Homes" in the Union's office, 29, South Anne Street, on Wednesdays, at 4 p.m., commencing on the 20th inst., when matters of special interest to nurses were down for discussion. A design for the Union badge was also adopted.

## THE HOSPITAL WORLD.

Her Majesty the Queen has sent gifts of lovely spring flowers to several hospitals, amongst them to the Queen's Hospital for Children, Hackney Road, E., and to Queen Charlotte's Lying-in Hospital. Little spring gardens in the wards are an uplifting delight to those confined to a bed of sickness. "I ain't seen primroses and violets a-growing this many a year," a poor woman said to us one day; "I just lies and looks at 'em and feels like a lamb agin."

Princess Mary has promised to visit a fête, which is to be held in the grounds of the Promenade by the riverside at Gravesend on June 29th, in aid of the Gravesend Hospital.

The L.C.C. Asylums Committee recommend that the use of the terms, "pauper lunatic" and "pauper lunatic asylum" should be discontinued, and that the Minister of Health be asked to procure an amendment of the Lunacy Acts substituting the terms "patient" and "mental hospital."

## FESTIVITIES AT THE LONDON TEMPERANCE HOSPITAL.

The musical and dramatic entertainments arranged by the nursing staff of the London Temperance Hospital, Hampstead, N.W., and held there on April 13th, 14th, and 16th, in aid of the Building Fund of the new Nurses' Home, scored a well-deserved success. The gala night, when the "greats" were there, was, of course, Wednesday, 13th; but on the other nights also everything went with vim, and though there was disappointment about some of the turns, owing to the performers having been called to the colours, yet they were so effectively replaced at short notice, that the programme did not suffer materially. The Matron, Miss Steuart Donaldson, was much in evidence, giving a cordial welcome to the visitors on their arrival, supervising in the green room, and generally making things go. It is difficult, where all was so excellent, to make special mention, but Dr Harper's impersonation of that "very 'umble person 'Uriah 'Eep,'" and the sketch, by ten first-year probationers. "Waiting for the 'Bus in the Hampstead Road," caused much amusement. And for quality, finish, and delightful presentment, the singing, without accompaniment, of the Male Voice Quartette, kindly brought by Mr. Hawkesworth, was a treat indeed.

The sketch, "Postal Orders," by the London Temperance Hospital Sisters' Company, was much appreciated; we could wish the Postmaster-General had been there to see a by no means extravagant travesty of the dilatoriness and circumlocution of the women clerks in a post office. On this occasion all ended happily, for by the time the post office had done its worst, in the matter of aggravating delays, an ardent lover had secured the proofs he needed to demonstrate to his fiancée that she had broken off their engagement on a mistaken assumption, and there was no occasion for her to engage herself on the rebound to "Jack" who was leaving for Australia that day, with whom she frantically endeavoured to communicate, first by express letter, then by telephone—only to be cut off her trunk call because the "three minutes were up" just before uttering the words "of course I'll marry you, Jack." In desperation she then wrote out a telegram, which was stolidly read over to her by the head clerk, only to be told when she handed it to the telegraph clerk that it was five minutes after closing time, and she could not put it through. However, "all's well that ends well."

The "turn" of Mr. Herbert Paterson, Sur-



geon to the hospital, gave as much pleasure as it did mystification, for he did wonderful things with a pack of cards, with the assistance of members of the audience. *How* remains his secret, but the talent is one he should clearly cultivate, for if ever a misguided Government decrees we are to have a State Medical Service, Mr. Paterson might quit medicine for magic as a means of making a fortune.

M. B.

## NURSING IN THE HOUSE OF COMMONS.

### ORAL ANSWERS TO QUESTIONS.

On Monday, the 18th inst., the following appeared on the Question Paper:—

#### NURSES' REGISTRATION ACTS.

Mr. T. Griffiths (La., Pontypool) asked the Minister of Health whether the General Nursing Council for Scotland has so far refused to consult with the English Council before making rules with respect to conditions of admission to the register, as required by the Scottish Act, Section 3, Sub-section (3); and, if so, whether he will insist on such a consultation so that the English Council may be in a position to present its rules for his approval, and to open the register under conditions securing a uniform standard of qualification in all parts of the United Kingdom, as provided in the Nurses' Registration Acts?

Sir A. Mond: I understand that the Scottish Nursing Council have not refused to consult with the English Council, but that in view of the small number of outstanding points on the rules for the admission of existing nurses to the register, they have suggested that the Conference should be deferred until the draft rules for the admission of future nurses are ready for discussion. In any case, I have no jurisdiction over the Scottish Council, though I am entirely in agreement with the Hon. Member as to the importance of securing a uniform standard of registration in all parts of the United Kingdom.

We are greatly encouraged by this reply of the new Minister of Health, in so far as he is in agreement with the English Nursing Council as to the importance of securing "a uniform standard of registration in all parts of the United Kingdom," but in regard to the "outstanding points on the rules" still not agreed upon between the English and Scottish Councils, in our opinion they include fundamental principles which, if not justly defined, may render the whole value of the English Register abortive.

For instance, the provision in the Scottish rules that all fever-trained nurses holding the certificate of the Scottish Board of Health, shall be placed upon the General part of the Scottish Register—although a Supplementary Register of Fever Nurses is to be compiled—is a most unjustifiable demand. But when it is also claimed that these fever nurses are

to be automatically thrust upon the General Nurses' part of the Registers for England and Ireland—when the Rules exclude English and Irish Nurses with only practical training in the nursing of infectious diseases—it will be readily agreed that this "outstanding point" is one which touches "the uniform standard of registration in all parts of the United Kingdom," and that the English Council cannot concede the right of the Scottish Board of Health, to degrade the standards of the English Register or agree to Rules sacrificing the professional interests of English and Welsh nurses.

No one who understands questions of professional training and standards of nursing will fail to grasp the significance of such a policy.

Frankly the interests of the general trained nurses in Scotland are being sacrificed to the economic exigencies of the Scottish Board of Health.

We ask—Is it presumable that the 5,000 English Fever Nurses, many of them highly-trained and certificated in their own speciality, are going to permit their Scottish colleagues to be placed on the General Register whilst they themselves are not eligible to rank as general nurses? Certainly they will not submit to such gross injustice.

It is the duty of the English Council to make this "point" quite clear to Sir Alfred Mond.

On Tuesday, the 19th inst., the following appeared on the Question Paper:—

#### GENERAL NURSING COUNCIL.

Mr. Grundy (La. Rother Valley) asked the Minister of Health whether the important work of the General Nursing Council for England and Wales is in charge of a junior official of the Ministry of Health, who knows nothing of medicine or nursing, and who cannot appreciate professional points which have to be adjusted between the three statutory nursing authorities in the United Kingdom; and whether he will take whatever steps are necessary to avoid rules being forced on the English Council which may result in the boycott of the register when opened?

The Minister of Health (Sir A. Mond): The Hon. Member is misinformed. Questions relating to Nurses' Registration are dealt with in the ordinary course of Departmental business by administrative and medical officers of appropriate standing and subject to the Minister's instruction. The General Nursing Council have only been required to make such alterations in the rules submitted by them as were necessary to bring them into conformity with the Act or to give effect to the intention of Parliament.

The Annual Meeting and Annual Dinner of the Guy's Hospital Nurses' League will be held in the Nurses' Home, Guy's Hospital, on Friday, April 29th, at 7 p.m. Tickets for the Dinner may be obtained, price 1s. each, from the Hon. Secretary. Competitive Exhibitions of Photographs and Needlework will be held as usual on the day of the Annual Meeting.



## APPOINTMENTS.

### MATRON.

**Women's Hospital, Sparkhill, Birmingham.**—Miss A. Strachan has been appointed Matron. She was trained at St. Helen's Hospital, Lancashire, where she subsequently held the position of Sister, and has been Matron of the Wallasey Cottage Hospital, Theatre Sister at the 1st Western General Hospital, Matron of the Warrington Infirmary, Assistant Matron of the Lincoln County Hospital, and Matron of the Ear and Throat Hospital, Birmingham.

**District Hospital, Watford.**—Miss H. McKinley has been appointed Matron. She was trained at Guy's Hospital, and has been Matron of the Bexley Hospital and the Manchester Southern Hospital; Assistant Matron at the Edmonton Military Hospital, and at the Middlesex Hospital. She did war service in Brussels and France, for which she received three war medals; and is at present Night Sister at the Metropolitan Hospital, Kingsland Road, E.

### SISTER.

**Horton Hospital, South Shields.**—Miss J. McKinley has been appointed Ward Sister. She was trained at the Newcastle Union Infirmary, and has been Health Visitor under the Whitley Bay Urban Council.

### HOME SISTER.

**Middleton-in-Wharfedale Sanatorium, near Ilkley.**—Miss Mary Florence Stockwell has been appointed Home Sister. She was trained at University College Hospital, London, and has been Sister at Queen Mary's Hospital, Stratford; the North Eastern Hospital, Tottenham; and the Jessop Hospital, Sheffield. She served in France from 1914-1918.

## QUEEN VICTORIA'S JUBILEE INSTITUTE

### TRANSFERS AND APPOINTMENTS.

Miss Adria H. G. Roberts is appointed to Lincolnshire (Lindsey) C.N.A., as County Superintendent; Miss Edith K. Roberts, to Birmingham (Summer Hill Road), as Superintendent; Miss Margaret F. Chalmers, to Shropshire N.F., as Assistant County Superintendent; Miss Annie Godfrey, to Devonshire C.N.A., as Assistant County Superintendent; Miss Emily M. Tubbs, to Halifax, as Assistant Superintendent; Miss Helen C. Brocking, to Haslemere; Miss Edith C. Crowden, to East London; Miss Emily G. Johnson, to Hertford; Miss Dora McLelland, to Hednesford; Miss France E. Morrison, to Stanley, as Senior Nurse; Miss Kathleen E. M. O'Reilly, to Hampstead; Miss Fanny E. Pike, to Harefield; Miss Ethel B. Wardley, to Hertford; and Miss Hester V. Williams, to Penzance Maternity.

### PRESENTATIONS.

Gold wristlet watches were presented at South Elm-sall, last week, to Nurse D. Lowe and Nurse J. Whalley, in recognition of work in connection with the South Elmsall and Moorthorpe Child Welfare Association. Nurse Lowe has been appointed to the Queen's Nursing Association at Widnes, and Nurse Whalley is her assistant. The presentations were made by Dr. C. Pycroft, Frickley Hospital; and Dr. Horton.

### RESIGNATION.

Miss E. Stewart, Matron of Bow Institution, has submitted her resignation to the Guardians of the City of London Union, which post she has held for twenty-four years. The presiding Chairman said they were losing one of the best Matrons any institution ever had. Miss Stewart's work had been most admirable. She had a splendid influence on the Nurses and Probationers. It was proposed and agreed that the Guardians offer Miss Stewart a long holiday in the hope she would be able to return with restored health.

## V.A.D.'S AND NATIONAL HEALTH.

Very great social influence is being used in defining the work of V.A.D.'s now that there is very little military nursing to engage their energies, and we learn that Scottish "great ladies" are very busy in defining scope for them, in which a thorough hospital training apparently does not form part of the equipment.

The Scottish Branch of the British Red Cross Society has recently issued a communique to Presidents, Hon. Secretaries, County Directors, and Commandants in the following terms so far as V.A.D.'s are concerned:—

"At a recent Meeting of the Executive, a Committee was formed to consider what steps, if any, should be taken to extend the work of the Scottish Branch in the direction indicated by the Supplementary Charter. This Committee, after deliberation, submitted certain proposals to the Council of the Branch, which was duly approved. Every County Committee will, no doubt, give due consideration to the question as to how far their organisations can be employed to effect the mitigation of the suffering that has followed the Great War. The Committee, on the Extended Powers of the Branch, confined their deliberations to the question of how effective assistance could be given by the Red Cross in health work in Scotland. It was recognised that there were probably many members of the Voluntary Aid Detachments who had gained valuable experience during the War, and who desired to bring that experience to bear in new directions. For such experienced V.A.D. members there seem various openings, such as visitation under Voluntary Health Visitors Associations, occasional help in Voluntary Hospitals, Convalescent Homes or Holiday Homes, and assistance in District Nursing under Voluntary Institutions.

"There also appears to be room for the Voluntary Worker in various capacities in connection with Public Health work. For instance, V.A.D. members might, perhaps, be able to help, not only in visitation and district nursing, but even in School Medical examinations as aides to School Medical Officers or Nurses.

"Any effort, however, in the direction of providing assistance by part-time workers must be guided by the wishes of the Local Health and Educative Authorities, and the various Voluntary Agencies concerned.

"The most suitable fields for the Red Cross Workers under Health Authorities are Infant and Child Welfare Centres and Tuberculosis Work.

"It is proposed to institute courses of lectures with practical instruction extending over three months in Child Welfare and Tuberculosis work. In the first instance, these courses will be held in Glasgow and Edinburgh. If the scheme passes successfully through the experimental stage, these will be extended to other centres they may be desired. The theoretical instruction will be thorough, and the practical experience provided sufficient to give the student a grasp of the (experiences) principles involved. Examinations will be held, and certificates granted to those who have reached the necessary standard.

"The Red Cross Certificate will not, of course, confer any professional status, but it is expected that the training given will assist those who may have the desire to follow a career under the Public Health Authorities."



## LEGAL MATTERS.

### COMMEND US TO A V.A.D. FOR PERSONAL PUSH.

At Scarborough County Court the interesting point arose in a house possession case as to whether a V.A.D. nurse is a member of His Majesty's Forces, and, as such, entitled to the special privileges of the Rent Act, 1920. Miss Florence Myers, teacher, 19, Hillcrest View, Chapeltown Road, Leeds, was the applicant, and she claimed possession of 44, Ashville Avenue, Scarborough.

Mr. J. Whitfield said Miss Myers had offered to share the house with respondent. She had served as a V.A.D. nurse in France, and during that time had had the same field allowances and privileges as officers serving in the theatre of war.

Mr. Tasker Hart, who represented respondent, said he had failed to find a definition in the Army Act as to whether V.A.D. nurses were members of H.M. Forces.

His Honour Judge Fossett Lock adjourned the application for a month, and intimated that it would then have to fail if Mr. Whitfield could not furnish documentary proof that the V.A.D., or that part of it which served overseas, was part of His Majesty's Forces.

We think His Honour Judge Fossett Lock might have given judgment without adjournment. Neither a fully-qualified Nursing Sister nor a V.A.D. can claim the privileges of members of H.M. Forces. That is why we urge Relative Rank for Service Nurses. Teachers posing as nurses should be easily disposed of in Courts of Law, even if outside they are encouraged to assume professional status and demand special privileges.

## THE NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE.

Nurses and midwives should note the dates of the coming Nursing and Midwifery Exhibition and Conference (the eleventh annual one). It is to be held again in the Royal Horticultural Hall, Vincent Square, London, S.W., which, though large, is never too large for this Exhibition. Already we are informed nearly all the space is booked up and it is likely to be more representative than ever before. In addition to the exhibits by firms, there will be several interesting professional exhibits. The dates are May 17th, 18th, 19th and 20th. The Conference will again be held in the large conference room upstairs on May 18th, 19th and 20th (three sessions a day). An interesting programme is being arranged. Suggestions as to subjects or speakers will be carefully considered by the Committee and may be sent to Miss J. Prior, Assistant Secretary, 22, Great Portland Street, London, W.1.

### A WORD FOR THE WEEK.

The blessed work of helping the world forward happily does not wait to be done by perfect men.—  
*George Eliot.*

## OUTSIDE THE GATES.

### CONFERENCE OF LABOUR WOMEN.

The National Conference of Labour Women, organised by the Labour Party, to be held at Manchester on April 27th and 28th, is expected to be the largest conference of women ever organised by the Labour movement in any country. The agenda contains 67 resolutions on international policy, Ireland, unemployment, workmen's compensation, the cost of living, &c.

The following resolutions prove the direct methods by which Labour women express their convictions:—

"That in all revolting cases, during the hearing of which women jurors sit, they should be allowed to sift all the evidence and perform their duties without remark from Judge or counsel, especially as a woman or a child is concerned in most of these cases, and women jurors must carry out a responsible, even if obnoxious, public duty."

"This conference expresses its disgust with the present position of local and national enfranchisement of women, especially the exclusion of all women under the age of 30 years from the Parliamentary vote. We declare this to be an insult in particular to thousands of working mothers who, being called upon to help the nation in its hour of crisis, are still regarded as lacking sufficient brain power to use the vote. We further inform the narrow-minded, short-sighted statesmen of the British Government that their evident impotence in the hands of capitalist profiteers, resulting in our post-war economic difficulties, has hastened the growth of a class consciousness and a determination among women that demands the opportunity to share the responsibilities of the government of our country."

Ten resolutions deal with mothers' pensions, some of which advocate various forms of endowment of motherhood.

### COMING EVENTS.

*April 26th.*—Meeting of the Poor Law Infirmary Matrons' Association to discuss Draft Syllabus for the Training of Nurses issued by General Nursing Council for England and Wales. Eustace Miles' Restaurant, Chandos Street, Charing Cross. 3 p.m.

*April 28th.*—General Nursing Council for England and Wales. Conference on Nursing Education, and Alternative and Reciprocal Training of Nurses. Royal Society of Medicine, 1, Wimpole Street, London, W. 11 a.m. and 2.30 p.m.

*April 28th.*—The Isla Stewart Memorial Fund Dinner, to delegate members of the League of St. Bartholomew's Hospital Nurses to the Conference convened by the General Nursing Council of England and Wales. Hotel Jules, 85, Jermyn Street, Piccadilly Circus, S.W. 7.30 p.m.

*April 30th.*—Quarterly Meeting of the Matrons' Council of Great Britain and Ireland. At 2, Portland Place, W., by kind invitation of Mrs. Walter Spencer. 3 p.m.

*April 30th.*—Sale of Work. Nurses' Memorial to King Edward VII., Victoria Infirmary, Glasgow.



## 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.*

## PRE-NATAL MATERNAL IMPRESSIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Maternity nurses will be much interested in Dr. Albert Westland's teaching concerning pre-natal maternal impressions on the offspring, especially as certain scientists now tend to regard these as wholly imaginary. There is, however, another equally important aspect of the matter, well known to deep students of sidereal philosophy, namely, that the mother to a great extent thinks and feels in terms of the incoming life. This mutual interchange of influence is continuous, and may be clearly traced in the subsequent birth horoscope of the child. Some valuable discoveries in this connection have been made by medical men. All experienced nurses know how the mother's mental and physical state varies, in large families, with each coming child. I have myself thoroughly investigated this in the case of a family of seventeen children, and the results are conclusively in favour of the theory.

This fact should considerably temper criticism of the mother's conduct during pregnancy. At the same time it doubles the demand for self-control on her part.

I am,  
Yours faithfully,  
M. M. G. BIELBY.

Cranford, Middlesex.

## HEARTFELT GRATITUDE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I offer my heartfelt gratitude, firstly, to yourself for your kindest suggestion *re* the year's subscription for my copy of the *B.J.N.*, and secondly to the kind Sister who generously responded to your suggestion. Her gift will ensure her a weekly blessing from me which cannot fail to reach her.

I should indeed miss the Journal terribly. It gives me an outlook on life which I value greatly and have not found in any other journal. It is my intention to leave my complete file of the *B.J.N.*, bound and indexed, to some nurse-training school when my task on this plane is finished. As a work of reference it will prove invaluable to future generations of nurses.

I am, dear Madam,  
Yours very gratefully,  
EXTERNALLY INCARCERATED.

[Five readers kindly responded to our appeal on behalf of our appreciative reader: we feel sure she will wish us to return thanks to all these generous friends.—E.]

## KERNELS FROM CORRESPONDENCE.

## TO KEEP HER MEMORY GREEN.

*Member Bari's League.*—"It is nice to think that every year something will be done by the Committee of the Isla Stewart Memorial Fund to keep her memory green. When the new Nurses' Home is in existence, and the Memorial Library in use, I vote for a gift of beautifully bound books; and a Founder's Chair, as you suggest, would be a very suitable reminder to her successors to emulate her liberal methods of conducting business, but at present we have nowhere to place it."

## EXPLOITATION.

*A Nurse Economist.*—"On all sides nurses are exploited for the benefit of the laity. Take what is known as the "Nursing Press." The majority of these publications are run by companies, and edited by lay people, who dictate to us on professional affairs they do not understand, and make a good living out of us at the same time. It is the same with most of the higher executive positions in our so-called nurses', midwives', and masseuses' societies. We are always being patronised and our policy controlled by someone who is not a member of the professions. Men's organisations do not tolerate this form of exploitation. Why should we?"

## THINK OF WAINWRIGHT.

*An Old Londoner.*—"I read with very great pleasure the progress being made at the London Hospital. When I was a Sister forty years ago, my salary was £32 annually for a ward of upwards of 50 beds, out of which I had to pay for extra washing, some of my food (we had dinner, 1 pint of milk, and a small loaf of bread daily), aprons, and having the horrid Russian cord uniform dresses made up. I was on duty 11 hours daily according to contract, but more often I did 13 hours. And all the time I was very happy. Thanks to the Jews the markets in Whitechapel were first-class—the best of fruit, butter, eggs, fish and poultry—no adulterated stuff for them. A blow by the river, or on the top of a tram, kept one in health. West-enders did not "slum" much in those days, one of my best friends remarking, "I daren't come and see you, think of Wainwright," as if all the denizens of Whitechapel were murderers! The truth was the poor in the district (other than foreigners) were delightful, breezy people—many sea-faring folks and gratitude itself."

## PRIZE COMPETITION QUESTIONS.

*April 30th.*—What congenital defects may be present in newly-born infants and how are they usually treated? What are the toxæmias of infancy, and what are their causes?

*May 7th.*—How would you care for a patient before, during, and after anæsthesia?



# The Midwife.

## THE CENTRAL MIDWIVES BOARD. CHILDREN OF UNMARRIED PARENTS.

As we go to press, on Wednesday, April 20th, the Central Midwives Board is entering upon a new epoch, for the enlarged Board, appointed under Section 1 of the Midwives Act, 1918, is in Session for the first time, and four certified midwives will take their seats as such—not a large proportion, it is true, out of a Board of fourteen members, but an important departure as establishing the principle that the Midwives to be governed have a right to representation on their governing body, and further that they cannot be excluded without depriving the Board of expert information available in no other way.

The original Act of 1902 made no provision for the inclusion of one midwife on a Board of nine persons, an indefensible omission, for even if the Bill was framed in the interests of the lying-in mother, as was asserted by its promoters, the interests of the midwives should have been safeguarded. Fortunately, the Privy Council nominated a midwife as one of its nominees, and so did the Queen Victoria Jubilee Institute for Nurses.

The new Board consists of fourteen persons, two of whom are certified midwives appointed by the Minister of Health, and who are, as already notified, Miss Marion Olive Haydon and Miss Gladys Ivy Da Silva Le Geyt, and two certified midwives nominated by the Incorporated Midwives Institute, whose names have so far not been made public. The other midwife on the Board is Miss Rosalind Paget who, we believe, has not missed a meeting since the Board was first established in 1902.

Other new appointing authorities are the Association of Municipal Corporations, who have appointed Dr. J. J. Jervis, D.P.H., Medical Officer of Health of the City of Leeds, and the Society of Medical Officers of Health, who have appointed Dr. R. A. Lyster, D.P.H., County Medical Officer for Hampshire.

The remaining members of the Board are members of the present Board, namely:—

Professor Briggs and the Lady Mabelle Egerton, appointed by the Minister of Health.

Sir Francis Champneys, Bart., M.D., F.R.C.P. (Chairman), appointed by the Royal College of Physicians.

Dr. Walter S. A. Griffith, F.R.C.S., appointed by the Royal College of Surgeons.

Mr. Charles Sangster, M.R.C.S., L.S.A., appointed by the Society of Apothecaries.

Dr. Fairbairn, appointed by the Incorporated Midwives Institute.

Dr. West, LL.D., J.P., appointed by the Association of County Councils.

Nurses and midwives who are interested in the present unsatisfactory position before the law of the unmarried mother and her child, should obtain a copy of the "Bill to Amend the Bastardy Laws, and to make further and better provision with regard to children of unmarried parents; and for other purposes connected therewith," presented by Captain Bowyer in the House of Commons on February 18th, the Bill is down for second reading in the House of Commons on Friday, April 29th, and, if it commends itself to them, our readers should bring it to the notice of their members of Parliament and ask them to be in their places to support it on the 29th inst.

It will be remembered that amongst the Bills which got through the Committee Stage last session was the "Children of Unmarried Parents' Bill," in charge of Mr. Neville Chamberlain, promoted by the National Council for the Unmarried Mother and her Child, 20, Berkeley Street, W. 1.

The present Bill includes only those clauses of Mr. Chamberlain's Bill which emerged from the Committee stage, and it is therefore regarded as a non-contentions measure. It does not go as far as its promoters would like, but it does enable parents of illegitimate children to legitimize them by subsequent marriage, and it makes provision for an official to be known as the "Collecting Officer," to act as the intermediary between the father and mother of an illegitimate child. It further places the maximum amount which the putative father of an illegitimate child may be required to pay at 40s. a week, instead of 10s., as at present.

### WHAT WOULD YOU DO?

It is reported in connection with the coal famine at Hull, that a husband rang up the authorities to say he had "been presented with twins, and that, owing to the absence of a fire the nurse had to wash them in cold water, and they were consequently blue with cold. The case received prompt attention." We should be glad to hear the opinion of our readers as to how they would have dealt with the twins under the circumstances described, and what steps they would have taken to secure warmth for them.

Holidays for working-class mothers, who are required to write an account of how they spent them, are being arranged by the National League for Health, Maternity, and Child Welfare, to which a sum of money has been given anonymously for that purpose.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE CALL OF DISTRESS AND SUFFERING.

The heart of a nation may be judged by its national heroes, and we have only to consider those admired by the English people to realise its response to the call of Truth and Justice, of distress and suffering. King Arthur and his Knights of the Table Round—chivalrous, pure and bold—"whose glory was redressing human wrong"; Richard Cœur de Lion, the hero of the twelfth century, idolised for the successful and dramatic part he played in the Crusades; dauntless Samuel Wilberforce, to whom countless slaves owe their freedom, are men to whose names the nation has ever thrilled responsive.

Last, but not least, we remember the countless thousands who, with life opening fair before them, flocked to the Colours when, in 1914, the banner was unfurled, and the sword of the nation drawn from its scabbard to defend the civilisation of the world, and who fought and died for it so gallantly that all the world wondered.

We can be in no doubt, therefore, as to the feelings of the nation had it been kept informed, through the press, of the massacres of Christian men, women and children, because of their faith, in Asia Minor. No doubt it may have been considered expedient, owing to political exigencies, not to publish accounts of these massacres, but the *Daily Telegraph* has judged wisely in printing letters from its Athens correspondent concerning the reports received, by the Œcumenical Patriarch of Constantinople, of the ferocious persecution of Christians, especially Greeks. The reports come pouring in, we are told, from all the small villages in Anatolia. Turks order the Greeks to leave the villages, soldiers round them up into groups, and march them into the country, "a tragic procession of old men, women and children. The massacre

usually begins when the children are unable to walk, and cry and sob to stop. Then the Turks, after a few kicks and blows, simply strike them on the head with the butts of their rifles and smash in their brains. The mothers, compelled to see the ruthless murder of their babies, and unable to repress their screams and cries of indignation, are next struck down, and beaten to death. The Turks invariably finish their work by murdering everybody. . . . It is doubtful whether the Greek army, once it advances, will find even one Greek inhabitant left in any village of Asia Minor occupied by the Kemalists."

The Kemalists are fanatical Turkish Nationalists organised under Mustapha Kemal. They hate the very name of Christian, are entirely without control, and their policy is one of complete extermination.

The wider the publicity given to these horrible outrages the better, so that chastisement for their crimes may be meted out by the civilised peoples of the world to a nation whose hands are steeped in innocent blood.

If we, as a nation, can stand by unmoved, and acquiesce in the murder of men, women and little children by a ruthless enemy because they profess the Christian faith, without attempting to help them, then indeed we have lost that passion for freedom which is the foundation of our national greatness.

At all events, the British nurse, who has no concern with political expediency, is to the fore, and we are glad to know that a unit of highly skilled nurses is proceeding immediately, by request, to Athens, so that their help will be available for the sick and wounded, who are sorely in need of it.

The Greek Chamber, in consequence of the reports it has received, has passed a resolution denouncing the Turkish atrocities against the Greeks before the civilised world.



## THE PSYCHOLOGY OF REST.

The title is somewhat ambitious for the simple reasoning which follows, embodying some thoughts from a worker to workers in one of the busiest of Professions, rather than a scholastic exposition of phrases, or play upon words and platitudes.

Let us consider first, wherein does Rest consist? Is it attained by relaxation of body and brain, or by change of employment?

Both these elements may enter in, yet neither is complete in itself to rebuild worn nerve tissue, and act as a complete antidote to physical and mental tiredness. When we are weary—and what Nurse is not often weary?—we need physical rest assuredly; but underlying our conscious aches are deeper springs of action whose function it is to re-vitalise us. That subtle Sub-conscious Stratum in which is stored the reserve of life is ever ready, when called upon, to repair the waste.

No one denies in these latter days the power of Thought as a controlling and vitalising factor in our lives: "As a man thinketh in his heart, so is he." Modern psychology, however, goes further, and affirms that Thought is the willing ambassador and servant of the mind, and its primary duty is to reinforce and build up Character. Those who have applied themselves to the inbuilding of constructive thought into their sub-conscious mind will attest the accuracy of this statement.

The building is raised, stone upon stone, by steady persistent effort.

Someone has said, in language rather forceful than grammatical: "We see what we bring with us the power to see." In other words the eye is the retina of the mind; and impressions stored there regulate the vision of external things. So our perspective, or outlook on life, is curiously wrought and fashioned in the lower parts of our sub-conscious selves.

Let us see now what relation these facts bear to the "Psychology of Rest." They are stated to prove that we are not Creatures of Circumstances; rather are we, under God, each one the Controller of his or her own destiny. Do you say that is a daring assertion? It is. Nevertheless, if in our sub-conscious mind we are not linked to the Divine, nay, more, if its function is not the forging and maintenance of that link, then the object of the Sub-conscious, in our complicated mechanism, becomes obscure, and its practical usefulness in daily life nil. All our powers and faculties are designed by God for services to ourselves and to our fellows.

In Nursing, whether in hospital or private

work, while we endeavour to adapt ourselves to the needs of the moment, whatever these may be, the attitude of mind, or attribute of mind we require above all others, is the ability to "live above our work." The *very best* is the standard of every true nurse, and to attain the result earned by our best efforts our mental attitude must be *restful*.

The presence, no less than the ministrations, should create an atmosphere of rest.

How is this to be attained? How can one eliminate worry and anxiety? First, by Faith in God. "Casting *all* our care upon Him."

Professor Santayana, of Harvard University, says: "God *can* relax morbid strains, loosen suppressed instincts, iron out the creases of the soul, and discipline us in sympathy, sweetness and peace." Secondly, by faith in oneself, as the Instrument or Vehicle of Divine power. "Ye *shall* receive power, after that the Holy Ghost is come upon you." Emerson says: "No one can cheat you out of ultimate success but yourself."

Like much that used to be regarded as sentimental sophistry, the idea of attracting success to oneself, is now admitted by modern thought as scientific reasoning and sound logic; and practical application proves its worth.

When one talks of "creating" an Atmosphere of Rest in one's work among sick folk in mind and body, one is thinking of something which means mental exercise. It is not a condition of mind which is easily attained, but consists rather in holding the lamp of faith high and steady, that it may lighten our path, and pluckily plodding on in the work that lies to our hand.

Attention to duty alone is not sufficient; without the Ideal, one cannot consecrate the Practical, and our Ideals build in the "right stuff" into the sub-conscious mind, a structure against which the storms of life beat in vain; an Investment which yields us a living wage in Rest and Restfulness.

In the daily round be it ours to set before our mental vision a high standard, and never to lower that standard to indulge ourselves or suit others.

Some of us, indeed most of us, will need the tie of a corporate fellowship to enable us to achieve these ideals. It is this bond which is supplied by the Guild of Health. This society has an office at 3, Bedford Square, W.C.1, and produces an ever-growing number of pamphlets dealing with its scope and methods.

In our profession one so often hears the plaint, "One must think of oneself some-



times." 'Tis true we Nurses have a duty to ourselves, which is often, admittedly, overlooked by our associates, but that duty to ourselves is *not* fulfilled along the lines of selfishness or self-interest.

Thinking of, and working for, others is the best individual tonic. All the petty jars and injustices of life, imagined and real, are crowded out.

Our bodies will look after themselves, given the reasonable and regular conditions of a well-ordered life.

Nature restores the balances in her own way, if we leave her to her own job; and our assets, at the close of the day, are calm, quiet restfulness, and conscious victory.

Self-denial is its own reward, and imposes no impossible conditions, *when life is lived from within outwards.*

If happiness hath not its seat  
And centre in the breast,  
We may be wise or rich or great,  
But never can be blest.

From the practice of restfulness there accrues Self-control, Self-poise, and a supply of reserve for the proverbial rainy day. Order, Orderliness, Discipline, Regularity, Punctuality, Accuracy, are among the buttresses of our Watchtower, and our Hospital training, hard though it was, laid the foundations of these buttresses.

In this short paper we have not touched upon relaxation along hygienic lines, of which we know, and the value of which cannot be over-estimated. Rather have we tried to strike the deeper note, that attunes more with the Infinite.

In every crisis in life our attitude towards that crisis is mainly determined by our previous ordinary every-day life. If the house of Character is founded upon a rock, the shifting sands of present-day unrest will not disturb us, nor will any shock unhitch us.

Moreover the radiating vibrations created by our Thought Centres will help others in the little world which at present forms our circle.

"In Quietness and Confidence shall be your Strength."

A. E. M.

*Kai Tiaki*, the Journal of the Nurses of New Zealand, awaits the report of the General Nursing Councils as to the position of the smaller hospitals in a defined scheme of training, and advocates affiliation as the only solution.

## NURSING ECHOES.

Nothing contributes to efficiency in the worker more than the possession of the right tools, and to social workers a knowledge of the localities in which they work is of great importance. Detailed information concerning small streets is not provided in the street lists ordinarily on sale, and the Central Council for District Nursing in London has done well to publish a Directory of District Nursing and Street Lists for London, of which the 1921 Supplement has now been issued. It contains the name of practically every street or place in the Administrative County, together with the locality, postal district, city, or borough, and Poor Law Union in which it is situated, and a reference number or letter, in bold type, shows, by means of the Index printed inside the back page of the cover, the name and address of the district nursing association, or parish nurse working in each street or place. Copies can be obtained from P. S. King & Son, Orchard House, Westminster, price 2s. 6d.; by post 2s. 9d.

Recently a group of Belgian nurses have been in London studying our hospital and nursing conditions. The hospital at Ghent to which they are to be attached is not yet completed, so they are doing theoretical work in a training-school. The Belgian nurses are greatly impressed with our Nurses' Homes attached to the large hospitals they have visited, as their own are on a very simple scale, usually in connection with convents. The more personal intercourse between the nurses from other countries and ourselves, the better for us all. If our nurses knew more about the conditions of nurses in other lands they would realise how well off they are as a general rule.

Passers-by in Whitehall last week noted a little group of Belgian nurses, visiting London, laying their tribute of lovely flowers tied with the Belgian colours at the foot of the Cenotaph. They do not forget their country's indebtedness to the British Army. They also visited the Edith Cavell statue.

Amongst the many objects incorporated in the Constitution of the Poor Law Nurses' Guild, being organised in connection with the National Poor Law Officers' Association, are (g) to secure and maintain suitable and sufficient representation upon the General Nursing Council, and College, of nurses trained in and employed at Poor Law Institutions; and (h) for such other purposes as may be decided. Provided



that the Nurses' Section shall not support with its funds; or endeavour to procure or impose on its members, or others, the observance of any regulation or restriction which, if an object of the parent Association, would make it a trade union.

Mr. G. Dillon, the Bolton Branch Secretary of the Poor Law Workers' Trade Union, writes to the *Poor Law Officers' Journal* to criticise the undemocratic basis of the Poor Law Nurses' Guild, with whose opinions the Editor disagrees.

We have always been of opinion that to be any real use to a profession, Leagues, Guilds, Associations, &c., must be entirely composed of members of the profession concerned, and until nurses adopt this principle they prove themselves incapable of self-government, or that employers are too strong for them. This principle prevails in the National Associations of Nurses throughout the Dominions (with the exception of Australia), in many European countries, and, of course, in the United States.

What has been the result? Solidarity and steady beneficent constructive organisation always on the up-grade for the benefit not only of nurses but the community. Why, therefore, must groups of persons always be striving to control nurses' societies? Apparently it is the same in every branch of nursing.

The eight-hours' working day is not meeting with approval in a number of the hospitals and kindred institutions in Norfolk. Thus the House Committee of the Norwich Poor Law Infirmary have recommended that the adoption of an eight-hour day for the nursing and domestic staff be rescinded, and the Chairman of the Board will move a resolution confirming the recommendation at the next meeting of the Board. We understand that a recommendation of the Children's Committee for the adoption of an eight-hour day for the staff of the Scattered Homes is also to be rescinded.

A number of nurses are being discharged from various institutions, and those remaining have to do full duty.

The National Association for the Prevention of Infant Mortality and for the Welfare of Infancy have in hand a course of Advanced Lectures on Infant Care, especially intended for Crèche Nurses and Probationers. The Lectures are to be held in the Essex Hall, Essex Street, Strand, on Thursdays, from 7.30 to 8.30 p.m., May 5th to July 1st. Apply to the Secretary, 4 and 5, Tavistock Square, W.C.1.

## THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The nursing and Poor-Law Press are giving the General Nursing Council much gratuitous advice. It assumes it has a right apparently to be present on all occasions, and that even in the initial stages of the Council, before its Rules are agreed, it has no right to any privacy whatever. Take the Conference of Nursing experts being this week invited to take counsel with the Council. Why may Matrons and other nurses not meet together and thrash out their own problems privately without every word being reported more or less correctly by unprofessional reporters? No such Press control is attempted either in Edinburgh or Dublin, where the Nursing Councils consider business in peace and quietness. Neither are the Press admitted to discussions of the Standing Committee of the Midwives Board. When the Committee has deliberated, its conclusions are typed and handed to the Press at a full meeting of the Board.

We must not be misunderstood. We approve publicity, but we also approve discretion. Once the discussions on the Rules are at an end and agreement arrived at between the three Nursing Councils, we hope a very full statement of the pros and cons of the Rules will be issued through the Press to the nursing profession, and the public; and that the reasoned policy of the English Council will receive wide publicity. We would like the nurses to know that it is their true interest the Council has had at heart, which has delayed for so long the framing of certain rules, which might be inimical to them. Once the Rules are sanctioned the Council meetings will seldom have need to exclude the Press.

## GENERAL NURSING COUNCIL FOR SCOTLAND.

### NOTE OF PROCEEDINGS AT MEETING, WEDNESDAY, APRIL 20th, 1921.

The Registrar submitted a letter, dated April 16th, from the Scottish Board of Health, informing the Council that the Board had appointed Miss N. M. Fraser (Matron of Gray's Hospital, Elgin) in room of Miss Janet Melrose (resigned). It was intimated that Miss Fraser had accepted the appointment.

The Draft Syllabus prepared by the Syllabus Committee was considered and was remitted back to the Committee.

The Draft Rules for existing nurses, &c., were again considered and were approved, subject to certain minor alterations.

The Council considered the question of jurisdiction, and it was felt most desirable that an understanding should be come to with the General Nursing Council for England and Wales in regard to this matter. Dr. Fraser, Convener of the Rules Committee, reported the result of the meeting



which he and the Registrar had with the Scottish Board of Health, and after discussion it was arranged that Miss Milnes, the Vice-Chairman of the Council, should attend the meeting in London on the 21st inst., with the representatives of the English and Irish Nursing Councils.

On the Report of the Education and Examination Committee, the position of nurses now commencing training was considered, and it was resolved that, up to April 1st, 1924, an applicant who had passed the first part of the examination of any existing examining body should be exempted from passing the first or intermediate examination provided by the Council's Draft Rules in regard to future nurses.

## NURSING IN THE HOUSE OF COMMONS.

On Wednesday, the 20th inst, the following appeared upon the Question Paper:—

### NURSES' REGISTRATION ACTS.

Mr. F. Hall (La., Normanton) asked the Minister of Health whether he is aware that, though Acts to provide for the registration of nurses received the Royal Assent on December 23rd, 1919, the English Act has, so far, not been carried into effect, and that efforts are being made departmentally to coerce the General Nursing Council of England and Wales to agree to provisions incorporated in the Rules framed under the Scottish Act, of which that Council does not approve; whether such provisions, if adopted, would have the effect of reducing its authority in certain important directions to that of a recording body under the Scottish Board of Health, without power of discrimination; and whether he will inquire into this matter with a view to satisfactory Regulations being brought into force without further delay?

Sir A. Mond: The Hon. Member is under a misapprehension. The General Nursing Council submitted a rule purporting to give them a discretion to refuse to admit to their register nurses already on the Scottish and Irish registers. I am advised on the highest authority that this is *ultra vires*, and I am bound to ask the Council to amend the rule in question, so as to bring it into conformity with the Act. Subject to the submission of an amended rule to give effect to the reciprocity provisions of section 6 (3) of the Act, I am prepared to sanction at once the rules for the admission of existing nurses. I cannot accept the suggestion contained in the latter part of the question, but in any case I have no power to sanction a rule in the form desired by the Council.

We presume replies to questions are usually prepared by departmental officials for their Ministers, and in the reply given to Mr. F. Hall, we are of opinion that it is the new Minister of Health (Sir Alfred Mond) who "is under a misapprehension," as his reply is inaccurate. So far as has been made public the General Nursing

Council for England and Wales have never submitted a rule for the Minister's sanction "purporting to give them a discretion to refuse to admit to their register nurses already on the Scottish and Irish registers."

In drafting a Rule "enabling persons registered as nurses in Scotland and Ireland . . . to obtain admission to the register of nurses established under this Act; and with a view to securing a uniform standard of qualification in all parts of the United Kingdom," as provided in the Act (Section 6 (3)), the Council recommended that there should be reciprocity of registration between the nurses of the United Kingdom "provided the standard for qualification is equivalent to the standard adopted by the Council for England and Wales," and they are of opinion that they cannot carry out Section 3 (1) (b); which states that the Council shall make rules "for regulating the conditions of admission to the register" or Section 3 (2) (c), which provides that existing nurses must produce "evidence to the satisfaction of the Council . . . which appear to the Council to be satisfactory for the purposes of this provision," unless they have equivalent standards of qualification as to the conditions of admission to the register.

The Minister of Health states in his reply that he is "advised on the highest authority" that for the Council to claim "discretion" in this matter "is *ultra vires*." It would be exceedingly interesting to the Council, and to the nursing profession at large, to have pointed out by the legal luminaries who have advised the Minister, in which sections of the Nursing Acts "automatic" registration is defined and made compulsory, and why it is *ultra vires* for the Council to claim responsibility "for regulating the conditions of admission to the register" Section 3 (1) (b).

We can only hope that Sir Alfred Mond will do as Mr. F. Hall suggests and inquire further into this matter.

### BRENTFORD BOARD OF GUARDIANS (STAFF DISMISSALS.)

Mr. T. Griffiths (La., Pontypool) asked the Minister of Health whether his attention has been drawn to the action of the Brentford Board of Guardians in discharging a number of their staff with only a few hours' notice; whether he is aware that several nurses, whose homes are in the North of Scotland and Ireland and who are without friends in London, were dismissed at short notice without giving them time to make arrangements for their return home; that these nurses have been discharged for reasons of a frivolous character; and that discontent has been created amongst the remainder of the staff; and whether he will have full inquiry made into all the circumstances and advise the reinstatement of these nurses whose careers will otherwise be ruined?

Sir A. Mond: I am already in communication with the guardians on this subject, and will communicate further with the Hon. Member on receipt of their reply, which I expect to have this week.



## THE FIRST CORNER STONE AT BAGATELLE.

Those members of the nursing profession who have for many years followed with interest the great work done by Dr. Anna Hamilton, of Bordeaux, in the training of nurses, will rejoice with her that her plans for the extension of the work of the Maison de Santé Protestante are now materialising.

It will be remembered that Mlle. Elizabeth Bosc bequeathed the beautiful domain of Bagatelle, at Talence, outside Bordeaux, for the purposes of the hospital. It was an ideal site, but the question of securing the necessary funds for its development was a very pressing difficulty which might have proved insurmountable to anybody with a will less indomitable than Dr. Hamilton. Finally these difficulties were overcome and, in the immediate future, two of the buildings forming part of the complete group will be proceeded with, the Rockefeller Anti-tuberculosis Dispensary, the gift of the Rockefeller Foundation, and the Florence Nightingale College and Nurses' Home, the gift of American Nurses to their French colleagues in memory of the American Nurses who died in the Great War.

On April 16th the corner stone of the first building—the Rockefeller Anti-Tuberculosis Dispensary—was laid at Bagatelle, by Dr. Linsly Williams, Director of the Rockefeller Commission in France, in the presence of many distinguished persons, when Dr. Hamilton deposited an American cent under the stone on which are inscribed the words, "In God we trust."

None know better than French people how to organise ceremonies of this kind. Those present were welcomed in the name of the Maison de Santé Protestante by its President, M. Henri Cruse, who particularly expressed his gratitude to the Rockefeller Commission. M. Cazalet recalled the pioneer position of the hospital, notably in being the first institution in France to send debilitated children to sanatoria, and paid homage to the pupils of Dr. Hamilton's school.

The Mayor of Talence, M. Iriquin, expressed the gratitude of its citizens for the establishment of the dispensary in the Commune. Dr. Arnoz, in the name of Bordeaux, offered congratulations,

and pointed out the advantage of the hospital park, instead of the hospital ward, in the treatment of tuberculosis.

The international character of the function—characterised both by grandeur and simplicity—was emphasised by the French and American flags, which floated gaily against the green background of the splendid domain of Bagatelle, and by the presentation of a magnificent basket of lovely flowers to Dr. Anna Hamilton by Miss Evelyn T. Walker, Associate Director of Child Hygiene and Public Health Nursing at Soissons, who attended the ceremony as the delegate of the American Red Cross, and of the Comité Américain pour des Régions Dévastées de la France, who sent the flowers. Miss Walker has been associated with Dr. Hamilton in her work



DR. A. HAMILTON, FOUNDER OF THE FLORENCE NIGHTINGALE NURSING SCHOOL, BORDEAUX, RECEIVING A BASKET OF FLOWERS FROM MISS E. T. WALKER.

at Bordeaux and has a warm admiration for her work. A number of nurses trained in the Florence Nightingale School for Nurses have been working with Miss Walker in the devastated regions, so the gift gave special pleasure to Dr. Hamilton, on an occasion which was for her a red letter day in her life.

The memorable ceremony concluded with the singing of the American hymn, the Marseillaise, "Patrie," and other songs, by the pupils of the school, a large number of whom were present, and by M. Raoul Lacombe, whose beautiful singing was received with great applause.

British nurses will wish to express their felicitations to their French colleagues on this happy occasion.

Our illustration shows Miss Walker presenting



her flowers to Dr. Hamilton, with the Mayor of Talence, who is delighted that the hospital is going to Bagatelle, looking on. Prominent also amongst those present were Mlle. C. Mignol, of the Maison de Santé, and Miss Patrick, late F.F.N.C.

Preparations are now well in hand for laying the corner stone of the Florence Nightingale College and Nurses' Home, which it is hoped, will take place next month, when Admiral Magruder, and a frigate, with a naval band, will attend the ceremony. A group of American nurses from Paris will also be present and many former pupils of the Nurse Training School.

In the new Home there will be forty-eight rooms for pupils, twenty for staff nurses and head nurses, a big hall, a large dining room, and a lecture room and library. It is hoped that the Home will be opened in January of next year—a fête day indeed—when Miss Clara Noyes hopes to be present.

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## THE PROFESSIONAL UNION OF TRAINED NURSES.

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So much interest and indignation has been aroused by a statement printed and distributed by the Poor Law Workers' Trade Union concerning the treatment of Probationer Nurses in the West Middlesex Hospital under the Brentford Board of Guardians (formerly the Poor Law Infirmary), that Members of Parliament, to whom the statement has been sent, have written offering to help in any way possible. Eminent members of the legal profession have also offered their services without fee, and thousands of ratepayers of the district concerned have forwarded petitions to the Minister of Health asking for an inquiry.

On Easter Monday (March 28th) a dance was arranged for the members of the Nursing Staff. It was customary for the Night Nurses to be allowed to attend the dance from 8 p.m. to 10 p.m., and they were relieved by the Day Nurses, who in turn attended the dance from 10 p.m. to 12 o'clock midnight. On these occasions breakfast for the Night Nurses was altered from 8 to 7.30 p.m., and it was regarded as optional for attendance, as refreshments were served at about 9.30 o'clock. On the occasion of this dance the Night Nurses were informed by one of the Sisters that instead of going on duty at 8.30 p.m. they could go to the dance until 10 p.m. These Night Nurses are usually called at 7.30 p.m. (except Saturdays—4 p.m.), and instead of proceeding to breakfast, they prepared for the dance at 8 o'clock, but were subsequently informed by the same Sister that they were to go to duty at 8.30 p.m. as usual. With this instruction they complied.

On the following morning (March 29th), the whole of the Night Staff were summoned to the Matron's Office and without her listening to any explanation were admonished for having broken a regulation by not being at breakfast at 7.30 p.m.

As a consequence certain privileges were sus-

pending, amongst which was the privilege for the Night Nurses to be allowed to "get up" at 4 p.m. on Saturday and to go "out" from that time until 8 p.m.

This action of the Matron's is the basis of all the trouble that has since arisen. Six Nurses and one Medical man have been dismissed (some of the Nurses at two hours' notice, no reason given, but their signatures appeared on a Petition sent to the Chairman by the Staff of the Hospital).

It will be interesting to know how those who have industriously instilled into the minds of Nurses, as an argument against Trade Unionism, that they will be *forced to strike*, explain away the fact that at this special Hospital, fifty or so Nurses, the very large majority of whom belonged to no Union whatever, supported by Medical Men on the Staff, resolved to strike at eight o'clock on a given evening, and but for the fact that a few of the Brentford Nurses belonged to the Poor Law Workers' Trade Union and very wisely put the matter into the hands of the General Secretary, that strike would have taken place. Unorganised Nurses were prepared to use the only weapon in their hand—a strike. A Trade Union came forward and prevented that strike; they had other weapons in their armoury. A deputation immediately waited on the Minister of Health, and interviewed Members of Parliament, meetings of ratepayers in Brentford were organised, and the facts generally made known, thus rendering a strike unnecessary.

The worst feature of the whole business is that young girls from Scotland, Ireland, and the West of England, far from their homes and relations and with very little money, were turned out into a place like London with practically nowhere to go, no one to look after them, at from 12 to 2 hours' notice. No reason given and no explanations heard.

All honour to the medical men who stood by the Nursing Staff!

It is to be hoped that unorganised nurses will take this lesson to heart and join the Unions that are able to help them in time of need. The entire credit of bringing to light this grave injustice is due to the Poor Law Workers' Trade Union.

MAUDE MACCALLUM,

Hon. Secretary P.U.T.N.

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## MEMORIES OF HOSPITAL DAYS: Diagnosis.

*The Surgery.*—Minor accident in. Surgeon notices swelling on man's cheek. Handles it gently; asks class to diagnose it. Stands aside. Several students examine, and ask questions as to discharge, and all diagnose it as a malignant growth. Surgeon steps forward to the man and says sharply: "Spit that quid out." And the man expels a tobacco quid. "When you find a hard movable lump in the cheek," said the surgeon, "always look in the mouth before you diagnose malignant growth."



## THE NURSES' [MISSIONARY LEAGUE.

The Nurses' Missionary League will hold its annual meeting in London on May 11th.

It has been arranged to hold Camp again at Sandsend, near Whitby, from June 11th to 26th.

*Nurses Near and Far* reports that an All Day Working Party was held, by the kindness of the Matron, at Guy's Hospital. Sewing machines, knitting needles, and bandage-rollers were kept busy, and the result was a nice supply of bandages, aprons, children's dresses, babies' vests, etc., which are to be sent out to St. Stephen's Hospital, Delhi, where a Sister trained at Guy's has been working for some years.

We give below a list of some of the posts for which recruits are wanted, in the hope that some who read them may respond:—

A Sister for the Bermondsey Medical Mission.

A Sister for the Memorial Hospital, Mildmay Park.

Nursing Sisters for hospitals in Palestine and N.W. India (under the Church Missionary Society).

A Sister for the Rainey Hospital, Tondiarpet, Madras (under the United Free Church of Scotland).

A Sister for Swatow Hospital, China (under the English Presbyterian Mission).

A Sister for Nazareth and a Nurse for Damascus (under the Edinburgh Medical Missionary Association).

Nurses for Shanghai and Hongkong (under the London Missionary Society).

A Nurse for a Home for the Children of Missionaries.

District Nurses for the Ranyard Biblewomen's and Nurses' Association (London).

A District Parochial Nurse for Hollington, Sussex.

A District Nurse for Colchester.

A Nurse for the Westmorland District Nursing Association.

Rescue Workers for Mrs. Wallis's Homes, Streatham, etc.

Miss Richardson will gladly give further particulars to any who apply for them.

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## THE CHARTERED SOCIETY OF MASSAGE AND MEDICAL GYMNASTICS.

The Annual Meeting of the Chartered Society of Massage and Medical Gymnastics was held at the Armitage Hall, 224, Great Portland Street, W., on April 16th. Sir Cooper Perry (Chairman) presided, and presented the report of the Council, and the balance-sheet, which covered the period from July 5th to December 31st, 1920. It is a "short year," as the Chartered Society only came into existence on June 9th, 1920. The Council appointed under the Charter came into office at once, and appointed the following standing

committees: Examinations, Training and Registration, Establishment and General Purposes, Finance, Journal and Badge, and these committees have met twice monthly, and done a considerable amount of work.

The Register opened in July, 1920, and on March 31st, 1921, the total membership (Massage Register) was 2,655. Of this number 2,464 were masseuses and 191 masseurs.

The Council in their report express disappointment at not receiving better support from the members of the Incorporated Society of Trained Masseuses. In July, 1920, these numbered 4,200, and it was hoped that this number would register in the first year, but only 1,822 are as yet on the books of the Chartered Society. On the other hand, 326 masseuses who held the I.S.T.M. certificate but had not become members of the Society, have registered. It is hoped to publish the first Register in the autumn. The Report states further, "Under the Charter we hoped we had made provision which would ensure the registration of all who passed the examination in massage, but our aim has not been accomplished. Of the 552 candidates who satisfied the examiners in July and December, 98 have omitted to register and, in consequence, have not received their certificates."

The Chairman pointed out that the invested funds amounted to £6,000, but they wanted £12,000 more to make their position secure.

The result of the election of new members of the Council was then announced, these being Miss Angove, Miss Peile, the Hon. Essex French, and Miss Winifred Bliss.

The business was put through without any comment from the members present, until Miss Grafton's paper on Red Cross Clinics and Civilian Patients was reached. Miss Grafton explained that it was thought by some that it would be disadvantageous to masseuses in private practice if these clinics took civilian patients who could afford to pay a masseuse, but that it might be difficult for a masseuse to make a protest in her own locality. The question was one which should be considered. It was no use to make representations to the Council when the work was advanced, but the Council would try to voice the views of the members if it seemed that more harm would be done to a greater number of people than good.

Miss Long thought it would be a pity to close the clinics entirely, as this would have the effect of throwing many of their members out of work, but it was very unfair to take private patients at the clinics. She thought, perhaps, the work might be arranged on a co-operative basis, so many masseuses being employed to attend the various classes of patients at the same salary.

Miss Oswald did not think it likely that the Red Cross would want to limit the patients.

Miss Lucas said the Nursing Associations were originally started for pensioners. In the poor districts the work did not get enough support. They must take all classes.



The Chairman said her meaning was that they must sponge on the rich in order to care for the poor, to which she assented.

Miss Murdoch wished to know who was going to be responsible for running these clinics. Was the Ministry of Pensions or the Red Cross going to pay the workers? What of the medical officer? Would he treat the patients, or would they have their own medical attendants?

Sir Cooper Perry said he had no authority to answer any questions whatever, although he had had an informal interview with Sir Arthur Stanley on the subject.

Miss Kirby thought it better for the patients that they should be treated in a well-equipped centre such as a Red Cross clinic.

The Chairman said that the question would be carefully considered by the Council. He also spoke of the Club for professional women originally designed for members of the College of Nursing, which there was every prospect, owing to the generosity of Lord and Lady Cowdray, would be established in Cavendish Square. It was going to cost thousands of pounds a year to run the Club, and it was a little doubtful whether nurses would provide it, and it was, therefore, now proposed to run it as a Club for professional women. Lord and Lady Cowdray were warmly in favour of admitting masseuses as members.

Sir Cooper Perry mentioned that difficulties had arisen with the neighbours, and with the property owners, but perhaps in twelve months the Club would be running.

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## THE ASSOCIATION OF APPROVED SOCIETIES.

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Mr. J. Longstaff Dennison presided over the Ninth Annual Conference of the above Association, which took place in the "Hearts of Oak" Delegate Hall on the afternoon of Friday, April 22nd, and the morning of April 23rd. The representative of the Trained Women Nurses Friendly Society was present on both days. There were several resolutions on the Agenda to be discussed. Practically all were passed, some in amended form. The one that caused the greatest discussion, and which will interest our readers specially, was a recommendation that all Societies affiliated to the Association of Approved Societies should be urged to allocate a portion of any surplus shown on valuation, to provide benefit in kind with view to uniformity of action. The special benefits defined were dental and nursing. After a prolonged discussion, it was resolved that the Executive be instructed to make a full enquiry into the matter and report.

The other matter of interest and importance was one of finance. A resolution was passed to amend the Constitution in respect of the subscriptions of the Affiliated Societies, by which all subscriptions will be raised.

## QUEEN VICTORIA'S JUBILEE INSTITUTE, SCOTTISH BRANCH.

### URGENT APPEAL FOR £27,000.

The Appeal of the Scottish Branch of the Queen Victoria's Jubilee Institute for Nurses for providing Trained Nurses for the Sick Poor in their homes in all parts of Scotland bears, in black type, the words "Urgent Appeal for £27,000 to save the Institution from closing down." Such a position is unthinkable, for, as the Scottish Council of the Institute points out, probably nothing has ever been so great a boon to the sick people of Scotland as the work of the Jubilee nurses.

It was one of the most beneficent acts of the beloved Queen Victoria to give her Jubilee gift from the British women to "Improve the nursing of the sick poor." Little even did she dream that so noble and far-reaching a work would grow from such small beginnings.

All nurses who wish to become Queen's Nurses must be fully trained in hospital. The actual training by the Institute is (1) to test that they are by temperament and otherwise suitable for District work; and (2) to instruct them in medical work not usually taught in a General Hospital, but essential to a District Nurse who has to give supervisory care to every kind of case within her district. The standard insisted on is a high one, and the Council is responsible for the inspection of the nurses' work.

Everywhere the Queen's Nurses are to be found—relieving suffering, and bringing comfort where they come—in the crowded city, the quiet country, the far-off Highland glens, and the lone islands of the Western Sea, far even as St. Kilda.

Since the war started the expenditure has been rising above the income, which has remained stationary at about £4,400. The nurses trained annually have increased from 40 to 80. Salaries, board, uniform, and all other expenses have steadily risen, and capital funds to the sum of £6,800 have been realised to meet expenses.

The wealthy citizens of Scotland give large sums in support of its hospitals. Will not some of them contribute equally generously to the support of the invaluable work done by Queen's Nurses? This work cannot be demonstrated in fine buildings, and is therefore apt to be overlooked, but it is of inestimable value both in regard to the relief of suffering and of raising the standard of health.

Donations may be sent to H.R.H. Princess Louise, Duchess of Argyll, Honorary Treasurer, 26, Castle Terrace, Edinburgh.

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The Ministry of Health have approved the proposal of the Paddington Guardians to provide at their Infirmary an operating theatre and central corridor at a cost of £8,509, plus architect's charges of £513.



## THE HOSPITAL WORLD.

On May 5th, 1921, the Convalescent Home attached to Queen Mary's Hospital for the East End, Stratford, is being opened by H.R.H. Princess Mary. The Home was formerly a large private residence, is situated in the midst of beautiful grounds, and occupies an enviable position. Theydon Towers, as the Home is to be known, will accommodate some thirty children, and is about one mile from Epping Station.

A new cot has been dedicated at the Queen's Hospital for Children, Hackney Road, E., to the memory of Mr. Alfred Payne, J.P., the first Labour Mayor of Hackney, who died during his year of office last year.

With a debt at the end of 1920 of £80,000, since increasing at the rate of £1,000 a week, King's College Hospital, Denmark Hill, is forced to refuse for the present to take any further in-patients. There is a waiting list of nearly 1,000. As accommodation becomes available the committee hope to make arrangements so that the vacant beds may be used by paying patients.

The Worshipful Company of Goldsmiths has sent £500 to St. Thomas's Hospital, which is appealing for £100,000. Bart.'s and St. Thomas's have special claims on the wealth of the City.

It will be remembered that in 1919 a fund was started for the extension of the General Hospital to form a Nottingham and Notts. War Memorial. The total amount now standing to the credit of the fund, including bank interest and dividends on investments, has reached nearly £96,000. In addition, the Duke of Newcastle has generously promised to give to the hospital trustees certain leaseholds adjoining the hospital premises, the value of which is estimated at £3,320. This gift has not only proved of great value in the selection of the site for the nurses' home, but will materially assist the Committee when further extension of the hospital is possible. Generous though the response has been, the amount in hand has only enabled the Extension Sub-Committee to undertake the building of a new nurses' home, and the reorganisation of the heating of the whole hospital, both matters of very urgent importance, the nursing staff being at present most inadequately housed.

A serious effort is being made to reorganise the managerial side of the King Edward VII. Hospital, Cardiff, and to establish the institution on a sound, business-like footing. With this object in view a strong committee has been formed under the chairmanship of Sir William Diamond, K.B.E., with large powers under its terms of reference. Several meetings have been already held, and important reforms are anticipated as the result of its deliberations. One of the most important

steps which it is intended to take is the incorporation of the hospital by Royal Charter. This is considered to be particularly desirable in order to stabilise the financial position of the institution in view of the fact that there is now an overdraft at the bank of over £60,000.

The Lord Mayor of Sheffield (Alderman W. F. Wardley), presiding at the annual meeting of the Royal Hospital, said whoever had read the report of the institution's work must have been struck with the absolute need there was for the effort that was now being put forth to join together all the various hospitals into a larger scheme, and to provide the scheme with sufficient money to carry on the work, which they were not able to do at present for want of financial help.

Mr. C. H. Blackburn said he represented 30,000 working-men in 42 branches, and up to the present not a single dissentient voice had been raised against the scheme of the Joint Hospitals Council. The hospital was the second home of the working-men, and they ought to contribute more than they had done in the past.

## NEW REGULATIONS FOR THE TREATMENT OF TUBERCULOSIS.

With the discontinuance of sanatorium benefit on May 1st, new regulations have been drafted by the Ministry of Health for the future treatment of tuberculosis. Arrangements will be made for increasing the grants payable to county and borough councils and joint committees for tuberculosis in aid of their approved expenditure on the treatment of the disease consequent on the discontinuance of the contributions from the insurance committees.

Special arrangements are to be made after May 1st for the provision of treatment in residential institutions and of other services for tuberculous ex-service men in England, and the Ministry of Health will repay the approved expenditure so incurred.

## APPOINTMENTS.

### MATRONS.

**Clayton Hospital, Wakefield.**—Miss Agnes Cameron has been appointed Matron. She was trained at the General Infirmary, Leeds, where she subsequently held the position of Night Superintendent and Second Assistant Matron.

**Northants County Tuberculosis Sanatorium, Rushden.**—Miss Beatrice A. Allsop has been appointed Matron. She was trained at St. Thomas's Hospital, S.E., and has been sub-Matron at the Royal Sea-Bathing Hospital Margate.

**Rosevale Hospital, Dumfries.**—Miss E. Morgan has been appointed Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and was Sister and Night Sister there. She has also been Matron at Wallsend-on-Tyne, Crewe, and Harrogate Borough Hospitals.

Miss E. Morgan holds the certificate of the Central Midwives Board.



**SISTER.**

**Infirmiry and Dispensary, Bolton.**—Miss Lucy Henshall has been appointed Sister. She was trained at the Infirmiry, Hull, and has been Staff Nurse at Rochdale Infirmiry, Sister and Night Sister at the South Devon Hospital, Plymouth, Night Sister at Merthyr Hospital, and Surgical Sister at the West Kent Hospital, Maidstone. She has also done war nursing as a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

**Blair Convalescent Hospital, Bromley Cross, Bolton.**—Miss Alice H. Scott has been appointed Sister. She was trained at Brownlow Hill Infirmiry, Liverpool, and has been Sister at the Wilkinson Sanatorium, Bolton, Sister at the Royal Naval Hospital, Dungeness, N.B., Senior Sister at Accrington General Hospital, and Night Superintendent at the Middleton in Wharfedale Sanatorium.

**Wellhouse Hospital, Barnet.**—Miss Fanny Fairbairn has been appointed Sister. She was trained at the Royal Victoria Hospital, Folkestone, and she was also Staff Nurse at the Grove Military Hospital, and Sister for holiday duty at St. James' Infirmiry, Balham.

Miss Maude Mallett has also been appointed Sister at the same hospital. She was trained at the Hampstead General Hospital and has done private nursing and acted as temporary Sister at Farnham Infirmiry.

**HEALTH VISITOR.**

**Lancashire County Council, County Offices, Preston.**—Miss Margaret E. Jack has been appointed Health Visitor. She was trained at Stobhill Hospital, Glasgow, and was Staff Nurse in the 4th Scottish General Hospital, T.F.N.S., Night Sister at the Bridge of Weir Sanatorium, and Senior Sister at the Westmorland Sanatorium.

Miss Eleanor Rimmer has also been appointed Health Visitor under the same local authority. She was trained at the Mill Road Infirmiry, Liverpool, and has been Sister in Charge of the female phthisis ward in that institution, and Tuberculosis Health Visitor under Joint Committee, Stafford; she served as a Sister in the Territorial Force Nursing Service in England, Mesopotamia and India.

**THE PASSING BELL.**

Many members of the nursing profession all over the country will grieve to hear of the death on April 20th of Miss E. E. Fletcher, R.R.C., from cerebral haemorrhage. She was trained at the Royal (then the Albert Edward) Infirmiry, Wigan, and remained there as Assistant Matron to Miss K. V. Macintyre.

In August, 1914, she was called up as Matron of the Second Western General Hospital, T.F.N.S., Whitworth Street, Manchester, and remained there until August, 1919. On being demobilized she went to Birmingham to organize the three hospitals Highbury, Uffculme, and Lorrento under the War Pensions Scheme. Although of a retiring nature, Miss Fletcher always won through, and by her death the nursing profession has lost a devoted and capable member. One of the best.

May she rest in peace.

**PRESENTATION.**

For her services as nurse at Seghill, Nurse Redhead has been the recipient of a handsome solid silver hand-mirror, subscribed for by the committee of the Seghill Nursing Association, and presented by Mrs. J. Barrass, and Mrs. Mulby on their behalf. Nurse Redhead has attained the position of Charge Sister at the Morpeth Union Hospital.

**BOOK OF THE WEEK.****THE HAUNTED VINTAGE.\***

Among the many remarkable books that Miss Marjorie Bowen has given to the public, this latest work of hers stands out as one of the most notable.

It strikes out in a new and entirely original direction, in which her vivid and creative imagination has full scope for its power.

Its interest is centred round the very ancient monastery of Eberbach, which had been converted into a prison and lunatic asylum. It was here as commandant that Lally Duchene was banished by the reigning Duke of Nassau. He had been the close friend of his Sovereign until his treachery in regard to Pauline, whom the Duke desired to marry, was discovered.

"The new commandant of the prison and lunatic asylum of Eberbach took up the lamp and went to the door and listened. It was his first night in the monastery, and he could not rid himself of an intolerable sensation of strangeness. With a gentle movement his half-open door was pushed wide. Luy, the soldier who was to act as his body-servant, looked into the shadowed chamber. He was a small, lean type, with a shrewd, ugly, and remarkable face." From the first moment Luy's personality made an uncomfortable impression upon Lally Duchene.

Looking back on his old gay life at Wiesbaden, he felt that it had been a gorgeous captivity compared with his present large sense of change and freedom. He wondered if all men violently and unceremoniously hurled from their high positions felt this sense of relief. Yet how he had enjoyed that other life, "striven for it, exulted in it, exploited to the full every minute of it."

In his inspection of the prison next morning, he was accompanied by Luy, and Miss Bowen's realistic pen brings before the reader the atmosphere of the place—clean, well ordered, and organised. "In the last cell there stood before Lally, in the full light of the little window, a young girl whose countenance seemed to him lovely with gentleness and innocence. Her slight figure was leaning against the wall for support; her dark head pressed against the whitewashed surface. Her misery was so evident that Lally stepped back and they locked the door.

"What is her crime?" asked the commandant.

"The sergeant pointed to the board outside the entrance to the cell. Lally Duchene looked up and read: *Gertruda Gerhardt*, and underneath, in larger letters, the one word, *Dissolute*."

Round this mysterious personality centres the chief interest of the book. If Lally was repelled by Luy, contrariwise, this strange girl attracted him, and cast a spell over him. He was conscious that there was something superhuman in both Luy's repulsiveness and in Gertruda's attraction. Indeed, the whole atmosphere of the place from

\* Marjorie Bowen. Odham's Press, Ltd., London.



time to time held him in a grip of horror. Then there were curious unaccountable happenings—the chaplet found at the door of Gertruda's cell; the white violets chilled with dew on his window sill. The coming of the Duke incognito, to stay at Eberbach added to, rather than detracted from, the supernatural atmosphere, for it soon became evident that he too was drawn under the spell of the girl Gertruda.

Whereas in many of her books Miss Bowen delights to dwell on richness of apparel and to describe sumptuous environment, in this story she relies chiefly on descriptions of natural beauty, and her vivid writing of the harvest of the vintage and her delicate treatment of the details of the perfumery industry are some of the most attractive passages in this alluring book.

A characteristic passage is written of Lally finding the girl Gertruda in the forest after her temporary escape from the prison.

"She was to his imagination so essentially a part of the forest that he saw her in every quivering shade to which the shape of leaf or bough gave the semblance of a human form. Then, as he came out on a little open glade he saw her in flesh and blood before him. Here by the pool lay the girl, her body pressing down the delicate ferns. She no longer wore the prison clothes, but a strange, straight shift of purple, sleeveless, low on the bosom, and open at the sides to the knee. This was girdled by a wreath of milky white berries, the name of which was unknown to Lally."

It was at the harvesting of the vintage that the meaning of this book is revealed. For strange peasants came to gather in the fruits of the vine, and there was a mystery about them, something so intangible that Lally was filled with a nameless fear. At the close of the harvest the strange peasants lingered, and the Duke, curiously altered now, indifferent to Pauline, spoke of accompanying them when they left. Lally asks him wildly:—"Will you wait to be lured on to those places that are neither heaven, nor hell, nor earth?"

The Duke did not reply: it seemed as if he had not heard Lally's words.

Lally felt his body relax, and like a man swooning under a drug, who will keep his senses for a while by fixing them on some tangible object.

He saw one of these strange visitants carrying away a dead vine.

"It was the plant the monks used for sacramental wine," said one, and passed on with his burden.

In the words of the Duke, the gods who dwell in the woods always came for the harvest, and when they went they took someone with them.

The Duke vanished when they left.

Lally, in his unexpressed dread, called for Luy. There was no answer, nor had he really expected one. He visited the cell of the recaptured Gertruda—it was empty. It seemed to him that a white bird fluttered somewhere out of the reach of the lantern beams, but he was not sure. Lally

took the hilt of his sword in his hand—it was the only Cross he had.

To attempt to elucidate for our readers the meaning of this most fascinating story, would be an impossible and thankless task. Its charm lies in its elusive mystery, and Miss Bowen herself has not attempted to define its purpose. Its charm and power, in our opinion, surpasses any of her previous works. One more passage we quote that will perhaps afford the key to our readers.

The body of the Duke was found scarcely in human shape. He having dallied with these beings, was lured to his death.

"It was certain that he would return for the next vintage in the train of the old gods."

But we repeat that we cannot convey in a short review any idea of the mysticism or the inwardness of this most engrossing volume. But we recommend those of our readers to whom the highly imaginative appeals, to lose no time in ordering it from their library. We promise them a treat that will last long after they reluctantly turn the last page.

H. H.

## OUTSIDE THE GATES.

### LADY RHONDDA'S PETITION.

Minutes of the House of Lords state that the petition of Lady Rhondda to the King praying his Majesty to issue to her a writ of summons to sit in the House of Lords, has been referred to the Committee for Privileges to consider and report. The petition is accompanied, the Minutes state, by the King's reference of the matter to the House of Lords and the Attorney-General's report.

There are about twenty Peeresses in their own right.

### THE BRITISH LEAGUE OF HELP.

Her Royal Highness the Duchess of Vendôme and the Countess of Bessborough have joined the London General Committee of the League of Help, which assists the devastated towns and villages in France.

Before her marriage the Duchess was Princess Henriette of Belgium, and is a sister of King Albert. Lady Bessborough, who is French, is a daughter of Baron de Neuflyze.

### COMING EVENTS.

*April 30th.*—Quarterly Meeting of the Matrons' Council of Great Britain and Ireland. At 2, Portland Place, W., by kind invitation of Mrs. Walter Spencer. 3 p.m.

*April 30th.*—Sale of Work. Nurses' Memorial to King Edward VII., Victoria Infirmary, Glasgow.

*May 17th to 20th.*—Nursing and Midwifery Exhibition and Conference, Royal Horticultural Hall, Westminster, S.W. Open daily from noon to 9 p.m.

*May 18th.*—Royal British Nurses' Association. Opening of New Headquarters and Nurses' Club, 194, Queen's Gate, S.W., by the President, Her Royal Highness, Princess Christian, 4 p.m.



# **The Registered Nurses' Society**

**431, OXFORD STREET,  
LONDON, W.1**

Telegraphic Address "SOROR: LONDON."

Telephone No. 1712 GERRARD.

The Society has been in existence for twenty-six years and only accepts on its staff Nurses who have had at least three years' training in a good general Hospital, and who possess the highest personal credentials.

## **Eleventh Annual Nursing and Midwifery EXHIBITION and CONFERENCE**

**ROYAL HORTICULTURAL HALL, WESTMINSTER, S.W.  
MAY 17th, 18th, 19th and 20th, 1921**

(Open daily from noon to nine p.m.)

Nurses and Midwives are asked to kindly make a note of these dates in May. Further details relating to the Conferences will appear in a later issue of this Journal. **ADMISSION TICKETS.** Nurses and Midwives are invited to attend the Exhibition and Conference, and should write (enclosing stamped envelope) for free tickets to

**THE SECRETARY,  
NURSING & MIDWIFERY EXHIBITION & CONFERENCE,  
22/24, GREAT PORTLAND STREET, LONDON, W.1**



## 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 NATIONAL DANGER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Freedom, Conscientious Objectors, are words which figure largely in the present day. Freedom, however, becomes licence when it encroaches on another's liberty or safety. The more civilised we become the greater the need for protecting laws.

The law regulating Vaccination of infants is too easily evaded—there are too many ignorant folk claiming exemption and too many people ready to sign their claims. Would that they followed the example set by a Scottish J.P., who tells the fathers "to begone and not pit their knowledge against considered medical opinion"!

A serious duty devolves on Health Visitors, and very many of them use their influence to promote Vaccination and preach the evils of neglect, but Health Visitors alone cannot tackle the task, it is for the Ministry of Health to take steps to see that the people are educated to the necessity for Vaccination.

We are a Maritime Country, and few cities have not some connection with the docks, yet it was computed lately that in Greenwich about 25 per cent of the people were unvaccinated. Will it require an extensive outbreak of Smallpox to rouse the authorities? There was good warning in the recent Glasgow outbreak!

In Germany where Vaccination is compulsory Smallpox is unknown. In Poland during German occupation their most stringent regulations were enforced—each adult had to be vaccinated yearly and have his medical card stamped, while children were required to show marks on both arms before they were very old. When the Germans departed the Polish authorities saw the wisdom of retaining in force their arbitrary health laws—owing to the unsettled state of the country.

We do not allow people to exercise their conscience in the buying and selling of poison, then why in this equally important matter?

In visiting, one notes in almost all cases the parent who has least to do with the child—the father—is the objector; and very often his objection is the pain caused to the child by its *inflamed* limb. He is ignorant, or regardless of the risk to his child by exemption and of the risk to the community, and, last but not least, the public expense when cases of smallpox occur. He quotes family history where the vaccinated members have all "ailed," or soldiers' tales of the illness caused by vaccines and sera in the Army. They are generally, if correct at all, "the exceptions which prove the rule."

I quite grant that many parents have grounds for grumbling at the mode of procedure and lymph

used, but here again, realising the necessity of the operation, the purest lymph and skilled operators should be provided, it is cheaper than stamping out an outbreak!—Yours, &c.,

J. B. N. PATERSON.

## WHAT WOULD YOU DO?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am afraid if I had been the nurse in attendance on the Hull twins, I should not have attempted a cold bath. After attending to eyes, mouths, etc., with lotion, I should have rubbed the babies all over with olive oil, and dressed them as quickly as possible, putting on woollen garments only, if procurable. Under the circumstances, I should then have put them in their mother's bed, till some other means of heating could be arranged. Apparently, the family was in poor circumstances or the nurse would have sent the father to beg, borrow—or buy—a small spirit lamp and saucepan. So I have ruled out this first idea which came to me. I worked in a midwifery district some years ago, where there was a great deal of distress, but even in the night I rarely was hard up for hot-water, as neighbours only very little better off than the patients would bring in jugs and kettles of boiling water with the excuse that "perhaps the gas-meter at that house might not be in order," and they knew a little more water might be useful.

"SISTER."

## KERNELS FROM CORRESPONDENCE.

## A GREAT OPPORTUNITY.

*One of the Early Members.*—"With such a splendid Headquarters, the R.B.N.A. has an opportunity of doing a fine work for the profession. Our Club must be the centre of the highest aspirations and of all that makes for the elevation of nursing. Those of us who are out of active work must give time and thought to making it a big success."

*Onlooker.*—"Why is every body of Nurses starting a separate Club? With such a poor profession I doubt if they can all be made to pay. Anyway they need an endowment fund if they are to be run at a price nurses can pay. And do Nurses really like Clubs? I doubt it. Resident Hostels are what they really need—a place to rest in between cases, or to use on a visit from the country."

[We hope Nurses will realise in the future the happiness and use of a Social Centre—organised for their special needs—where something outside the professional routine is possible. Such Clubs should widen their outlook on life.—ED.]

## PRIZE COMPETITION QUESTIONS.

*May 7th.*—How would you care for a patient before, during, and after anaesthesia?

*May 14th.*—Mention some surgical emergencies and state how you would deal with them.

We regret we are unable to award a prize this week.



# The Midwife.

## THE CENTRAL MIDWIVES BOARD.

The meeting of the Central Midwives Board on April 20th was memorable because the new members of the enlarged Board took their seats for the first time, including Miss M. E. Pearson and Miss A. E. Pollard nominated by the Midwives Institute. The midwife members were introduced to the Chairman by Miss Rosalind Paget, and welcomed by him. He also spoke of the services which had been rendered by Mrs. Latter to the Board in appreciative terms.

Sir Francis Champneys, Bart, was re-elected chairman, and is now entering upon his twentieth year of office.

A letter was received from the Ministry of Health stating that the Minister of Health approves for the purpose of the apportionment of contributions from Local Supervising Authorities, the balance of £4,905 18s. 9d. shown against the Board in the financial statement for the year 1920. Also a letter from the Ministry of Health stating that the Minister of Health concurs as to the reasonableness of the proposed scale of expenses of witnesses attending, on behalf of the prosecution, at the hearing of Penal Cases, approved by the Board at its meeting on December 21st last.

### REPORT OF STANDING COMMITTEE.

The Board received the report of the Standing Committee that they had carefully considered a large number of suggestions for the amending of the Rules, and had now completed the revision. It was agreed that the copy of the revised rules initialled by the Chairman be approved by the Board, and that the Minister of Health be asked to approve the same and to order that the new Rules should come into force on July 1st next for a period of five years.

The Committee further reported that they had appointed the following members to constitute the Approval Sub-Committee: The Lady Mabelle Egerton, Dr. J. S. Fairbairn, Miss Rosalind Paget, Mr. C. Sangster, Miss M. Olive Haydon.

The Board granted the applications of Dr. Richard J. Edwards and Dr. Gilbert Innes Strachan for approval as Lecturer, and Midwife Olive Noel Andrews (No. 39,523) for approval as teacher.

An application from Midwife Margaret McKeivitt to be certified under Section 10 of the Midwives Act, 1918, was granted on payment of the fee of one guinea, the standard of training she had undergone at the National Maternity Hospital, Dublin, and the examination at that hospital passed by her, and accepted by the Central Midwives Board for Ireland, being equivalent to the standard adopted by the Board.

The names of four other midwives holding a certificate of having passed the examination of the Central Midwives Board for Scotland, or Ireland, were also placed on the Roll.

## MIDWIVES ROLL NOT TO BE PRINTED FOR 1921.

It was resolved that having regard to the great expense involved in printing the Midwives Roll at the present time the Roll for 1921 be not printed, but that the Provisional Rolls for 1921 be printed as usual.

## THE NOMINEES OF THE INCORPORATED MIDWIVES' INSTITUTE.

Miss M. E. Pearson is the Hon. Secretary of the Midwives Institute, and has had experience of organising midwifery all over the country, as well as of Maternity and Child Welfare Work, and holds the Certificate of the Royal Sanitary Institute in this branch.

Miss A. E. Pollard is the President of the Association of Inspectors of Midwives, and is a trained nurse as well as a certified midwife. She received her midwifery training at the Brownlow Hill Infirmary, Liverpool, and has had experience of training pupils in poor law midwifery. She has practised as a midwife in the North of England, and is Inspector of Midwives in the County of Middlesex.

## GENERAL LYING-IN HOSPITAL, YORK ROAD, LAMBETH, S.E. 1.

### PROGRAMME OF THE NINTH ANNUAL POST-GRADUATE WEEK FOR MIDWIVES MAY 23-27 (INCLUSIVE).

#### MAY 23RD, MONDAY.

- 4 p.m. Reception by Matron and Staff—Tea.
- 5 p.m. Inaugural Lecture by Dr. Fairbairn—"The Management of Delayed Labour on Physiological Lines."

#### MAY 24TH, TUESDAY.

- 11 a.m. Clinic in the Wards on Abnormal Cases—Mr. Richardson.
- 2 p.m. Meet at the Hospital—York Road Infants' Clinic, or Dr. Truby King's Babies of the Empire—Burroughs Welcome Museum.
- 6 p.m. Lecture by Dr. Jewesbury—"Management of Breast Feeding, Some Difficulties in the Establishment of Lactation."

#### MAY 25TH, WEDNESDAY.

- 11 a.m. Clinic in the Wards conducted by the Ward Sisters.
- 3 p.m. Lecture by Professor Louise McIlroy—"The Uses of Morphia During Labour."
- 6 p.m. Lecture by Miss Olive Haydon—"Co-operation with Other Health Agencies."

#### MAY 26TH, THURSDAY.

- 11 a.m. Demonstration on the preparation of Artificial Feeds. Dr. Roy's Clinic for Pupil Midwives.



- 2 p.m. Visits to Marylebone Infants' Clinic, British Mothers and Babies Home, Woolwich, City Road Maternity Hospital.
- 6 p.m. Lecture by Mr. Richardson—"The Causes of Ante-natal and Neo-natal Death of the Foetus."

MAY 27TH, FRIDAY.

- 11 a.m. Demonstration on the preparation of Artificial Feeds. Some observations on the use of morphia in Hospital.
- 3 p.m. Clinical Lecture by Dr. Stebbings at Lambeth Infirmary.
- 5.30 p.m. Test Paper (optional). Prizes given.
- 7.30 p.m. Lecture at the Midwives Institute (Tickets 6d. each)—"History of Antiseptics and the Lesson to be Learnt from it"—Dr. Abernethy Willett.

Ante-natal Clinic daily 9 a.m. (numbers limited). Subscription for Course, 6s. (payable in advance).

Will those who wish to join, send in their names as soon as possible to K. V. CONI (Sister), Hon. Secretary.

### ASSOCIATION OF INSPECTORS.

The Annual Conference and Post-Graduate Week of the Association of Inspectors of Midwives will be held in London from May 2nd to May 6th. The Annual Meeting will be held at the Midwives Institute, 12, Buckingham Street, Strand, at 2.30 p.m. on May 4th.

### THE UNMARRIED MOTHER.

Dr. D. Steele-Perkins, Medical Officer of Health, wrote recently to the Honiton Board of Guardians suggesting that it would be a great boon to the district if the lying-in wards at the Poor-Law Institution could be made use of by the general public on payment of fees. He said further: "The Honiton District Nursing Association, to which I believe the Guardians subscribe, have, for reasons best known to themselves, refused to allow their certified nurses to attend any woman who is not married, in her confinement. The Nursing Association constitute themselves judges over a woman's morals when their duty should be to provide skilled nurses."

This statement, incontrovertible in its logic, seems to have aroused the anger of the Rector, the Hon. and Rev. F. L. Courtenay, who said Dr. Perkins had had his knife into the Committee ever since it had refused to allow him to boss the nursing home. He would like to explain that the reason why the Honiton Nursing Association refused to allow its nurses to attend on cases of illegitimate births was not simply to down girls, but to protect the respectable married women of the district from the possibility of infection in the present prevalence of venereal disease.

Why endeavour to bolster up an untenable and un-Christian practice with such a rotten argument? It assumes, firstly, that no married women suffer from venereal disease, which, unfortunately, is contrary to fact, many of them having contracted it quite innocently. Secondly, it assumes that

midwives and nurses who attend cases of venereal disease are so ignorant, or so careless, that they convey infection to "clean" cases; therefore, thirdly, that unmarried maternity patients who may possibly be suffering from venereal disease should be left without attention from them.

We should advise the Rector of Honiton to leave doctors and nurses to deal with the question of infection, and to interest himself in influencing public opinion in Honiton, so that adequate attention may be available for women in child-birth not because they are "respectable," but because they and their unborn children are in need of skilled assistance.

### MIDWIFERY FEES IN NEW ZEALAND.

It has been decided, says *Kai Tiaki*, by the Minister of Health, that as midwifery nurses are so badly needed in New Zealand, women should be given every possible encouragement to take the necessary training for this profession. The moderate fee hitherto charged of £20 for unqualified women, and £10 for registered nurses has, therefore, been reduced to a minimum of £1 and 10s. It must be recognised that the fee does not represent the value of the training offered at the State Maternity Hospitals, but is imposed merely because the Midwives' Act lays down that a fee is to be paid, and would require an amendment which cannot be made until next session, to enable the fee to be altogether given up.

### MIDWIFERY IN AUSTRALIA.

Miss Hester Maclean, R.R.C., of New Zealand, has recently been visiting Australia, and contributes an article on nursing conditions in that country to the *New Zealand Journal of Health and Hospitals*.

#### MIDWIFERY NURSES.

Concerning "Midwifery Nurses," she writes:—"There is State Registration of Midwives in three of the States—Victoria, Queensland and Western Australia. There does not appear to be any inspection of midwives and, in regard to Maternity Homes, there are no nurse-inspectors, though the Homes are licensed. There are only two recognised training schools in Victoria—the Women's Hospital, and the McKellar Hospital in the country, a small place. The Queen Victoria Hospital for Women and Children, staffed by women doctors, is about to build a maternity wing.

Fees for training in Victoria are: Six months' course for trained nurses, £15; twelve months' course for untrained women, £30. There are plenty of applicants. Nurses from outside applying are informed that the vacancies for two years ahead are filled.

"In New South Wales there are four training schools. The fees are: For six months' course for trained nurses, 25 guineas; for twelve months' course for trained nurses, 50 guineas. There appears to be no shortage of applicants under these terms."



# THE BRITISH JOURNAL OF NURSING

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THE NURSING RECORD

EDITED BY MRS BEDFORD FENWICK

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## EDITORIAL.

### RADIATING HAPPINESS.

We have received from a reader of "our beloved Journal" some "off-duty thoughts," which we pass on to other nurses for their consideration, so that each may determine for herself how she can best "radiate happiness" in a world in which sorrow, unrest and selfishness seem for the moment to predominate.

"How very unhappy all the world seems! Everyone is suffering from the strikes. How hard to think out the end of it all, and what is best for us. How beautiful if the love of God would suddenly enter *everyone's* heart!—then things would settle themselves. Everyone would think of the happiness of everyone else. Rich folk would only think of the obligations of riches—masters would only think of the happiness of their men—men would think of their duty to their masters. Oh, dear! Even the dirty, lazy housewife would work with a will and make her house the abode of happiness and comfort which it should be—the dear, clean, hardworking wife would be appreciated by her husband, and so all homes, whether rich or poor, would radiate happiness. We could go on telling of alterations for good. It is imagination, of course, but still we can help. There is no greater scope for well-doing than the life of a nurse. Perhaps some of us are only in a very small circle; well we know that dear little hymn which is for children and grown-ups alike:—

"Jesus bids us shine with a pure, clear light,  
Like a little candle burning in the night."

"Well, now, our world is very dark just now—can we nurses not all light our candles and shine, giving light around us by our lives? We know lots of lives that have burnt big, bright lights. Just now in our village we mourn the loss of a doctor who was devoted to duty; he gave a bright light to all by his kind-

ness of heart and care for young and old, rich and poor alike. Then we think of lots of brave lives of nurses we have known. We think, too, of the dear lady who has retired from her post of Matron and now enjoys a well-earned rest. Such a number of nurses will think of her Christian life and example. And so we could go on telling of the shining lights in our beloved profession. But let all of us nurses, with our skill, and our opportunities to do good, just make the most of them, and shed light in this sad world, because even *candles*, in *thousands*, will give a great light, before which darkness, which consists of sin and ignorance, will flee away."

The writer of these inspiring words is right. The unhappiness of the world has its root in personal selfishness, and most of us can call to mind instances in which selfishness is the direct cause of unhappiness in others; and perhaps, if we are honest, we shall even own that we, ourselves, are not blameless.

Again, do we not know houses in which we seem enveloped in an atmosphere of peace as soon as we cross the threshold, and others pervaded by the spirit of unrest? Both conditions undoubtedly emanate from their occupants.

Let nurses, on whose personality the happiness, or otherwise, of others so much depends, try the simple system advocated by our correspondent. They will be surprised at the results.

And do not let us underestimate the power of kindness to radiate happiness. "Kind words are the music of the world, they have a power which seems to lie beyond natural causes, as if they were some angel's song which had lost its way and come on earth. It seems as if they could almost do what in reality God alone can do—soften the hard and angry hearts of men." It is Wordsworth—wise with the wisdom learnt from the everlasting hills—who describes as the "best portion of a good man's life, his little nameless, unremembered acts, of kindness and of love."



## OUR PRIZE COMPETITION.

### HOW WOULD YOU CARE FOR A PATIENT BEFORE DURING, AND AFTER ANÆSTHESIA?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

#### PRIZE PAPER.

Previous to administration of anæsthetic, patient should rest in bed for at least twenty-four hours, and have light diet, such as fish, for about two days, unless otherwise ordered. The nurse must observe her patient's general condition carefully, note temperature, quality and rate of pulse and respirations, colour, whether pallid, cyanosed or normal, test urine at least two days before operation, and note quantity and colour, and report any defect or abnormal condition to the surgeon, as same may lead to tracing a complication which may endanger life of patient. Destruction of bacteria is most important; purgative, such as castor oil, should be given twenty-four hours previously to clear the alimentary canal of bacteria and their toxins that may have gained entrance.

If purgative is given twenty-four hours before operation, the patient may have a good night's sleep, which is a great comfort to the nervous condition.

Hair must be well washed with antiseptic lotion, and a bath taken previous day, and clean clothing put on patient and bed; another may be taken morning of operation, and is advisable in some cases.

Site of operation must be shaved, and a good area around same, well washed with soap and water, dried and either painted with iodine and sterile dressing applied, or antiseptic pad applied, according to wishes of surgeon.

Urine must be passed immediately before going to theatre, and if not surgeon must be informed, and he will decide as to advisability of catheterisation.

Enéma may or may not be necessary, or a washout per rectum may be given four hours before.

At least three hours previous to operation patient should have a cup of tea, or beef tea and two small pieces of toast, unless gastrostomy is being performed, in which case surgeon's orders must be obeyed rigidly.

All jewellery, artificial teeth or limbs must be removed before going to theatre, and patient dressed in clean theatre gown and flannel, bed socks as long as possible, and rolled in theatre blanket.

If patient is very nervous or liable to shock, hypo. inj. of morphia, scopolamine, atropine or apomorphine may be ordered by the doctor, and should be given twenty minutes before going to theatre; these often allay post-anæsthetic vomiting.

*During anæsthetic.*—Anæsthetics are usually administered in a room adjoining theatre; nurse must stand by patient, as it often ensures confidence, and holding their limbs gently may prevent a blow to anæsthetist during first stage of unconsciousness, when struggling is often severe, but quickly over; and as soon as completely under, patient is wheeled into theatre, lifted on to table and site required exposed without undue exposure of patient.

Stimulants, hypo. syringe charged with strychnine 1-30th of a grain, tongue forceps and swabs must be in readiness in case of shock or collapse, and saline at normal temperature and strength, with intravenous or intramuscular apparatus sterilised. Watch colour and pulse. If patient is coming out of anæsthetic vomiting must be watched for, and bowls and clean towel be in readiness.

*After anæsthetic.*—Remove patient as quickly as possible, well wrapped up and supplied with hot-water bottles, to a ready prepared bed; leave in operation flannel and blanket until conscious; surround with well-protected hot bottles, and watch for collapse, vomiting or hæmorrhage. Have blocks and bed-rest at hand in case needed for bed. Keep surroundings quiet and as restful as possible. Take temperature, pulse and respiration one hour after return from theatre and four-hourly afterwards—rise after twelve hours may be serious. Surgeon's instructions should be taken as to giving of aperients after operation.

Hiccough after an abdominal operation should be regarded as serious; vomiting becoming persistent and green or coffee-coloured must be reported immediately, and sod. bic. strength  $\mathfrak{z}$  i to water  $\text{Oj}$  given, or tinct. iodine  $\text{m}$  iii in water  $\mathfrak{z}$  ii has been very effective.

Mouthwashes may be given, and, in an ordinary operation case, a cup of tea four hours after and a light meal at bed-time often give a good night's sleep.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. James, Miss P. Thomson, Miss M. Barnes.

#### QUESTION FOR NEXT WEEK.

Mention some surgical emergencies and state how you would deal with them.



## NURSING ECHOES.

Our account of the interesting dinner and annual meeting of the Guy's Hospital Nurses' League, held on April 29th, is unavoidably held over till next week, as so much of our space is devoted to the Nursing Conference held under the auspices of the General Nursing Council for England and Wales on the previous day.

We have received from Miss C. M. Adams, Secretary of the Overseas Nursing Association, a list of the new appointments made by the Committee of the Association since October last. It includes eleven nurses appointed to private posts, seven to hospitals not under Government, and thirty-four to Government hospitals, in our Overseas Dominions. All these ladies hold good certificates; one has the Military Medal, three the Royal Red Cross, 1st class, and one the R. R. C., 2nd class.

At a meeting of the Executive of the Central Council for District Nursing on April 18th, the problem of provision of adequate district nursing for insured persons was very fully considered. The merits and demerits of alternative methods of contribution by Approved Societies under the powers they have by Section 21 of the Insurance Act, or out of surplus funds by scheme were discussed. The method of contribution from the Societies by way of a subvention based on the number of members in the Society appeared to be preferred to any scheme for requiring payment either by the member or through the Society in respect of the number of visits paid.

It was finally resolved "That a letter be sent to the Approved Societies having members in London, informing them that the Central Council for District Nursing in London is in a position to arrange for an adequate district nursing service for all insured persons resident in London, and inviting them to make a contribution from their funds to the Central Council."

The Committee of the Trained Women Nurses' Friendly Society have been informed by the Ministry of Health that after valuation the Society has a surplus to expend on extra benefits, and has notified the Ministry that it desires to distribute the money at its disposal by raising the sick and disablement benefits to the maximum, making the sick benefit 14s. 6d. a week, and the disablement benefit 8s. 9d., for those nurses entitled to it.

At the annual distribution of prizes to the probationer nurses at Highgate Infirmary on April 11th, Sir George H. Makins, G.C.M.G., gave an admirable address, emphasising the necessity of discipline, knowledge and economy, and spoke from ripe experience of a nurse's work and life and her relations with medical work. It was all the more to be deplored that he must needs offer advice concerning nursing organisation, and prove from his statements that he had not yet studied the ethics of trade unionism, and recommend, as a substitute for self-government, association with the College of Nursing, Ltd., which is largely controlled by the laity. We always want to ask such advisers why they do not recognise the right of the laity to help govern the medical profession as members of their Colleges, General Medical Council and Medical Associations. A principle they will not tolerate for themselves—and very wisely—medical men have no right to advise the nursing profession to accept. We are now quite logical enough to realise such inconsistency.

Princess Mary has been approached to open the Scenic Fair to be held at Birmingham in aid of the Three Counties Centre of the College of Nursing, Ltd., but has been unable to accept the invitation. Her Royal Highness hopes to go to Birmingham between the 2nd and 11th of June and will visit the Fair, with the proceeds of which it is hoped to establish in the centre of the city a Club with a lecture room, and scholarships open to all nurses.

The Princess will have presented to her those matrons of hospitals in Birmingham and the three counties who are helping in the work, and will also receive purses, visit the stalls, and take tea at the Fair, which will be held in Bingley Hall for nine days.

It is proposed to start a Club for nurses at Plymouth. It is advanced that there are some 400 nurses in the town and neighbourhood, and for the lack of a centre when off duty, "many roam aimlessly about the streets or stay in the hospital atmosphere, from which, quite naturally, they would prefer to be free when off duty." The laudable aim of the committee which has been set up is to establish a modest club of two or three rooms at present, and ultimately to aim at a residential club which shall be open to all nurses, whether in public or private institutions, and where they may find congenial



company, rest, read, write, recreate, or "talk shop."

No members of a profession enjoy (?) more gratuitous advice concerning themselves than trained nurses. It is amazing how cocksure is the untrained woman journalist about all things nursing—to judge from penny a line effusions which appear in print. Every reason but the right one is advanced as the reason for a shortage of probationers. The true reason is idleness where physical and mental concentration and drudgery are demanded. Thus hundreds of girls find it less exacting to flutter around and splash good ink on indifferent paper, and criticise the world in general in still more indifferent grammar, than to give the necessary time to train for the exacting, satisfying, and extremely useful profession of nursing.

Complaints were made at an inquest at Redhill recently against a nurse at the local infirmary, who, it was alleged, would not allow John Henry Lucas, aged 78, lying in bed with a broken thigh, the use of a bed bottle.

It was stated by a stepson that when he visited Lucas he was in great pain, and the nurse refused to allow him a bed bottle, as it was visiting day.

The nurse, questioned by the coroner, said she understood it was against the rules to use the bed bottle when visitors were present. She admitted it was not a proper thing to keep the old man waiting an hour and a half for it.

The coroner, who certified that death was due to accident, said the conduct of the nurse was a matter for investigation by the guardians.

It is only a few weeks ago since we referred to complaints made by patients that nurses refused to give bed pans to children and others in the ward. As this is a most cruel and unjustifiable neglect of duty, it should be a direction in every ward that pans and bottles be given if required at convenient hours, but that under no circumstances should either be refused even at inconvenient seasons if needed by the patients. Sick people in public wards are diffident of asking for such service when the staff or visitors are present, unless it is absolutely necessary; and under such conditions, a nurse should at once comply with the request.

## A NURSES' UNIT FOR GREECE.

### HISTORY REPEATS ITSELF.

It is now 24 years since the first Unit of thirty British Nursing Sisters were requisitioned for active service in a Græco-Turkish war, and how well those pioneers—many of them members of the Registered Nurses' Society—acquitted themselves, is still a tradition in Hellas. History now repeats itself, the Queen of Greece having requisitioned a Unit of six members of the R.N.S. to proceed to Athens at the earliest possible date to help nurse sick and wounded in the present campaigns against the Turkish Nationalists, who are against any compromise with the Entente Powers, such as suggested at the Near East Conference in London, the Porte demanding the unconditional evacuation of Thrace and Ionia.

The Unit will leave London at an early date, by the Orient express train de luxe *via* France, Switzerland, Italy, Serbia and Greece—a five days' train journey overland—and a fine opportunity of seeing 2,292 miles of Europe under the best possible conditions.

The Unit will be in charge of Sister Catherine Ann Evans, who worked in the Red Cross Hospital, Gira, Cairo, and at No. 7 Convalescent Hospital, Alexandria, 1915–1919.

The following Sisters, all of whom have practical experience of Military nursing, complete the Unit:—

Sister Kathleen Bellamy (French Flag Nursing Corps), Comité Britannique Croix Rouge Française.

Sister Laura Dumvill, Officers' Hospital, Luton Hoo.

Sister Elsie Agnes Nunn (Territorial Force Nursing Service), 1st London General Hospital; Salonika, with British Forces; Constantinople, 82nd General Hospital.

Sister Edith Annie Post (French Flag Nursing Corps), Comité Britannique Croix Rouge Française.

Sister Martha Oakley Williams (French Flag Nursing Corps), Comité Britannique Croix Rouge Française.

The uniform, simple and professional, blue and white throughout (the Greek colours), has been supplied by Messrs. Garrould, 50, Edgware Road, London, W.

The Registered Nurses Society is indebted to His Excellency M. Caclamano, the Minister for Greece, for the courteous manner in which he has facilitated the arrangements, and who considers he owes his life to the nursing of Mrs. Endall (*née* Parsons), who was one of the 1897 Unit, and who remained in Greece for several years at the request of the then Crown Princess. Thus we realise how duty well done enhances the estimation in which the community hold our devoted British Nurses. We feel sure the present Unit will use their utmost endeavour to maintain the high reputation—and even advance it—won by their colleagues "in the good old days."



## MILITARY NURSES' MEMORIAL FUND, Q.A.I.M.N.S. AND T.F.N.S.

Considerable progress has been made with the work of erecting Memorials to the Military Nurses who gave their lives during the War.

Bronze Tablets have been fixed in St. Asaph's Cathedral, North Wales, and in the Garrison Church, Dublin, specially commemorating Welsh and Irish Nurses.

A Memorial will shortly be placed in St. Giles' Cathedral, Edinburgh, to commemorate the Scottish Nurses; it takes the form of a mural monument about 6 ft. 6 in. high. The centre portion bears the names of 40 nurses who gave their lives; above the panel in the frieze are the badges of the Q.A.I.M.N.S., its Reserve, and T.F.N.S., in silver and enamels. In the pediment above is a bronze statuette of St. Andrew, on either side are palms and laurels interwoven, and below are figures representing Grief and Sacrifice, and Patriotism and Courage. This tablet is the work of Mr. L. F. Roslyn, R.B.S. A replica of this monument has been accepted for exhibition in the Royal Academy, and hung in an excellent position. Many Nurses will doubtless avail themselves of this opportunity of seeing the Memorial.

A Roll of Honour bearing the names of the English Nurses is in hand and will shortly be placed in the Memorial Chapel in Queen Alexandra Military Hospital, Grosvenor Road, S.W. This Memorial will be of alabaster, in accordance with the Memorials already in the Chapel; the names will be in gilt, and the badges of the Service in enamel.

The suggestion of a gift to the Kitchener Chapel in St. Paul's Cathedral, in memory of the Q.A.I.M.N.S., its Reserve, and T.F.N.S. Nurses who gave their lives has been accepted by the Committee of the Lord Kitchener National Memorial Fund, and will probably take the form of a marble figure of St. George, a tablet also being placed in the Chapel signifying the object of the gift.

The Military Nurses' Memorial Fund is still open and any members who have not yet contributed and are desirous of so doing should forward their subscription to Messrs. Holt & Co., 3, Whitehall Place, S.W. Subscriptions should be marked for Military Nurses' War Memorial Fund.

The sum already subscribed by the Members of the Q.A.I.M.N.S., its Reserve, and T.F.N.S. amounts to £2,000.

### TEA TABLE TALKS.

The first of the series of "Tea Table Talks for Nurses," arranged by the Irish Nurses' and Midwives' Union, was held on Wednesday, April 20th, at 29, South Anne Street, Dublin, and proved very enjoyable. The series is being continued weekly, and on April 27th there was a discussion on "What the Nurses' Union Ought to Do, and Why it Doesn't." Nurses heartily welcome.

M. MORTISHED, *Secretary.*

## THE MATRONS' COUNCIL.

The Quarterly Meeting of the Matrons' Council was held, by the kind invitation of Mrs. Walter Spencer, at 2, Portland Place, on Saturday, April 30th, at 3 p.m.

There was a large attendance of members. The President (Miss Heather-Bigg, R.R.C.) was in the chair.

Many letters of regret at inability to attend the meeting were received.

The minutes of the last meeting were read and confirmed; applications for membership were received, and the ladies nominated were elected on to the Council.

Miss A. E. Hulme, Hon. Secretary, presented her annual report, which had been delayed owing to her absence abroad.

A vote of thanks was accorded to Miss Beatrice Cutler for her kindness in undertaking the work whilst Miss Hulme was in Denmark.

A communication was received from the Royal British Nurses' Association and action taken thereon.

Upon the termination of business a most interesting address was given by Miss Isabel Macdonald on "The Royal British Nurses' Association's Club and its Place in Professional Organisation."

Miss Macdonald spoke of the need of a Club as Headquarters, and as a social centre for the members of the Association, and of the interest taken by its President, Her Royal Highness, the Princess Christian, in the efforts to secure a suitable house.

The Association had been fortunate in securing the lease of 194 Queen's Gate, formerly used as Queen Mary's Hostel for War Nurses, the Committee of which had most generously handed over the whole of the beautiful furniture to the Association.

The members were delighted to possess a real home of their own, one where they could entertain their friends with the greatest pleasure and pride.

She hoped its organisation would grow, and that it would help to bind up the profession, both at home and in the Dominions, in one united whole. She invited all present to join.

Mrs. Bedford Fenwick, in moving a vote of thanks to Miss Macdonald, said it was an open secret that if it had not been for her promptitude they would not have secured the Club. She spoke of the need for an endowment fund and hoped Miss Macdonald would have the enthusiastic support of the members in her arduous task.

Miss Anderson Parsons said, if built on a secure foundation, she hoped the Club would have the future they anticipated, and become the centre for England and all the Dominions in our profession.

The members then were entertained to tea by Mrs. Walter Spencer, who dispensed her charming hospitality in the manner for which she is justly famed.



# Royal British Nurses' Association.



(Incorporated by

Royal Charter.)

**THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.**

## TO THE MEMBERS OF THE ROYAL BRITISH NURSES' ASSOCIATION AND OF ITS AFFILIATED SOCIETIES.

Her Royal Highness the President and the General Council of the Corporation request the pleasure of your company at the opening of the Royal British Nurses' Association's Club, at 194, Queen's Gate, on Wednesday, May 18th, at 4 p.m.

### OPENING OF THE R.B.N.A. CLUB.

Her Royal Highness the Princess Christian, President of the Corporation, has graciously announced that she will open the new Club of the Association on May 18th next at 4 p.m. Her Highness the Princess Marie Louise has also promised to be present. We ask our members to make careful note of the invitation inserted above and to do their utmost to make it possible to be present at the opening of their beautiful new Headquarters and Club. After the speech, in which she will declare the Club open, Her Royal Highness will, in accordance with a wish which has been expressed by some of the nurses, place in position a brass tablet similar to one already inset in the panelling of the room in which the Opening Ceremony will take place. The latter plate commemorates the gift of the Australian Red Cross Society to Queen Mary's Hostel for Nurses, and the visit of Her Majesty to it in March, 1920. The tablet, which is to be placed on the adjoining panel is to commemorate the opening of 194, Queen's Gate as the Royal British Nurses' Association's Club by Her Royal Highness the Princess Christian, first President of the Corporation.

The Club will be open for inspection by visitors from 11 a.m. to 1 p.m., and from 2 to 4 p.m. on the two days succeeding the Opening, and we ask our members to make this known to other nurses. All nurses who are not members of the Corporation and who desire to be present should write to the Secretary and she will have pleasure in forwarding a ticket which will admit them on the 18th. Miss Cutler will be very grateful indeed if members will send her flowers and green leaves for decorating the rooms on the opening day. The reception rooms are very large and so she will be glad to receive quantities of flowers. Perhaps some of the

private nurses in the country could interest their patients in this matter.

### A GENEROUS GIFT.

The beautiful Banner of the Association finds a very suitable setting in the panelled walls of 194, Queen's Gate, but some of the nurses have expressed anxiety in case the delicate silks, used in the embroidery, and the cloth of gold in the scroll and badge may become tarnished by the London smoke, if the banner is allowed to hang in its present position without a cover for long.

After a discussion on this subject, one of the members, Miss Cecilia Liddiatt, has most generously given instructions that a large glass case shall be ordered to be made, that it shall be placed on the wall, that the banner shall be hung in it, and that the account for making the case shall be rendered to her. The case is to be considerably larger than the banner, so that the effect of its fine fleur-de-lis on the crossbar and its long cords and tassels, which add very considerably to its beauty, may not be lost. Miss Liddiatt's gift will give her fellow-members great pleasure, for it has often been a matter of regret that the banner which they presented to their Association to commemorate the passage of an Act for State Registration was usually only in evidence on special occasions. No member of the Corporation is more keenly interested in Nursing organisation than Miss Liddiatt and she gives to her Association and its policy not lip service only, for our books show periodically very large donations from her. This latest gift from Miss Liddiatt, who practises as a private nurse, will be a very costly and beautiful one, and, at the same time, a very acceptable one, for it means that the Association's "colours" will now be always in use and that all visitors and all members of the Corporation will have an opportunity of seeing their historic Banner.

At the request of her fellow-members we offer to Miss Liddiatt their sincere thanks.

### FOR THE LOUNGE.

Mrs. Hayes-Palmer, of 169, Queen's Gate, very kindly sent to us, on Sunday afternoon last, a quantity of delightful and up-to-date illustrated papers, and some recent copies of *Punch* for the nurses.



**A TRUE TALE WITH A MORAL.**

Overheard at R.B.N.A. Office on receipt of sixteenth telephone call within the hour.

Voice: "Guess who I am."

Unfortunate Assistant Secretary: "I don't know."

Voice: "Well, guess."

U.A.S.: "Are you Miss A.?"

Voice: No, I'm not; you don't know my voice; try again."

U.A.S.: "Are you Miss B.?"

Voice: "Yes; now why didn't you know my voice; I thought you would; have you any theatre tickets?"

**DONATIONS.**

The Hon. Treasurer acknowledges with thanks the following donations:—

**GENERAL FUND.**—Miss S. T. Irving, £2 17s.; Miss Isabel Macdonald, £1 5s.; Miss M. Drakard, £1 1s.; Misses R. Jordan and E. J. Sayle, £1; Miss A. Burfield, 17s. 6d.; Mrs. Rogers, 11s.; Misses G. A. Hancock and E. A. Little, 15s.; Miss P. Hughes, 10s. 6d.; Misses F. M. Archer, J. E. Howell, E. Miller, S. Mullett, M. Stevenson, Seymour and Cox Sinclair, 10s.; Mrs. Sherliker, Misses Barlow, E. Brodie, E. M. Budd, E. Clifford, E. C. Cosgrove, E. Coupland, C. Cowie, M. Cureton, W. Darrington, I. Dixon, M. Donaldson, L. Elliott, E. G. Ellis, M. Eve, G. Le Geyt, G. Hall, M. A. B. Hart, L. Jackson, M. L. Little, K. R. Lowe, H. Phillips, A. Shepherd, Slater, S. E. Stephenson, S. Sullivan, 5s.; Misses R. Mason and M. R. Simmons, 3s.; Misses E. M. Ayres, B. Alston, Asplen, Bertram, E. Burns, F. Garland, E. H. Kenny, E. Kington, L. McGregor, R. Mitchell-F. Mothersell, M. S. Rodwell, I. Robertson, S. Seagrave, M. Sheehan, Smellie, S. Sparks, M. A. Tabuteau, H. Wilson, 2s. 6d.; Misses A. Bartlett, Cross, E. Davis, A. M. Hore, M. Thorley, 2s.; Misses E. Barrett, I. M. Dickson, M. Douglas, S. Fielder, M. Piper, O. Ward, N. Winter, 1s. 6d.; Miss Sutton, 1s. 4d.; Misses M. E. Bennett, O. Duddington, R. Edwards, M. Fisher, Hanrahan, A. L. James and M. Jaques, 1s.

**HELENA BENEVOLENT FUND.**—Mr. Hipwell, £1 1s.; Mrs. Sherliker, Misses S. E. Sayle and Mellinfield, 10s.; Misses Cliford, E. E. Ellis, K. R. Rowe, S. E. Stephenson, 5s.; Miss E. Ford, 3s.; Misses E. Aspinall, F. Eaton, G. Garland, F. Hart, F. Heap, McGregor, F. M. Mothersell, M. Robertson, M. A. Tabuteau, Wilson, 2s. 6d.; Misses M. Bennett, Maclean, R. Mason, A. de Wickham, 2s.; Misses Bartlett and A. Ward, 1s. 6d.; Misses E. Ayres, M. Douglas, E. C. Fenning, S. E. Fidler, C. E. Fisher, S. E. Lee, S. Ramos, and Winter, 1s.

**SETTLEMENT FUND.**—Miss M. M. Wethered, 4s.; Miss A. L. Lane, 1s.

**MOVEMENTS OF MEMBERS.**

Miss Caroline Fielding has been appointed Assistant Matron at the Broomhill Home and Hospital, Kirkintilloch, near Glasgow. Miss

Fielding was trained at Royal Infirmary, Bradford, and joined the Royal British Nurses' Association in 1913.

**TRAINED NURSES' ANNUITY FUND.**

We propose to set aside one evening in each week for the Trained Nurses' Annuity Fund in order that we may have a good supply of beautiful work for the Sale, which is to take place in the autumn. We shall be glad to have the names of nurses who will join this. They can either bring their own materials or help us by making up pretty things from those given to us by other Members. There are several dolls to be dressed, and doubtless nurses with clever fingers will find other ways also of making good use of scraps of silk or lace.

We hope, as the result of many pleasant evenings spent together, to add more names to the list of recipients of annuities at the next New Year's Meeting of the Council of the Fund.

**ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.**

The Association of Trained Nurses in Public Health Work propose to give a dinner at the Royal British Nurses' Association's Club shortly after it has been opened by Her Royal Highness, the President, on 18th instant. We shall be glad to receive notice from any nurses who would like to attend.

**TO THE MEMBERS.**

We have been asked to arrange for a lecture to be given on the commoner ailments affecting school children. We shall be glad to hear from any nurse who will be kind enough to give a short lecture on this subject. The Meeting will probably take place under the auspices of the Association of Trained Nurses in Public Health Work.

We are asked to state that an old Member of the Association, who is anxious to become a Member of the new Club, finds that she cannot afford the entrance fee and Membership subscription. A young Member of the Association has very generously said that she will pay her entrance fee if another Member will pay her first annual Subscription.

**SPECTACLE HYGIENE.**

If the little ones are obliged to wear spectacles see that the glasses are taken off several times a day and polished. Dust soon accumulates, the lenses become dim, and the eyes get strained in looking through them.

When the glass is greasy and will not easily polish, rub it with a little methylated spirit and finish with a soft chamois leather or a wad of crumpled tissue paper.

ISABEL MACDONALD,

Secretary to the Corporation.



## CONFERENCE ON NURSING EDUCATION.

### CONVENED BY THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Conference on Nursing Education convened by the General Nursing Council for England and Wales, and held by permission of the Royal Society of Medicine at No. 1, Wimpole Street, W., on April 28th, was a most successful gathering, and demonstrated the great interest aroused in the work of the Council. The Matrons and Superintendents of Nursing Schools, and Teachers of Nursing, evidently appreciated the action of the Council in consulting them before the Syllabus of Lectures and Demonstrations, and Training in General Nursing, drafted by the Education and Examination Committee assumed its final form, and showed a genuine desire to help the Council in the elucidation of the problems which confront it, which augurs well for the success of its work.

The Conference was divided into Morning and Afternoon Sessions, the subject discussed in the morning being the General Register and in the afternoon the Supplementary Parts of the Register in conjunction with Alternative and Reciprocal Training.

#### MORNING SESSION.

The Chairman of the Council, Mr. J. C. Priestley, K.C., presided, and was supported on the platform by the majority of the members of the Council. He opened the meeting by saying that he had never been so pleased at being Chairman of the General Nursing Council as he was that day, when he saw gathered in the Hall so many women who were devoting their lives to nursing education, and whom the Council had asked to come and give their views, and their views alone, to enable the ladies forming the Educational Committee to draw up the Syllabus for the general curriculum of training for Nurses.

It would not be unbecoming of him to remind those present that the Council was there under Statute. The Nursing Acts were passed in December, 1919, and the General Nursing Council for England and Wales appointed in May, 1920. Since that time they had given their whole-hearted attention to their duty. Some of those present perhaps wondered why the Register was not yet open, but the delay had been in the best interests of the nurses. They had also had to consider the interests of the Sister Councils of Scotland and Ireland. Things were now so smoothed out that he hoped they would be able to open the Register very soon. In the meantime they had been considering the Syllabus of Lectures and Demonstrations, and Training in General Nursing, and he would ask Miss Lloyd Still, Chairman of the Education Committee to present a paper on this subject. She would be followed by Miss Dowbiggin and Dr. Goodall, and then those who desired to speak would be invited to send up their names, and he would call upon them in order to come upon the platform. There would be no

resolutions, as the meeting was called for conference, but criticisms were freely invited so that the Council might know how to conduct their business in the best interests of the Nursing Profession.

#### THE DRAFT SYLLABUS.

BY MISS A. LLOYD STILL, C.B.E., R.R.C.

*Chairman of the Education and Examination Committee.*

MR. CHAIRMAN, LADIES.—The Chairman has introduced the discussion, and I have been asked to speak on the Syllabus before us, and on the subsequent examinations.

When the Bill for the State Registration of Nurses became law, the Ministry of Health nominated the General Nursing Council, whose business it will be to set a uniform standard of education in Nurse-Training Schools, and to formulate rules and regulations for the examinations that must necessarily be passed by the future nurse who desires to be placed on the Register.

We welcome this opportunity of co-ordinating our systems of training. In the past, each Training School has been a law unto itself—a condition which has resulted in a parochial interest and a widely varying standard. In the national interests, we must now work hand in hand and present a united front as a fully organised body with a definite system of teaching and training—a system that shall not be behind in realizing that the mind as well as the heart and hand must equally be developed in order to evolve the best type of nurse, and yet one that avoids the pitfalls of a too theoretical or a too stereotyped training that makes, on the one hand, a clinical assistant and, on the other, an efficient machine at the expense of the vitalising spirit.

It is the desire of the General Nursing Council to put before the Nursing Body of England and Wales a syllabus that will help forward this unifying process, and will give to the training schools some definite material on which all may equally work, some perhaps only in briefest outline at the start, others with fuller detail according to the educational standard of the nurse in training.

#### The Aim of the Syllabus.

The general aim should be to stimulate and foster the nurse's powers of development; to increase her capacity by a more extensive knowledge of subjects—scientific, social, practical—pertaining to her profession; to train her mind to a wider outlook than that usually obtained within the four walls of an institution, bringing into line with the curative measures the no less important branches of preventive work—those branches securing the Nation's health and well-being through its mothers, its infant and child life, its racial inheritance, its economics and social state; so that a nurse at the conclusion of her general training may, with knowledge and some preparation make a free choice of her work in life, and develop along any one of these allied branches. We realize that the finest, most fruitful work is



done when the spirit of service is the energising force, and we would foster that spirit that we may not fall short of the great traditions of our predecessors.

We fully realise the difficulties of our less fortunate training schools; the variety and inequality of material and mental equipment; the lack of means, of suitable teachers, of sufficiency of staff. But the problem has got to be faced, and the difficulties overcome.

We desire your hearty co-operation to evolve some elastic scheme that, even at the present moment, will embrace all schools whatever grade of education their nurses possess; yet one that will permit a steady progressive rise in standard, without putting too severe a strain on the training schools.

The Draft Syllabus placed before you has been submitted to adverse criticism, but perhaps you will permit me to give some further explanation of its working, and meet some of the criticisms that have already been offered before it comes up for discussion.

#### The First Year.

The Syllabus for the first year may, at the first glance, appear over-weighted and include too many subjects, but these unless given as instruction in a Preliminary School Course of six to eight weeks when continuity and due relationship can be assured by the daily tuition, would better serve their purpose if blended in one whole—that is, Anatomy, Physiology, Elementary Science—and even Food Values—made explanatory of, and closely linked with the Theoretical and Practical Nursing. I will try and give an example:—

Introductory lectures on cell-structure, the skeleton, joints, muscles and skin, would arouse greater interest in clothing, personal hygiene, care of feet and hands, and even methods of cleaning would fall into line. Such would emphasise the practical nursing lecture on the care of the patient, and bring the nurse's intelligence to bear on the essential details with three-fold force.

Again, instruction on the preparation of instruments, the dressing of wounds, etc., must be preceded, for full effect, by a knowledge of infecting agents, of tissue-reactions, of methods of disinfection and sterilisation; and these again, for intelligent understanding, need some explanation of the composition and impurities of air, of atmospheric pressure, of heat; finally, illustrations of these principles might be sought very naturally and usefully in the warming and ventilation of the ward.

And yet another example. Treatment of the alimentary canal for gavage and lavage must involve a description of its structure and natural functions, entailing, for practical illustration, a brief survey of the food-values of the simpler food stuffs and of their unutilised residue; while the importance of pure water in all these relationships would give an excuse for a digression on the nature and character of water that would but serve to strengthen the chain.

Before the therapeutic action of drugs can be explained, it is necessary that the nurse should have some brief outline of the processes of absorption and metabolism; and that she may be able to administer the drugs correctly she must be able to read the prescription and measure the dose accurately, whether it be ordered in the Imperial or the Metric System. Such instruction would not be complete without a practical demonstration of the local application of drugs, detailing the various methods in use; and I think you will agree with me that the close continuity of these subjects would ensure a fuller practical grasp.

In these days of widespread venereal disease, its devastating effect on the race, together with the publicity now given to these questions, it seems only right that the nurse should be early informed in some simple language of its nature, its danger to the community, its effects on child and adult life, and of the general lines of treatment adopted. This subject can be more naturally introduced when the teacher is outlining the reproductive system and treating of gynaecology with its special nursing details.

Similar linking up to bring all points to bear on practical nursing can be followed throughout, but the relationship should not be too closely strained.

I have given these examples to show you how the first year's work can be undertaken by one teacher, entailing no very arduous task on the nurse, yet maintaining her interest and preventing the isolation of one subject from another.

Others have objected that the lectures on nursing, especially the practical demonstrations, rob the Ward Sister of her prerogative and impose methods not altogether the choice of the individual Sister. The accompanying chart is the answer to that criticism, for in it the teaching and personal approval of the several Ward Sisters are not only sought but expected, and, indeed, form the basis and body of the nurse's practical training. No oral instruction can take the place of practical teaching and experience in the wards. Indeed, it may be the desire of some hospital authorities to provide the nursing instruction exclusively in this way; in which case the Syllabus will be a guide to a systematic teaching, which the nurses must realise will include the material for subsequent examination.

#### The Second and Third Years.

The Syllabus for the second and third years of training will, in most cases, be in the hands of specialists of the subjects, and therefore will be worked out in the several courses. It suggests little more than the headings of subjects on which the nurse must have some knowledge, and does not preclude a considerable divergence of treatment.

Some have requested that the Syllabus should provide for special courses on Bacteriology, Materia Medica, Hospital Economy; others, that a definite place should be assigned to Diseases of the Eye, Ear, Nose and Throat, to Orthopaedics, and to their respective nursing; but in a scheme



of this kind that must come within the scope of general nursing, and be as simple in character as possible, it has seemed to us inadvisable to arrange for short courses on each subject, preferring rather to introduce these subjects in their due proportion in the courses of lectures already set forth. The Special Hospitals will naturally lecture more fully on their own subjects; and such lectures would form an excellent post-graduate course to the trained nurse.

It is impossible for the Syllabus to deal at any length with such subjects as Public Health, Welfare Work, etc., but the training nurse should be informed of their nature, their general aim, their close relationship to her own field of activities, and be brought to realise her duty towards them as a responsible citizen.

#### Examinations.

The question of examinations has not yet been fully discussed and matured. It comprises so many subjects, and involves so much detail, that our work on it is necessarily slow.

The ruling has been that any future nurse desiring to be placed on the State Register must pass a one-portal examination at the end of the specified training in a recognised training school or group of training schools. At a date to be fixed in the near future, primary and intermediate examinations will be introduced.

It is proposed that the first State Examinations be held in July and October, 1923, and in January and April, 1924.

These examinations will be voluntary; but after April, 1924, all nurses who desire to register will be required to pass a State Examination, the first of these being held by the General Nursing Council in July, 1924.

It is also proposed that the following fourteen places be chosen as suitable centres for examinations, others to be added if necessity arises:—London, Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle-on-Tyne, Cardiff, Carlisle, Norwich, Nottingham, Portsmouth, Exeter, Sheffield.

The examinations for the immediate future will, of necessity, be conducted on the simplest lines, and entirely based on the curriculum that will ultimately be issued by the Council.

I beg you will bear with me for yet a moment, while I read from the Explanatory Notes on page 3, and add some remarks for their further understanding.

This Miss Lloyd Still proceeded to do. She said further:—

#### Scientific Terms.

Scientific terms may sound pedantic, but they save space, and the nurse becomes familiar with their meaning.

Thus Pharmacology is a useful comprehensive word to designate the physiological action of drugs; and even though referred to most simply, briefly, and with special selection of common drugs only, the subject is still Pharmacology.

Exception has been taken to the omission from the Syllabus of the term *Materia Medica*, yet that term implies knowledge that, with the exception of dosage which can be included under the administration of drugs, is much less intimately associated with the Nurse's practical work.

In the second and third years' Syllabus, the terms Biology, Histology, Bacteriology have been objected to. Apart from the convenience of economising space, the nurse should understand what these words mean, and their bearing on the subject in hand; and in this way be brought to realise what a wide field is that of Medicine, and how little of it she herself touches or can know.

The occasionally arrogant attitude of the trained nurse is due to the exclusion rather than the inclusion of such knowledge, or perhaps that knowledge not wisely taught.

I fear by some the Syllabus has been unsympathetically read. Surely he is a captious critic who will interpret "Rectal and Vaginal Examination" in the Practical Nursing Section, to mean that the nurse is taught to make the examination, instead of taught to prepare for it; and so with similar items, e.g., intravenous infusion, insertion of pessaries, and others.

*Hospital Economy.*—The real practical teaching must be found in the wards, and in the daily work of the wards.

*Diseases of Infants and Children.*—We must remember that we are dealing with Nurses in General Training, and with the General Register.

*Public Health.*—Do not let us cavil at the term just because the subject must necessarily be dealt with so briefly; but it is our duty as teachers to bring that subject under the notice of the training probationer, for by those means we can recruit for that branch of public work.

### ASPECTS IN RELATION TO POOR LAW INFIRMARIES.

By MISS A. DOWBIGGIN, C.B.E., R.R.C.

Miss Dowbiggin pointed out that the Registration Act has conferred on all Training Schools the responsibility of a general standard of nursing education and she desired to put forward the special advantages to the Poor-Law Nursing Service, of which the first was the abolition of the old, unjustified distinction between training in a Voluntary Hospital and in a Poor-Law Infirmary. (Applause.)

Since nursing was a national service, whether the training was carried out in a Voluntary Hospital, Municipal Hospital, or Poor-Law Infirmary, it should be conducted on the same lines. The Syllabus before the Conference had been drawn up with a view to meeting the needs of "Schools of various resources and equipment."

The large Poor-Law Infirmarys (or hospitals as they were now called), were splendidly equipped institutions. They had a definite curriculum for the training of nurses in force at the present time and although supplementary teaching might be



necessary in certain subjects to carry out the scheme, this could be met by additional tutors.

There was no lack of facilities in most of the Poor-Law Schools. Guardians, as a rule, were most anxious to provide the necessary equipment to enable the higher standard of education to be attained.

The smaller Poor Law Training Schools would welcome this Syllabus as a guide to their teachers, and the value of the Chart issued with it could not be overestimated.

It was important that adequate daily instruction should be given in the wards by the Sisters. The chart issued with the Syllabus to all hospitals would emphasise its importance. With a definite system of teaching in all hospitals, a general standard of nursing education would be possible. To ensure uniformity and continuity of teaching it was desirable that more Sister-Tutors should be employed. The State Examination would give Poor-Law nurses the advantage of competing on equal terms with nurses trained in Voluntary Hospitals.

The Medical Superintendents were the administrative heads of Poor-Law Hospitals, and always took a keen interest in the training of the nurses, knowing that the better they were taught the better would be the service rendered to the sick patients.

The development of more highly complicated methods of diagnosis and treatment made it necessary that a nurse should be taught to assume an increasing measure of responsibility in the care and treatment of patients. The medical staff was usually a very low percentage to the number of patients, consequently much of the work done in a Voluntary Hospital by house surgeons had of necessity to be passed on to the Ward Sister and senior nurses.

The ordinary training of a nurse dealt mainly with disease. Nurses would be taught to study the way of health as well as disease.

Poor-Law Hospitals provided an excellent training field. The fact that they were State-controlled widened their responsibilities. Patients of all classes and of all ages other than infectious must be received. A certain percentage of these cases were of a chronic nature, but they were useful in the scheme of training.

In addition to the four main services there were several special departments in some Poor-Law Schools in which a nurse wishing to specialise in any particular branch would have an opportunity to make a beginning. These included massage, midwifery, and ante-natal work as extras in the fourth year; tuberculosis nursing, cancer, venereal diseases work, X-ray work, medical electricity, and special training in infant care. There was also a rich field for training in public health work.

The syllabus was issued with the object of welding together the various training schools, and giving them such a new orientation as should be conducive to the health of the people as a whole.

It was a question of new relationship, focus, and

outlook, and was a big step in a national scheme of unification. There would be a new relation and a better understanding between the various training schools for nurses.

### THE MEDICAL ASPECT.

By E. W. GOODALL, Esq., O.B.E., M.D.

Dr. Goodall stated that the medical profession for many years advocated the State Registration of Nurses, and the British Medical Association in particular was helpful in getting the Act on the Statute Book.

The Medical and Nursing Professions were very closely linked together; one could not function efficiently without the other.

Medical men had always taken a part in the training of nurses, and would continue to do so, though, perhaps, not to such a large extent in the elementary and practical teaching as in the past. A nurse must have a knowledge of the structure of the human body and the functions of the various organs. This necessitated some acquaintance with chemistry and physics. Still more was this acquaintance necessary for nurses engaged in public health work. Further, a knowledge of the diseases from which her patients suffered was absolutely necessary for a nurse. All these subjects were best taught by members of the medical profession, who had had a special training in them to a fuller extent than was required of a nurse.

Mistakes had been made as regards the rôle of a medical man in the training of nurses:—

(1) The work had been relegated too much to the junior members of the profession. It was suggested that, while purely scientific subjects might be taught by them, such subjects as the nature and results of diseases should be taught by more experienced members.

(2) Medical men had often been engaged in teaching subjects that should be taught by a trained and experienced nurse (Matron and Sister Tutor). Hence the teaching had been too theoretical and not sufficiently practical. The teaching of the science and art of nursing should be in the hands of trained and experienced nurses.

(3) The examinations of nurses for certificates of efficiency in nursing had been (and still were) almost entirely conducted by medical men. This should not be. The candidate should be examined in purely nursing matters by a trained nurse.

It had always been a matter of some perplexity with teachers and examiners to fix the minimum a nurse should be required to know of the scientific subjects. Even the syllabus issued by the General Nursing Council left the question somewhat vague. It was feared that this must be left so for some little time. No preliminary test of education was required for the would-be nurse as for the would-be medical man. Experience gained by the results of a few years' State Examination would alone be able to settle the question. But teachers and examiners should bear in mind that it was not desired that a nurse should be an inferior kind of medical practitioner.



## DISCUSSION.

MISS E. M. MUSSON, R.R.C., Matron of the General Hospital, Birmingham, said that much of the criticism with which she had come prepared has already been met by some of the points in Miss Lloyd Still's paper. She had, for instance, elucidated that it was not intended that pupils should be taught to make rectal and vaginal examinations, but that their duties should be limited to preparation for such examinations.

Speaking generally, she thought the Draft Syllabus rather overcrowded; she also asked how soon the smaller training schools would have to adopt the Syllabus.

She suggested that some of the teaching should be optional, some was somewhat superficial, and some meant only a smattering. She thought instruction on the following points might be omitted:—Atmospheric Pressure, Drainage Systems, Ante-natal care, Child Welfare, Sequelae of Communicable Diseases. Then Cellulitis and Boils were not mentioned, or Surgical Shock, or Diseases of Special Systems.

In conclusion, she welcomed very much the hope of a uniform system of training.

MISS KATHERINE G. LLOYD, R.R.C., Matron of the Royal Infirmary, Lancaster, said she had consulted her medical staff. They thought the practical elementary teaching overloaded.

MISS B. CHAFF, R.R.C., Matron of the Royal Infirmary, Truro, asked how much time should be taken up in lectures? Some of the difficulties which she had noted had been dealt with by Miss Lloyd-Still.

MISS BARBER, Matron of the General Hospital, Yarmouth, voiced some of the difficulties of the smaller training schools, and said that the material out of which nurses had to be made had to be considered.

Their probationers were drawn from girls of the artisan class, with an elementary education, who had to begin to earn their living at 14. The hospitals therefore got at 18 and upwards the failures in other occupations. She thought if the scheme before them were adopted it was not fair to take probationers who could never pass the final examination, and suggested that an entrance examination should be established, otherwise they would be simply exploiting probationers for the benefit of the hospital. There might also be interim examinations, and those who failed in them might be required to serve for a fourth year.

Then, there was no guarantee that Sisters were qualified to give the requisite instruction to probationers, a totally different thing from administering a ward. Again, there was the question of finance, such instructors as dietitians, Sister-Tutors, etc., would be required. Possibly travelling tutors might be arranged.

The shortage of staff in hospitals had also to be taken into consideration. It was not certain that nurses would be able to attend examinations, or lectures.

MISS E. M. CUMMINS, R.R.C., Lady Superintendent, Royal Infirmary, Liverpool, referred to Miss Musson's competence and the usefulness of her criticism. She pointed out that criticism of the Syllabus did not mean disagreement with higher education. She wished, however, that the Syllabus could be drawn up in simple language. Its result, in its present form, had been to arouse consternation in the training schools. Speaking as a Matron she thought the first year was overweighted, and beyond the capacity of the average probationer. At least four years' work was represented. She hoped the General Nursing Council would not lose sight of the fact that moral qualities, and not theoretical knowledge only were required.

MISS ANNIE MCINTOSH, C.B.E., R.R.C., Matron and Superintendent of Nursing at St. Bartholomew's Hospital endorsed everything that had been said on every point. The lecturers and teachers at St. Bartholomew's were of opinion the Syllabus was overweighted. Some of the teaching could be given in a Preliminary Training School, but it must be remembered that probationers were shy, and it took them three months to find their feet. They got confused ideas if you tried to cram them. Elementary science might be deferred to the second and third years.

Three short years were not a long enough time to get in all the necessary training for a nurse. A good general training was all that could be attempted in that time, the rest could be added afterwards.

MISS E. C. BARTON, R.R.C., Matron of the Chelsea Infirmary, and President of the Poor Law Infirmary Matrons' Association, expressed on behalf of many poor law matrons their deep gratitude for, and appreciation of, the most stimulating Syllabus. Perhaps the Syllabus looked alarming, but the thought at the back of the minds of those who formulated it was to make training and teaching easier for teacher and taught. A new era had opened, and nurses would be taught how to think. The teaching of both theory and practice were represented in the Chart.

The Conference opened up very much of interest and more such meetings would probably be necessary to arrive at what was best for patients, nurses, and those responsible for the teaching of the nurses.

MISS BODLEY, R.R.C., Matron of the Selly Oak Infirmary, voicing the views of the Birmingham Committee of Boards of Guardians, said (1) they were not very much afraid of the Syllabus. (2) The Committee were of opinion that special teachers would be required, also that theoretical instruction should take place in the nurses' time outside the 48 hours of practical work in the wards. (3) That a Preliminary Course of instruction was advisable with an examination at the end.

They recommended that these suggestions should be included in the Syllabus.

She was also asked to refer to the position of nurses now in training, but the Committee were



not aware that a voluntary examination would be held in 1923.

There was also the question of the number of beds. The Committee suggested that material should be considered, *i.e.*, the number and nature of cases rather than the number of beds.

MISS SCOVELL, R.R.C., Matron of the General Hospital, Swansea, expressed deep interest in what she had heard. She had been much struck by the termination of nurses' careers. She expressed the opinion that the Syllabus was overloaded for those not intending to teach. A Sister who could not teach was not much good, but for private and other nurses the standard seemed somewhat high.

Their surroundings in the wards were a shock to many young girls when they first entered a hospital. If this heavy Syllabus had also to be crowded into the first twelve months there was a risk of their breaking down.

MISS C. E. TODD, M.M., R.R.C., Matron of St. James' Infirmary, Balham, while welcoming the Syllabus, asked if it would be possible to have a post-graduate examination after the three years' training, which could be taken by those seeking the higher posts. It was not necessary for private nurses to take advanced subjects, but those contemplating holding Ward Sisters' posts should have the opportunity of doing so.

MISS ROGERS, Matron of St. Luke's Hospital, Bradford, said that they had already commenced training in that school very much on the lines of the Syllabus. They had found it absolutely necessary to include thorough training in a Preliminary School. Then 90 per cent. of the nurses would be capable of assimilating it. It would be quite possible to work up to the Syllabus. In her experience good theoretical nurses were usually good practical nurses also.

MISS HELEN PEARSE, President of the National Union of Trained Nurses, thought that Public Health instruction should follow general training, in post-graduate classes. She would like to see a great deal of instruction provided for as to health work, but they must not weaken the call to take the Government Public Health Course. She did not think it advisable to include Public Health, and Infant Welfare work in ground-work.

She was of opinion that there should be Post-graduate instruction to qualify Sisters for teaching Probationers, and that the possession of this qualification should be definitely recognised by payment of additional salary.

Miss Pearse emphasised the importance of instruction in the reporting of facts. Accuracy in this respect was not easy of attainment. She would also like instruction in clerical work, in which most nurses were weak, included in the Syllabus, and that one lecture should be given on business methods.

On the whole she thought rather too much ground was covered in the Syllabus in the three years, especially in the first.

MISS DORA FINCH, R.R.C., Matron of University College Hospital, W.C., spoke briefly in support of the Syllabus. She thought it was excellently

drawn up, and the subjects it defined were practically taught at University College Hospital at the present time. They had an excellent Tutor-Sister who taught all day long, and doctors taught anatomy and physiology.

MISS SAUNDERS, Sister-Tutor at the London Hospital, said instruction in regard to business points was brought into the teaching of pupils at the London every week. For the last ten years they had introduced lessons on Infant Welfare into the course. Probationers went to the Out-patients' Department quite often, where they were brought in contact with Infant Welfare problems, and it was important that knowledge of the principles underlying this work should be placed before them.

She considered it would be quite easy to carry the Syllabus through, provided that probationers went through a course in a Preliminary Training School.

MISS H. HANNATH, R.R.C., Matron, General Hospital, Wolverhampton, stated she had been asked by her Board of Managers to say they thought the difficulties of carrying out the Syllabus great, unless they had the help of a Tutor Sister, and the supply of Sister-Tutors was not adequate at the present time. The question of expense was also a difficulty unless the State was prepared to help.

They considered the instruction, as defined in the Syllabus, should be the maximum, not the minimum. Unless a medical school was attached to a hospital it was difficult to get probationers. They wanted girls with a high school education.

MISS FOUNTAIN, Sister-Tutor at Lambeth Infirmary, considered that if the Syllabus were carefully studied it would be found that it could be carried out. An inferior type of nurse with little education might not assimilate it, but now it was hoped a better class would be applying.

She thought it was up to the training schools to try to work to the Syllabus. She believed it could be done, and would try to do so.

MISS A. R. HARE, Matron, North Bierley Union Infirmary, thought there would be difficulties for those not able to have a Preliminary Training School. She wished for a definite explanation as to how much they must do. Would it be permissible, if general instruction were given to their probationers, for them to attend certain classes in the town. She was of opinion that the Nurse Training Schools under the Ministry of Health wished to go forward, not back.

### THE SUMMING UP.

Miss Cox Davies, R.R.C., said it was her duty to sum up in ten minutes a discussion which had taken two hours.

Briefly, the Chairman had opened the Conference by welcoming all present in the name of the General Nursing Council, and Miss Lloyd Still had given an able and masterly interpretation of the Syllabus in its present form. The Draft Syllabus was to be regarded from the point of view of the Nursing Profession, and also concerning



the nurse as a national asset, keeping in view the importance of the scheme for her education so that she might take her place in the life of the Nation.

She would like to place on record what the General Nursing Council owed to its Chairman for his unselfish work in preparing the business, and in assisting in their deliberations. If the Council had not succeeded in pleasing everyone with the Syllabus, the criticisms which had been offered would help them enormously when deciding on its final form. She was sure everyone present would agree that they could have had no more suitable Chairman to guide their deliberations.

Miss Dowbiggin, in her admirable paper, had emphasised the importance of nursing as a national asset. Whether they were nursed in Voluntary Hospitals, Poor-Law Infirmaries, or elsewhere, sick people were equally sick, all needed the same care. We were too much disposed to remain in water-tight compartments.

In Dr. Goodall's paper they had had the advantage of the views of a member of the medical profession whose work with Mrs. Bedford Fenwick and other leaders of the Nursing Profession had mainly gained State Registration.

The Conference had been convened to get together the heads of the Nursing Profession. It was useless to get half-a-dozen people together to draft the Syllabus without learning what the heads of the training schools wanted.

She had been much struck by the exceedingly kindly and helpful tone of the criticism given. It was good that they could meet with such interest, and with the desire to meet the wishes of the General Nursing Council with regard to the future education of nurses.

In regard to the criticisms expressed they were told that the first year's Syllabus was overloaded. But it was explained that the first year's work was to be taught in briefest outline. If the Syllabus were put into Kindergarten language they would find most of it was taught at present. Otherwise the nurse in her second and third year would be ignorant of what she should know.

Then there was the difficulty as to how teaching would be limited. An Examination Syllabus would be issued, but obviously it would not have been wise to draw this up at the present stage.

Someone had asked whether material could not be considered rather than the number of beds. The General Nursing Council would take into consideration the number of occupied beds, and the teaching facilities for nurses.

The fourth point was the question of post-graduate courses. She was much averse to separating instruction into water-tight compartments. Nurses must have a comprehensive course.

Miss Cox-Davies did not consider that the good theoretical nurse was necessarily good in practice. She would like the lady who thought so to be nursed in an illness—not a very serious one—by a theoretical nurse; possibly her opinion would undergo modification.

Four points emerged for consideration :—

1. That under the Nurses' Registration Acts the object of the General Nursing Councils was (a) to raise the standard of the Nursing Profession, (b) to standardise Nursing Education.

2. One of the great criticisms of the present system of nursing education was that when a nurse had completed her general training, if she desired to take up Public Health Work or District Nursing it was necessary for her to undergo a further course of special training before she was competent to do so. It was sought by the present Syllabus to disarm that criticism.

3. The Syllabus must be capable of expansion so that it could be developed as a better class were attracted into the Nursing Profession.

4. This was the Syllabus produced by the State Nursing Council of England and Wales. It must be worthy of what it stood for, so as to justify itself when it came before other countries.

MISS LLOYD STILL offered some further elucidations. In regard to the criticism of overcrowding, she emphasised that the first year's teaching was to be regarded merely as an introduction to subsequent years, and treated in the briefest outline. Viewed in that light it was not too full. It might be regarded as ploughing the ground for the less educated girl so that she could take advantage of the second and third years' teaching. The Syllabus was for teachers; it was not intended that it should be placed in the hands of probationers.

It was desirable that probationers should early in their career be taught the meaning of Public Health and Infant Welfare Work so that when they came to consider what branch of work they would take up they might be in a position to judge.

Elementary Science and Hygiene were the foundation of a nurse's work. Miss Lloyd Still emphasised Miss Florence Nightingale's well-known views on this point. She saw, in her day, that a nurse's work should be based on this teaching, and that it was essential she should be taught the importance of pure air, pure water, efficient drainage, cleanliness, and light, in regard to the health of the community, if her nursing knowledge was to be sound and adequate.

#### In Conclusion.

The CHAIRMAN expressed appreciation of the views expressed. They would help in the production of such a Syllabus as would conduce to the attainment of the objects they had in view.

They had been considering Food Values, now they would go and test them, and re-assemble at 2.30 p.m.

We have devoted all the space at our disposal this week to reporting the proceedings at the Morning Session, as we wished to give a full account of so important an event, and we know it is looked forward to with eagerness by many who were not present at the Conference.

We hope to report the Afternoon Session in our next issue.



## THE ISLA STEWART MEMORIAL.

### DINNER TO LEAGUE DELEGATES TO THE NURSING COUNCIL CONFERENCE.

It was a most happy arrangement of the Committee of the Isla Stewart Memorial Fund to use the income for the present year in entertaining at dinner, on the evening of April 28th, at the Hotel Jules, 85, Jermyn Street, S.W., the delegates to the Nursing Council Conference who were members of the League of St. Bartholomew's Hospital Nurses.

The name of Isla Stewart will always be closely and most honourably connected with the long-drawn-out campaign for State Registration of Nurses, and the organisation of Nursing Education by the State, and members of the Nursing Profession know well that had she lived to see the first fruits of her work evidenced by the Conference on April 28th she would assuredly have gathered round her hospitable table, as she loved to do, friends and former pupils when the day's work was done.

The Chairman of the Memorial Fund Committee, Mrs. Bedford Fenwick, acted as Chairman, ably seconded by the Hon. Secretary and Treasurer, Mrs. Shuter. Mrs. Victor Bonney, an active member of the Committee, was also present.

The guests of honour were Miss Helen Todd, President of the League, and Miss A. Beadsmore Smith, C.B.E., R.R.C., Matron-in-Chief Queen Alexandra's Imperial Military Nursing Service, who were on the right and left of the Chairman; and Mrs. Shuter, who presided at the opposite end of the table, was supported by Miss M. E. Sparshott, C.B.E., R.R.C., the principal speaker at the afternoon meeting, and Miss E. M. Musson, R.R.C.

Officers of the League present were Miss M. Brey and Mrs. Lancelot Andrews (Vice-Presidents), and Miss Mabel Sleight (Treasurer), and representatives of Nurses' Associations were Miss Isabel Macdonald and Miss E. Maude MacCallum, members of the General Nursing Council, and Secretary and Hon. Secretary respectively of the Royal British Nurses' Association and the Professional Union of Trained Nurses.

The Committee were specially gratified to have as their guest Miss Montgomery Wilson, R.R.C., Matron of the King Edward VII's Infirmary, Cardiff, and its delegate to the Conference, so that "gallant little Wales" was to the fore.

There was a very happy spirit of comradeship and the dinner was gay and friendly.

At its close Mrs. Bedford Fenwick said that it would be interesting to those present to know what the dinner signified. It was eleven years ago since the profession lost a great Matron of St. Bartholomew's Hospital. All the years she was there she worked steadfastly for the State Organisation of Trained Nurses, but passed away before the Nursing Acts were won.

Those of us who have had the great privilege of seeing these Acts placed on the Statute Book realise that when the General Nursing Council was

formed Isla Stewart, had she lived, would have been one of the first and one of the wisest women to be placed upon it. Those present would remember that, after her death, a Committee was formed to raise a Memorial Fund in her honour. Mrs. Shuter had well conserved the funds, and now that the war was over it was proposed to spend the income annually in some way that would keep her memory green.

Any one who knew Isla Stewart knew her love of hospitality, there was never an occasion in the Nursing world which she did not try to make an occasion for good fellowship, and the Committee thought there could be no more appropriate way of commemorating her this year than by entertaining delegates to the great Conference held that day when, for the first time, nurses came together in a gathering convened under their own Statutory Council.

The spirit of Isla Stewart and all great nursing pioneers was with them on this great day. Matrons had of recent years passed through difficult times. They had seen high standards lowered, and possessed no lever with which to raise them. But to-day they were feeling the power for good through the lever of the Registration Acts. She hoped future matrons would avail themselves of it to the full, and that they would couple with the progress to which we confidently looked forward the name of Isla Stewart, who had had so much to do with the higher evolution of nursing.

One of the greatest virtues in the world was gratitude—gratitude to great leaders and great friends such as Isla Stewart, who was an inspiration to all those working under her.

Miss Sparshott expressed her thanks to the Committee for their hospitality and her great pleasure at being present. She did not know Miss Isla Stewart, but her name was honoured throughout the nursing profession.

Mrs. Andrews expressed her gratitude to Mrs. Fenwick for putting into words what was in the hearts of all. She called to mind Mrs. Fenwick's close association with Miss Stewart, and thanked her for her life's work.

Miss Musson, R.R.C., associated herself with what Mrs. Andrews had said, and congratulated Mrs. Fenwick on seeing the result of her life's work, which few were permitted to do.

Miss Coulton supported Miss Sparshott in thanking the Committee for their great courtesy and kindness in inviting them to be present.

Miss Dowbiggin, C.B.E., R.R.C., said it was beyond her wildest dreams that she should take part in such a function. She quoted some wise sayings of Miss Stewart's as to the relative value of work and recreation.

Miss MacCallum also expressed her pleasure at being present, and spoke of the great help of THE BRITISH JOURNAL OF NURSING to the younger generation of nurses.

The members of the League present were very happy to meet so many of their comrades, and enjoyed good talk and reminiscences.

M. B.



## THE NURSES' MISSIONARY LEAGUE.

The Nineteenth Annual Conference and Meeting of the Nurses' Missionary League will be held at University Hall, Gordon Square, W.C., on Wednesday, May 11th. All members and friends are cordially invited to be present.

### PROGRAMME.

#### "CHRIST AND THE WORLD'S NEED."

**MORNING SESSION, 10.15—12.30.**—*Chairman*: Miss J. Macfee. Opening Hymn and Prayers. *Devotional Address*: Mrs. Thornton. *Demonstration Study Circle*, composed of members from the following Hospitals: Guy's, The London, St. Thomas', Tottenham. *Interval*. Reports from Hospital Branches, and discussion on the work of the League in Hospital. *Intercession*.

Tea and Coffee, 11.15—11.30.

**AFTERNOON CONVERSAZIONE. 2.30—5.—**

*Hostesses*: Mrs. Sturge, Miss Finch (University College Hospital), Miss Robinson, Miss Tice (Charing Cross), Miss Willcox (King's College Hospital). *Addresses*: "The World's Need of Christ." (1) In Persia: Henry White, Esq., M.R.C.S., L.R.C.P. (2) In India: Miss M. Shearburn, M.B., B.S.

**EVENING SESSION, 7.30—9.30.**—*Chairman*: The Rev. R. C. Gillie, M.A. Opening Hymn and Prayers. Adoption of Annual Report, and Election of Committee for 1921—22. (A list of Nominations for the Committee will be hung in the Hall during the day.) *Lantern Lecture*: "A World Survey of Medical Missions," H. H. Weir, Esq., M.A., M.B. *Closing Address*: "Christ's Need of the World," The Rev. R. C. Gillie, M.A.

Tea and Coffee, 7—7.15. Bookstall. Music. Photographs.

## THE HOSPITAL WORLD.

The Queen will visit the Royal Free Hospital on Wednesday, May 11th. The special purpose of Her Majesty's visit is to inaugurate the Unit of Obstetrics and Gynæcology, which marks an extremely important development in education. The Queen has always shown keen interest in the medical education of women, and her gracious intention of again visiting the Royal Free Hospital has naturally given especial satisfaction to medical women, as the students of the London School of Medicine receive their practical training in the wards of the hospital.

Members of Shanghai Race Club have subscribed £12,000 to endow a ward at the Charing Cross Hospital.

Sir Ernest Cassel has devoted £225,000 for founding and endowing a hospital for the treatment of functional nervous disorders which will be opened at Swaylands, Penshurst, Kent, on May 23rd.

An official announcement in the *Journal of the Royal Institute of British Architects* states that the Egyptian Government invite competitive designs for the new buildings of Kasr el 'Aini hospital and school at Cairo, with accommodation for 1,225 beds.

## APPOINTMENTS.

### MATRONS.

**Blencathra Sanatorium, Threlkeld, Cumberland.**—Miss Gertrude Wyrill has been appointed Matron. She was trained at St. Pancras Infirmary, London, and has been Nurse at the Maitland Sanatorium, Peppard Common; Sister, Westmorland Sanatorium, Meathorp, Grange-over-Sands; Tuberculosis Nurse, Borough of Halifax; Sister, Withersea Sanatorium, East Yorkshire; Matron, Preston Borough Sanatorium.

**District Hospital, Newbury.**—Miss George, A.R.R.C., has been appointed Matron. She was trained at the Great Northern Central Hospital, where she has held the position of Sister. She has been Theatre Sister in a hospital in France in connection with Lady Bagot's Unit for five years. She has also been Night Superintendent and Out-Patient Sister at the Hospital for Diseases of the Throat in Golden Square, and Assistant Matron at the Military Hospital, Edmonton.

**Royal Hospital, Richmond, Surrey.**—Miss Eleanor Watt has been appointed Matron and Superintendent, and Superintendent of Nurses. She was trained at the Prince of Wales's General Hospital, Tottenham, and worked at the Edmonton Military Hospital from 1917 to 1918; she was the Night Superintendent at the Royal Hospital, Richmond, and has recently, during the illness of the late Matron, been doing Matron's duties.

### NIGHT SISTER.

**Royal Hospital for Sick Children, Aberdeen.**—Miss Margaret Yeats Gould has been appointed Night Sister. She was trained at the Royal Hospital for Sick Children, Aberdeen, and the Royal Infirmary, Leicester.

### NIGHT SUPERINTENDENT.

**Fulford Workhouse, Preston.**—Miss Gwendoline E. Green has been appointed Night Superintendent Nurse. She was trained at the Fulford Workhouse, and has been Night Sister and Maternity Sister at Southmead Infirmary, Bristol.

## QUEEN VICTORIA'S JUBILEE INSTITUTE.

### TRANSFERS AND APPOINTMENTS.

Miss Florence J. Williams is appointed to Bolton, as Superintendent; Miss Elizabeth H. Gore-Hickman to Bolton, as Assistant Superintendent; Miss Amy H. Hyde to Cornwall C.N.A., as an Assistant Co. Superintendent; Miss Lilian E. Adams to Tipton, as General Training Sister; Mrs. Emily Ferry to Stanley; Miss Beatrice Ockerby to South Elmsall; Miss Ethel Steele to Accrington; Miss Margaret Wilkinson to Sittingbourne.

## TERRITORIAL FORCE NURSING SERVICE.

The *London Gazette* publishes the following information issued by the War Office:—Miss L. E. Shaw to be Matron.



### COMING EVENTS.

*May 11th.*—Nurses' Missionary League. Annual Conference and Meeting. University Hall, Gordon Square, London, W.C.

*May 12th.*—College of Nursing Ltd. Lecture on "The Position of a Knowledge of Mental Diseases in the General Nursing Curriculum," by Dr. T. C. Graves, M.D., F.R.C.S., Medical Superintendent, Rubery Hill Mental Hospital. Lecture Theatre, General Hospital, Birmingham. 5.30 p.m. Members free, non-members 1s.

*May 17th to 20th.*—Nursing and Midwifery Exhibition and Conference, Royal Horticultural Hall, Westminster, S.W. Open daily from noon to 9 p.m.

*May 18th.*—Royal British Nurses' Association. Opening of New Headquarters and Nurses' Club, 194, Queen's Gate, S.W., by the President, Her Royal Highness the Princess Christian, 4 p.m.

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### 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 CONTROVERSY AT THE WEST MIDDLESEX HOSPITAL.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—In view of the application which may be made to the Ministry of Health to hold an inquiry into the circumstances under which three (not six) nurses were recently dismissed from the Hospital for deliberate violation of rules and open defiance of authority, it would, I think, be improper for me, as Chairman of the Hospital Committee, to enter into public controversy on the subject, but in justice to our Matron, I feel bound to ask you to permit me to say for the information of the nursing profession that Miss MacCallum's statement in your last issue is so incomplete and so inaccurate that it travesties rather than states the facts.

Whether, upon the true facts of the case, the Guardians were justified in the action they took is a question for argument at the proper time and place, and I will not risk prejudicing its proper determination by the expression here of my own opinion, but I cannot refrain from expressing my regret that Miss MacCallum (following the unhappy example of the Poor-Law Workers' Union) should have published the information she received without testing its accuracy.

Yours, &c.,

ALICE B. M. CUMBERBATCH.

The West Middlesex Hospital.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—It was with feelings of gratitude that I noted on page 249 of your valuable journal's current issue, a statement by Miss Maude

MacCallum *re* the dismissal of certain nurses at Isleworth Infirmary.

This matter will in the very near future come prominently before the public, as this organisation believing in the justice of its case, is pressing for a full inquiry by the Ministry of Health. Thousands of local ratepayers have signed petitions asking for such inquiry and the support of many Members of the House of Commons is assured.

Yours faithfully,

REG. D. CROOK,

London Secretary.

Poor Law Workers' Trade Union,  
90, Charing Cross Road, W.C.2.

#### DISTRICT NURSING ENDOWMENT FUND.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—On behalf of the Committee I beg to thank you most cordially for the insertion of the Competition Notices in aid of the Endowment Fund of the Tunbridge Wells Home for the Q.V.J.D. Nurses, and also of the notice of the Fête in the Journal.

Believe me, yours faithfully,

MARGARET A. JACOMB-HOOD.

Bardon House,  
Tunbridge Wells.

#### "WHAT WOULD YOU DO?"

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—In the absence of any artificial heat I would wash the mouths and eyes only of newly-born twins with weak boric lotion. I would use a little olive oil or vaseline, if necessary, to remove a prominent splash of hæmorrhage or if the bowels had acted, but I should do it as quickly as possible. I should then wrap the babies in cotton wool and a shawl or small blanket each and lay them one either side of the mother unless her condition was serious.

Anything more must depend on circumstances, if available, a spirit stove, kindling wood, or even firelighters would heat enough water to fill a rubber bottle, or it might perhaps be begged from the charitable keeper of some hotel or restaurant. One or both babies might then be put into the cot, with the hot bottle at a safe distance. The bath should not be given till hot water and a fire are procured.

PRACTICAL EXPERIENCE.

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#### PLEASE NOTICE.

Those making use of the telephone of the Registered Nurses' Society will please note that the number and exchange has been changed to Mayfair 5138 from Gerrard 1712. Of the annoyance and expense it is useless to complain to the autocratic Government Department which controls the telephone.

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#### PRIZE COMPETITION QUESTIONS.

*May 21st.*—Describe the nursing care of a case of pulmonary tuberculosis in regard (1) to the patient; (2) to the community.



# The Midwife.

## THE IMPORTANCE OF BREAST FEEDING.

Dr. Helen Y. Campbell, Chief Medical Officer of the Bradford Health Committee, in her sixth annual report presented to the Chairman and members of that Committee, on the City of Bradford Infants' Department, Morley Street, Bradford, states that—

*Bad or indifferent "mothering"* or the infant's lack of good "mothering," as met with in the actual practical work of an Infant Welfare Centre, may be due to (a) ignorance of mother-craft, which is very general; (b) physical or mental inefficiency of the mother, and (c) low standard of character and lack of ideals in mother. While these factors to some extent overlap in many cases, our main difficulty undoubtedly lies with the mothers of the last group, whose mothering can be little if at all improved at such a Centre.

In regard to breast feeding, after stating that the breast-fed babies when first seen at the Clinics are under fifty per cent., Dr. Campbell says:—

The tendency of this figure to maintain a fairly uniform level during these six years, I think, clearly shows that it is not materially affected by such factors as greater or lesser economic prosperity, more or less industrial employment of mothers, or the professional or educative efforts of the staff at the Clinics. If so, then some other factor must be responsible for the fact that the majority of infants are, from a very early age, being artificially fed, and the importance of the question is such as to demand the fullest possible enquiry into these factors and the institution of any further measures which such enquiry may indicate.

I would preface all my remarks in this connection by stating that it is my conviction that the entire and satisfactory breast-feeding of an infant, for the first eight or nine months of its life, is the first and most essential condition of its welfare.

The value of breast milk to the infant cannot be reckoned in terms of perfect digestibility and adaptation to nutritional needs alone, though these properties are unquestionable, and no artificial food, however scientifically devised, can be provided which includes them. The *vitalising* effect upon the infant of breast milk is well seen in those few cases in which one is able to obtain it for bottle-fed infants who are seriously ill, mal-nourished and cold and miserable, from whatever cause.

The much higher resistance of healthy breast-fed babies than of bottle-fed, to infection of all kinds, is also a matter of common observation. The evident content and happiness of the baby obtaining its feeds from the breast, even when previously bottle-fed, and the much more stable

equilibrium of its nervous system are in marked and striking contrast to the experience of the bottle-fed baby.

The direct menace to life and health of artificial feeding in the case of the average urban working class infant under present conditions of milk supply and other adverse environmental factors is patent to all who have the responsibility for these infants.

These are, very briefly and therefore quite inadequately stated, some of the facts which emphasise the inestimable loss and misfortune of the bottle-fed baby and the danger to which it is subjected. They are, to judge by the rarity of breast feeding, wholly unrealised by present-day mothers, and it would seem by no means appreciated at their full value by a considerable section of the medical, nursing and midwifery professions. Bottle-feeding has, in consequence, become an established tradition among us in Bradford, and is undertaken as lightly as if it were a substitute for natural feeding—if not, indeed, a *more* satisfactory method of rearing an infant. I am confident that this tradition can only be broken by a universal recognition firstly of the fact that maternity is scientifically incomplete unless it includes the fulfilment of the functions not only of pregnancy and child-birth, but of lactation, in other words, that a mother who does not suckle her baby is strictly only half a mother; and secondly, that the natural nourishment, which is the baby's birthright, is the *first* condition of its welfare, if healthy, and still more if in any way defective.

If this understanding is to become general, I am convinced that our medical practitioners, nurses and midwives, who are all "maternity and child welfare workers," the medical and other workers attached to ante-natal and infant welfare centres, and the health visitors must lead the way by a resolute and united effort, which will include, not only advising the mothers to suckle their babies, but the detailed investigation of each case in which difficulty arises, and the acquisition of a thorough knowledge of the proper management of lactation, of the causes of difficulty and of the methods of increasing an inadequate secretion of breast milk.

The birth rate for the first quarter of 1921 shows a decline of over 61,000 from the corresponding period last year. Excluding the war years, the births are the fewest recorded in the first quarter of any year since 1872.

At the North Sydney Hospital, N.S.W., it is now intended to establish a maternity wing, and for this purpose a street of cottages near by has been purchased, and these buildings are to be adapted.



# THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS BEDFORD FENWICK

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Vol. LXV

## EDITORIAL.

### A UNIQUE ENTERPRISE.

The treatment of functional nervous disorders is a subject surrounded with difficulty not only to the medical practitioner under whose care they are brought in his daily practice, but also to the patient and his relatives. The costliness of efficient nursing makes the problem of due provision for the care of such cases, which are usually of long duration, almost insoluble except for the wealthy.

Sir Ernest Cassel will, therefore, earn the gratitude of many for having realised the pressing need for further provision for the treatment of functional nervous disorders, and by the announcement that he has devoted no less a sum than £225,000 to the object of endowing a Hospital for the treatment of functional nervous disorders, *i.e.*, those common, but complex, and distressing conditions—which are not the direct outcome of organic disease—such as neurasthenia, nervous break-down, loss of power not associated with structural changes, together with those manifold kindred troubles which are loosely termed nervous. To say that a condition is merely due to “nerves” has been almost equivalent to saying that it calls for nothing beyond rest and change. These disorders are, however, it is claimed by the promoters of the present enterprise, amenable to medical treatment under favourable conditions, and it is to provide such means of cure, and further to expand and elaborate them, that the present institution has been founded. It is a unique enterprise, which cannot fail to advance an important branch of medicine, and be of infinite service to subjects of a distressing form of disease.

The information which has reached us refers to a “new medical enterprise.” This is funda-

mentally true. But it is equally true, as pointed out by Dr. Goodall at the Nursing Conference, convened by the General Nursing Council last week, that the Medical and Nursing Professions are so closely linked together that one cannot function efficiently without the other; and in no branch of treatment is this more true than in that dealing with patients suffering from nervous break-down, in which the medical practitioner in charge of the case depends so much on the skill, the discretion, and the personality of the nurse or nurses continuously with the patient.

Sir Ernest Cassel has selected for his enterprise a fine mansion and park in ideal surroundings at Penshurst. It will accommodate sixty patients, and is intended primarily for those members of the educated classes who are unable to meet the heavy expenses associated with care and treatment in a nursing home. The upkeep of the institution, and the treatment of the patients, have been largely provided by the generosity of the Founder, but a charge will be made to each patient as a contribution to his or her maintenance.

Their Majesties the King and Queen have consented to become the Patron and Patroness of the hospital. There are strong General and Medical Committees, and the Medical Director, Dr. T. A. Ross, has had a wide experience of diseases of the nervous system.

Most trained nurses realise how necessary experience in the care of such patients is to them, and how difficult it is to secure. We hope that the new hospital will provide opportunities for such experience. We feel sure that many nurses would gladly avail themselves of it.

The hospital will be ready for the reception of patients on May 23rd. Application should be made to the Medical Director, Cassel Hospital, Swaylands, Penshurst, Kent.



## NURSING ECHOES.

Congratulations to the whole Nursing Profession on May 12—it was Florence Nightingale's birthday.

It is announced that a sum of money has been granted by the United Services Fund for the benefit of ex-Service Nurses of the Q.A.R.N.N.S., Q.A.R.N.N.S.R., Q.A.I.M.N.S., Q.A.I.M.N.S.R., T.F.N.S., Joint War Committee, &c., and V.A.D. members, who have suffered disability as a result of their war service.

A Committee has accordingly been formed for the purposes of administration under the title of The Compassionate Sub-Committee of the Joint Nursing and V.A.D. Services Committee, the Chairman being Sir Napier Burnett, K.B.E., M.D.

Applications for assistance should be made in writing and addressed to the Secretary, Compassionate Sub-Committee, J.N. and V.A.D. Committee, 19, Berkeley Street, London, W.1.

The late Alderman Hilditch, of Richmond, Surrey, amongst generous benefactions, left £1,000 to the Richmond branch of the Red Cross Society for a benevolent fund for the nurses employed at the Star and Garter Hospital. We hope this will be administered entirely for the nurses' benefit without too much red tape.

Many Trade Unions and Friendly Societies are increasingly alive to the value of skilled nursing, and are considering giving a pro rata sum to district nursing societies to provide the nurses. Such a provident scheme would be invaluable in maintaining a high standard of district nursing without depending upon charitable subscriptions. Well-paid artisans and others object to being classed as the "deserving poor," and can well finance a scheme of nursing for themselves if they will co-operate. But such nursing must be directed by professional persons if the best value is to be obtained.

A very successful sale of work in aid of the fund for the establishment and endowment in Glasgow of a King Edward Memorial Home for retired nurses, similar to those in Edinburgh and London, was held in the Victoria Infirmary on Saturday, April 30th. The sale was formally declared open by the Hon. Mrs. Cameron Corbett. Mrs. David M'Cowen, who introduced Mrs. Corbett, explained the purpose for which

the fund was being raised. Nurses were too inadequately paid to enable them to make the Home self-supporting. For that reason they required £25,000 to endow the home, so that they should not have to make continual appeals to the public. A varied and attractive display of goods was offered for sale. The proceeds of the sale amounted to over £1,400, the matron and nurses having worked unceasingly to make it a success.

The Neath (South Wales) Schools Nursing Staff recently threatened to cease work unless the remuneration paid them was increased. During a discussion of the Neath Educational Committee, it was stated that the school nursing work was done in the nurses' spare time, and that they were paid £5 a year! Everyone recognises the great value to the children of school nursing. The nurses have made themselves indispensable, and we are pleased to know that the ventilation of their just grievances is being taken into consideration with promise of redress.

The council of the Scottish Branch, British Red Cross Society, has arranged to place Hazelwood House, Dumbreck, Glasgow, at the disposal of the Glasgow and West of Scotland Committee of the King Edward VII Memorial Fund for Nurses. This house will be available for occupation as a home for aged and retired nurses in November, 1922. It is admirably adapted for the purpose, being provided with extensive grounds. The house and grounds were given to the Red Cross during the war by Mr. and Mrs. J. B. Shanks, to be used as an auxiliary hospital.

The Hon. Secretary of the Nation's Fund for Nurses communicates to the press that Princess Christian and Norland (Children's) Nurses are eligible for membership of the Club for Nurses Trained and in Training promoted by it at Dundee.

To quote the *Pacific Coast Journal of Nursing*:—

"True charity seeks to transform the unfit and useless into the fit and effective.  
 "I gave a beggar from my little store  
 Of well-earned gold. He spent the shining ore,  
 And came again, and yet again, still cold and  
 hungry as before.  
 I gave a thought, and through that thought of  
 mine  
 He found himself, the man, supreme, divine,  
 Fed, clothed, and crowned with blessings  
 manifold,  
 And now he begs no more."



## HELPING THE GREEK WOUNDED.

The Unit of six Sisters requisitioned by the Queen of the Hellenes from the Registered Nurses' Society to help nurse the Greek wounded, left London for Athens on Sunday, and Tuesday, by the Orient express train-de-luxe *via* Paris, Milan, Venice, Trieste, Belgrade, Nisch, and Salonica, and as will be seen from their portraits they are an eminently professional looking little group.

On Saturday, May 7th, the Sisters were received at the Greek Legation, and were presented by Mrs. Bedford Fenwick to his Excellency M. A. Rizo-Rangabé, the Resident Minister and Chargé d'Affaires of Greece in London. His Excellency welcomed the Sisters in a charming little speech, explained to them the altruistic aims of

traditions. There was no doubt that the time would come when the peoples of the Western world would realise that the sacrifices which are being made to-day by Greece were on their behalf, and the future historian will render homage to this small nation, condemning the indifference shown by the world at large towards the task it is now fulfilling.

The Right Hon. Earl Curzon of Kedleston, Secretary of State for Foreign Affairs, has informed Mrs. Bedford Fenwick that he has advised His Majesty's Minister at Athens of the departure of the six Sisters of the Registered Nurses' Society to nurse with the Greek Red Cross, and Lord Granville has been asked to give them all possible assistance. Lord Curzon wished the Sister-in-Charge (Sister Catherine A. Evans) to call at His



Sisters OAKLEY-WILLIAMS, POST,  
and BELLAMY.

Sister C. A. EVANS.

Sisters NUNN and  
DUMVILL.

the Greek people in advancing and protecting civilisation in the Near East, and thanked them for going forth to nurse the sick and wounded soldiers of Greece in words which were calculated to inspire a nursing crusade.

His Excellency said the Greeks were fighting alone and unaided to-day. Political intrigue and financial interests might have obscured at this moment the real issue. They might have obscured the fact that the Greeks are to-day—as they were in ancient days against Persians, Saracens, Turks—the defenders of Europe and the bulwark of European civilisation against Asiatic barbarism. If ideals were dead in this matter-of-fact world, if the feeling of solidarity of moral forces which a century ago brought to the succour of Hellenism such men as Byron, Favier, and the heroes of Navarino no longer survives, Greece will nevertheless stand true to her historical rôle and

Majesty's Legation on arrival at Athens.

This kindness on the part of Lord Curzon was greatly appreciated by the Sisters, and their relations may feel quite satisfied that they will find plenty of good friends in Greece, where their one aim will be to prove once more the courage and devotion to duty of the British nurse.

There is no nationality in nursing—Mercy is its motto.

### THE GENERAL NURSING COUNCIL FOR IRELAND.

The General Nursing Council for Ireland is to be congratulated upon an eminently practical bit of work, which Sister Councils might well copy. It has printed the Application Forms for Existing Nurses in distinctive colours; General, white; Male, fawn; Mental, blue; Sick Children, rose; Fever, yellow. A great help to the Registrar.



## ROYAL BRITISH NURSES' ASSOCIATION. GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

The members of the Royal British Nurses' Association and their friends are naturally excited with pleasurable anticipation of the great day—May 18th—when their beautiful new Headquarters and Nurses' Club are to be opened by the President, Her Royal Highness Princess Christian, accompanied by Her Highness Princess Marie Louise, as they realise with pride that for the first time the Royal Chartered Corporation of Nurses will be adequately housed, and thus enabled to meet its obligations to the nursing profession in a suitable environment. Naturally the official staff want the house to look its very best, and any amount of plants, ferns and cut flowers can be disposed of in the spacious rooms. These gifts should be taken or sent to Miss Cutler, Home Sister, at 194, Queen's Gate, S.W., who will arrange for their display to the best possible advantage. After the opening ceremony, tea will be provided by ticket in the dining room. Miss Isabel Macdonald, Secretary of the R.B.N.A., has arranged for "open house" on May 19th and 20th, when visitors will be conducted over the Club between the hours of 11 to 1 and 2 to 4, and shown its beautiful arrangements.

Although not yet officially open, quite a number of nurses have been in residence at 194, Queen's Gate, including two contingents of army nurses who arrived late in the day under the impression that the Club was still being carried on as a War Hostel for Nurses.

Many compliments have been paid to Miss Cutler's management, and special satisfaction is expressed with the excellent meals provided. The domestic staff, including a first class cook, is now complete. Already non-resident members have begun to find their way to the Club, to write perhaps a few letters or, it may be to drink a cup of tea, while others drop in for a cosy evening round the Lounge fire.

Nurses to whom we have spoken appear to be under the impression that the Club is only available for members of the R.B.N.A. This is not so. The President, in her recent letter—which appeared in the official Supplement of the Association—made it quite clear that all trained nurses, if well recommended, are to be welcomed as members of the Club. The terms naturally provide certain privileges as to cost for members of the R.B.N.A. This is only just, as it is by their past financial aid that the Club has materialised—and no nurses have been more generous in their support of their Association than members of the R.B.N.A.

The thirteenth Annual Dinner and the twenty-first Annual Meeting of the Guy's Hospital Nurses' League was held in the Nurses' Home on Friday, April 29th. The guests were welcomed by Miss Margaret Hogg, C.B.E., R.R.C., Matron of the Hospital, and Hon. Secretary of the League.

Dinner, which is always a very pleasant function, was served punctually at 7 o'clock, Miss Hogg and the Sisters presiding over the tables in the charming dining hall. They were decorated with bright spring flowers, and the dainty menus were the work of members of the nursing staff.

After dinner everyone foregathered in the vestibule, and it was quite marvellous how quickly the large number present were served with delicious coffee, piping hot, as coffee should be. Sister Grace, the Home Sister, and those working under her are greatly to be congratulated on the smoothness and efficiency of the service.

The Annual Meeting was held in the Nurses' Sitting Room, and Miss Hogg opened the proceedings by expressing her great pleasure in seeing so many old friends. The occasion was a special one, as it was the coming of age of the League. She traced its development from 1894, when the nurses were allowed to use the students' tennis courts three times a week, the organisation of the Choral Society in 1895, the Cycling Club in 1896, the Nurses' Library, which owed its existence to Miss Tippetts, in 1898; in 1899 the scheme for acquiring the Cottage at Honor Oak Park was considered, and in 1900 the League was formed and the Cottage bought for £4,050. The interest payable on the loan raised by the League then amounted to £105 annually, but the debt was now reduced to £900.

Miss Hogg then presented the Report of the year's work.

### REPORT OF THE YEAR'S WORK.

(Abridged.)

Between 80 and 90 Present Members have been transferred to the Past Section during the year.

Three hundred and sixty-four week-ends and days off have been spent at the Cottage during the year, and 1,586 short visits for tea have been paid.

One thousand and eighteen volumes have been taken out of the Nurses' Library during the year. Sister Mary and Nurse Peacock have been most energetic in writing to numerous friends who have left the Hospital, asking for help in replenishing the Library, with the result that about 170 volumes have been added to the Library, and about 40 small books sent down to the Cottage.

Mrs. C. H. Fagge, a former Hon. Treasurer of the Nurses' League, has very kindly presented the Nurses' Tennis Club with a silver Challenge Cup, to be competed for each year by the Nursing Staff. If the Cup is won for three years in succession by the same competitor, she will receive a silver miniature replica of the Cup.



The Swimming Club has been most enthusiastic, and Sister Florence, the Sisters' representative, is to be congratulated upon her efforts to arouse interest in this Section. Test matches were held fortnightly, and a very successful Gala was held in the Swimming Bath on October 6th.

The Musical Society has also had practices during the year, and gave a very successful concert on February 8th, and, after all expenses were paid, we are glad to say there is a small balance in hand.

The Needlework Exhibition is a great improvement on that of last year, and Mrs. Burgwin, who has again kindly acted as Judge, praised the work highly, and found great difficulty in awarding the prizes.

The Photographic Exhibition has not received as much support as usual from past members; the reason given by many former exhibitors is the high cost of materials.

The new extension of the Nurses' Cottage at Honor Oak Park was formally opened by Lord Revelstoke and Mr. Cosmo Bonsor on June 23rd.

#### FINANCIAL STATEMENT.

In the absence of Mrs. Hughes, the Hon. Treasurer, Miss Hogg then presented the financial statement. The income for the year amounted to £650 12s. 10d. and the expenditure to £839 10s. 10d. The cost of printing the new Nursing Guide and Register of Nurses had proved to be a very heavy one. Fortunately a balance of over £260 had been carried over from the previous year, and donations amounting to over £55 had been received from members in response to an appeal towards the printing, which, with the sums received for advertisements had left the League with a balance in hand of £75. This would be needed towards paying the cost of putting the hard Tennis Court into good playing condition, the estimated cost being about £100.

#### RESULT OF BALLOT FOR MEMBERS OF COUNCIL.

Miss Hogg then invited Dame Sarah Swift, G.B.E., R.R.C., to take the chair; and Dame Sarah, after expressing her pleasure at so doing called on Miss Smith to announce the result of the Ballot for members of Council for the ensuing year, as follows:—

*Tennis.*—Sister Grace (Miss Mannell), Nurse Stubbs (re-elected).

*Choral.*—Sister Dixon (re-elected), Nurse Cornwall (re-elected).

*Debating.*—Sister Naaman (Miss Dearman), Nurse Watkins.

*Needlework.*—Sister Luke (Miss Wilson) (re-elected), Nurse Dreyer.

*Swimming.*—Sister Mildred (Miss Hughes), Nurse Pickard.

*Library.*—Sister May (Miss Westbrook), Nurse Peacock (re-elected).

*Garden.*—Sister Emily (Miss MacManus) (re-elected), Nurse Bailey (re-elected).

*Photographic Society.*—Sister Light (Miss Bris-tow), Nurse W. Johnson (re-elected).

*Dramatic Society.*—Sister Agnes (Miss Verinder), Nurse Mundy (re-elected).

The election of three Hon. Members of the Council, Lady Lane, the Hon. Mrs. Molyneux and Mrs. Rowlands, was confirmed by the meeting.

#### THE NURSING PROFESSION OF TO-DAY.

The Chairman then called on Miss F. A. Sheldon, Lady Superintendent of the Trained Nurses' Institute, to present a paper on the Nursing Profession of To-day.

Miss Sheldon briefly summarised the present position for the general information of the Nursing Profession to-day, and said, in regard to State Registration, that the Society for the State Registration of Trained Nurses had worked for many years to secure the passing of a Nurses' Registration Act, but, before the war, the need for this was not felt by the large Training Schools. Everyone was delighted when the Minister of Health, in the Autumn of 1919, introduced a Nurses' Registration Act for England and Wales into the House of Commons, and this with similar Acts for Scotland and Ireland became law in the autumn of that year.

Under these Acts General Nursing Councils were set up in the three Kingdoms. These Councils, however, had no legal power.

(This is a misapprehension. Definite powers are conferred by Statute upon these Councils. We advise our readers, if they have not already done so, to obtain a copy of the Nurses' Registration Act for England and Wales, procurable from H.M. Stationery Office, Imperial House, Kingsway, or through any bookseller, price 2d.)

Miss Sheldon said, further, that the making and maintenance of a Register was no easy matter, and the Council had been working very hard framing the Rules for the Admission of Existing Nurses, and of Intermediate and Future Nurses to the Register, as well as those relating to the establishment of an Examination and a Uniform Curriculum.

The Conference convened by the General Nursing Council for England and Wales, and held on the previous day, to consider the Draft Syllabus of Lectures and Demonstrations, and Training in General Nursing, which it had drawn up, had been deeply interesting.

The Council was authorised to consider a uniform and badge for Registered Nurses, and Nurses were invited to communicate their views as to a suitable uniform to the Registrar of the Council, and to submit designs for a badge.

To the Irish Council belonged the honour of being first in the field to invite applications for Registration, but it was to be hoped that the others would be in a position to do so shortly. She hastened to add that no examination would be obligatory until 1924.

Some nurses feared the requirements of the Councils, but the Nursing World had adapted itself to the requirements of the Midwives Acts, and would doubtless do the same in regard to the Nursing Acts.

Nurses must, however, realise that Registration



would not act as a charm, and invited them to close up their ranks so as to give any representations which they might desire to make the force of united action. Next to the teachers they were the largest body of professional workers, but they lacked political power (as instanced in regard to the Hours of Employment and other Bills). Each present nurse should make a point of joining some professional association, the chief of which she enumerated, and delegates from these should meet at least annually, and act as the collective voice of the nursing profession.

Dame Sarah then distributed the prizes won in the Exhibition on view in adjoining rooms, and explained that over £12 had been given for prizes by the Hon. Members of the Council.

The meeting concluded with votes of thanks to the Hon. Officers, the Chairman, and the Home Sister for her admirable organisation of the dinner, and many of those present then visited the photographic and needlework exhibitions.

As indicated in the Report the former was much smaller than usual, but many of the photographs shown were of a very high standard.

We do not wonder that the judge found a difficulty in awarding the needlework prizes, for the patching, darning, and plain needlework were wonderful specimens, and the embroidery, drawn thread work, lace, crochet and knitting beautiful in the extreme. We congratulate the Guy's Nursing Staff, and hope that beautiful stitchery will always hold an important position in the accomplishments of nurses. M. B.

### NATIONAL UNION OF TRAINED NURSES.

On Saturday, May 7th, the Council meeting of the N.U.T.N. was held at 46, Marsham Street, Westminster. The President, Miss Pearse, occupied the chair and very satisfactory reports were presented by Miss Rimmer, Hon. Organising Secretary, giving details of the numerous activities of the Union during the past year. The financial report showed a balance in hand, and the Branch reports were encouraging, with a satisfactory increase in membership.

Miss Pearse referred to the many ways in which the N.U.T.N. had benefitted the nursing profession, and also asked members to try to interest younger nurses in committee work and in the work of the Union generally.

Miss Villiers, in proposing the adoption of the general report, gave a short account of the work of the General Nursing Council; other speakers followed, and the subjoined resolution was passed:—

That the National Union of Trained Nurses wishes to give its support to the General Nursing Council in maintaining the standard of training, and insisting upon a term of general training for all nurses to be admitted on to the general Register.

As Miss Rimmer was retiring from the post of Hon. Organising Secretary, which she has held in addition to that of Hon. Treasurer during the last few years, Miss Dowbiggin, in moving the

adoption of the Hon. Treasurer's report, in a few graceful words presented her with a bouquet of flowers on behalf of the Council, and alluded to the immense services she had ungrudgingly rendered. It was felt that not only the Union but also the whole nursing profession was under a deep and lasting debt of gratitude to her for her splendid work during a very difficult period. To the great satisfaction of the Council Miss Rimmer has consented to remain as Hon. Treasurer. A very hearty vote of thanks to her was then passed by acclamation.

THE BRITISH JOURNAL OF NURSING would wish to support this vote of thanks to Miss Rimmer, whose devoted services in support of registration in the Lobby of the House of Commons was invaluable.

### FEVER NURSES' ASSOCIATION.

At the meeting of the Council of the Fever Nurses' Association held a few days ago, Miss M. Drakard (Matron of Plaistow Fever Hospital), was unanimously elected President for the ensuing year. The annual general meeting of the Association will be held on Saturday, May 14th next, at West Ham Town Hall, Stratford, E., at 2.30 p.m. All members are specially asked to attend.

### LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

A General Meeting of the League will be held in the Clinical Theatre, St. Bartholomew's Hospital, on Saturday, June 4th, at 3 p.m.

At 3.45 p.m. the meeting will resolve itself into a Social Gathering in the Great Hall, with music by members of the Nursing Staff, arranged by Miss Eyre.

At 4.30 p.m. Mr. Allen Walker will give a short Introductory Lecture as a prelude to a series of six Lantern Lectures on "Old London and its Story," to be given in the autumn.

### THE PROFESSIONAL UNION OF TRAINED NURSES.

The Social Club Meetings of the Professional Union of Trained Nurses, will not take place at the "Plane Tree" Tea Rooms during the summer months, but a Members' Meeting and Whist Drive is being arranged for.

MAUDE MACCALLUM.  
Hon. Secretary.

### HEALTH MINISTRY WILL NOT HOLD AN INQUIRY.

The Ministry of Health has decided that it cannot hold an inquiry into the recent dismissal of nurses for alleged breach of rules by the Brentford Board of Guardians.

It is added, however, that a public inquiry can be held if specific charges can be brought against the Board. The matter was brought to the notice of the Ministry by the Poor-Law Workers' Union, who took up the matter of the dismissals.



**CONFERENCE ON NURSING EDUCATION.**

CONVENED BY THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Concluded from page 272.)

**AFTERNOON SESSION.**

Mr. J. C. Priestley, K.C. (Chairman of the General Nursing Council for England and Wales), presided at the Afternoon Session of the Conference on Nursing Education, held on April 28th (by permission of the Royal Society of Medicine), at No. 1, Wimpole Street, W., when the subject under consideration was "The Supplementary Parts of the Register, in conjunction with Alternative and Reciprocal Training." It was introduced in a paper by Miss M. E. Sparshott.

**RECIPROCAL TRAINING FROM A GENERAL HOSPITAL POINT OF VIEW.**

By MISS MARGARET ELWIN SPARSHOTT,  
C.B.E., R.R.C.

To me has fallen the honour to place before you some suggestions by means of which nurses may qualify themselves for enrolment on the General Register set up by the Nurses' Registration Act of 1919.

It is thought by the members of the General Nursing Council that it will be better for them, and more helpful to a wise decision on their part, if you will give your opinion fully and freely as to the sort of hospitals which may be grouped together and also the number of beds a hospital should possess before it can claim to train, or help train, nurses sufficiently to take the examination which will be necessary before they can become Registered Nurses.

In considering these questions, there are two principles which must not be lost sight of.

1. That our sick must be nursed. It may be said that this is not a responsibility of the General Nursing Council, but surely it is, to this extent, that conditions must not be so high that the poor in our small hospitals cannot be nursed, *yet*, on the other hand, and this brings me to the second principle.

2. Our Register must be worthy of the authority of a Statutory body.

There are a large number of small hospitals and special hospitals which are necessary for the nursing of special classes of disease and for the care of the sick in our scattered areas; yet these hospitals, doing good work, cannot pretend to train their nurses and make them fit for membership of the General Register; it is, therefore, necessary to have various schemes of conjoint or reciprocal training, so that our two great principles may be carried into effect.

The conditions we must prepare for are those which will allow nurses to take the examination in 1924, and it is suggested for your criticism that nurses will be eligible if trained—

1. For three years in a general hospital approved by the General Nursing Council, with a

Resident Medical Officer, educating its nurses on the Syllabus laid down by the General Nursing Council. It will be for you to give us your advice as to how many beds a hospital should contain before it can be called a General Hospital.

The following we will call alternative systems and we consider that they should occupy four years:—

2. Those nurses undergoing conjoint training. This would entail a "Mother Hospital" with three or more small hospitals attached to the group able to do the teaching required by the Syllabus. Here will come in the travelling Sister Tutor. The group could have amongst its hospitals one small Poor Law Infirmary, which would give the needed medical work, as our small hospitals are usually surgical or accident hospitals.

3. A training for two years in a Special Hospital such as Fever or Children, and two years in a General Hospital.

The hospitals grouped together would share the teaching necessary for the Syllabus.

4. Training in a General Hospital for three years, with a fourth year during which period one or more of the following subjects could be taught: Sanitation and Public Health, Child Welfare, District Nursing, Midwifery, Tuberculosis, Fever or Venereal Diseases.

5. Training in a small general hospital affiliated with a women and children hospital, also if possible to an eye hospital, and ear and throat hospital.

These groups must show that they can conjointly give the necessary theoretical and practical training required by the Syllabus.

If nurses wish to specialise in any of these subjects it would be necessary for them to take a longer course of training than three or six months. The shorter training would teach them as "General" nurses how to meet any emergency arising in their ordinary work.

It would be most helpful if a geographical survey were made by hospital authorities and suggestions sent to the General Nursing Council for the grouping of hospitals, suited to the area, for the purpose of conjoint training, but it must be shown that these hospitals can supply the teaching material and the equipment and the lecturers necessary for the working of the Syllabus of the General Nursing Council. Under these conditions these hospitals could be approved as affiliated for the purpose of conjoint training.

It is earnestly hoped that you ladies with all your varied and valuable experience will give us the benefit of your criticisms of the foregoing schemes and your suggestions to better them; the more you help us to-day the more right you will have to criticise the result of our work, when the final Rules are drafted.

**MENTAL NURSING.**

BEDFORD PIERCE, ESQ., M.D.

Dr. Bedford Pierce pointed out that mental nursing is in some respects better placed than General Nursing, inasmuch as 30 years ago the



Medico-Psychological Association began their scheme of training and examination which is now fully established, and their certificate recognised in every mental hospital.

The training is under uniform regulations. The written examinations are identical in England, Scotland, Ireland, and South Africa.

The practical and oral examinations are conducted under prescribed conditions.

Thus for mental nursing there is already a one-portal system.

The General Nursing Council had decided to accept the Medico-Psychological Association's certificate as qualifying for the admission of existing nurses to the Register, and to adopt its Syllabus for nurses at present in training. It had also set up a Mental Nursing Committee to advise on the education and training of mental nurses.

For the future it was desirable to build on the foundation already laid by the M.P.A., so that there should be no serious break in the continuity of training and examination.

In 1924, the General Nursing Council would begin the State Examination for Mental Nurses. Its form was not yet decided, but presumably, at first, there would be no great departure from the present Syllabus. A sub-Committee of the Council on Mental Nursing, of which he had the honour to be Chairman, had been set up, which was considering the education and training of mental nurses.

All realised that much yet remained to be done. The general education of probationers was often very poor, and the training in some institutions not thorough. Qualified nurses should assist in the examinations, especially in the practical parts. At present they were entirely conducted by medical men.

Mental nursing was not easy to teach, certainly not by books or lectures. The work demanded the highest mental qualities. The personal influence of the nurse was of special importance in this branch of nursing. It might be directly curative, it might be harmful in the extreme. Nurses were required, not attendants, and certainly not warders.

The policy of the General Nursing Council would have a far-reaching influence not only upon mental nurses, but upon mental nursing, and the treatment of the insane. Mental nursing should not be so completely divorced from general nursing as at present. Facilities for experience in different branches of nursing should be freely given. It should be made easy for any nurse to take up another branch. The solidarity of the nursing profession demanded reciprocity, and the General Nursing Council had begun to consider this difficult question.

It was considered that mental nursing demanded the highest qualities and that a well-trained hospital nurse should have two years' additional training before being registered as a mental nurse. Dr. Bedford Pierce, speaking for himself, not as voicing views expressed by the General Nursing

Council, advocated a uniform Preliminary Examination conducted by the Council, and taken during the second year of training for all nurses alike. The subjects would be chiefly fundamental ones— anatomy, physiology, hygiene, and possibly first-aid. The examinations in technical subjects during the first year would be class examinations, conducted by the teachers. A uniform preliminary examination would do much to promote unity in the nursing profession. It would not stereotype the training in the first year, except in so far as the teaching would have to include the subjects selected for the State Preliminary Examination.

It was clear that improvements in the training and examination of mental nurses would involve much more expense to the nurse than at present, but the improved status would justify this. Most of those teaching mental nurses at present were doing so without pay.

In conclusion, Dr. Bedford Pierce laid emphasis on the two points of (1) the far-reaching influence of the policy of the General Nursing Council on mental nursing as well as mental nurses; (2) that there should be a general and identical examination for all nurses during the early part of their training whatever branch they finally take up.

He also mentioned the question of representation of mental nurses on the General Nursing Council. They numbered many thousands, and at present they were represented by one doctor and one mental nurse. There was no want of sympathy on the part of the Council with mental nursing or nurses, as the greatest consideration was always given to the views of the Mental Nursing Sub-Committee.

### THE POSITION OF POOR-LAW HOSPITALS AS TRAINING SCHOOLS.

By MISS SEYMOUR YAPP.

In the regrettable absence of Miss Seymour Yapp, owing to illness, her paper was read by the Chairman. The principle underlying it was that in considering Poor-Law Hospitals as training schools they should be classed as (1) *Preliminary Schools* (Present Minor Schools), (2) *Affiliated Schools* (Present Major recognised Schools of medium size—250–500 beds—lacking material for training on surgical side). Affiliation to be with: (a) Special surgical hospitals, e.g., women's and children's, (b) cottage hospitals (average number of beds to be decided), (c) the local general hospital, for period of two to six months according to need. (3) *Complete Major Schools*. Large Poor-Law Infirmaries might reserve a portion of their vacancies, say to a third of the strength, for girls trained in minor schools, who had passed the first year's examination on the General Nursing Council Syllabus.

Miss Seymour Yapp pointed out that the nature of the material for training in all but the largest Unions, though wide and varied, precluded the possibility of full training in practical work on the acute surgical side, just as many voluntary hospitals lacked teaching material on the medical,



and certainly on the chronic medical and surgical side. The impending changes under the Ministry of Health would, however, almost certainly change the position completely, since there would be a larger proportion of acute medical and surgical cases.

She based her suggestions on existing conditions, but allowed elasticity for full development in the future assuming that the time had come when the large hospitals must recognise the claim of the small ones upon them, and that there was evidence of such a desire. She took into consideration

- (1) The needs of Poor-Law sick persons.
- (2) The Syllabus of the General Nursing Council.
- (3) The difficulties and limitations of certain hospitals, Poor-Law and Voluntary.
- (4) The material for training in hospitals personally known to her.

Miss Yapp discussed (1) how best to utilise teaching material in the various grades of hospitals so as to meet the requirements of the Syllabus of the General Nursing Council; (2) how best to meet the needs of small hospitals in connection with staffing.

#### Suggestions.

1. *Poor-Law Minor Training Schools without a Resident Medical Officer* could become Preliminary Schools, taking girls, preferably of 19, for two years only. During this time the first year's work on the Syllabus could be taken. After successfully passing an examination on that work the nurse could enter the Grade 3 Hospital (Complete Major Training Schools) of 500 to 1,500 beds, where she would take two years' further training, ranking as a second and third year nurse. She considered that the first year's work on the Syllabus could be taught entirely by a well-trained nurse.

2. *Major Training Schools, Medium Size.*—Miss Seymour Yapp suggested affiliation (as indicated in the introductory paragraph) with special hospitals: (a) These special hospitals to be used as Preliminary Schools, covering the first year's work of the Schedule in a two years' course, the pupils should then pass on to the Major Training Schools of medium size, and after passing two examinations should be eligible for the State Examination. (b) Affiliation with small general or cottage hospitals, which should be used as Preliminary Schools; and (c) with the local General Hospital. In this case the nurses should not be sent until after their 18th month, as they were then ready to profit by their training and were useful also. Miss Yapp did not consider that hospitals with Medical Schools should enter into this scheme of affiliation as they had no more material than they needed, what with students and their own large staff.

3. *Complete Major Schools.*—These, the largest Infirmaries, should reserve a certain proportion of their vacancies for women trained in the Minor Schools, who would rank as second year nurses.

#### Points for Discussion.

1. How long a Poor-Law Nurse should spend at the General Hospital should depend on the amount

necessary to supplement her training, and not on what can be got out of the nurse.

2. Who will pay the nurse's salary? At the Lake Hospital, Ashton-under-Lyne, it is paid by the Guardians, which Miss Yapp considers the right method. The nurse serves the two months at the General Hospital extra to her three years, and lives at the Lake Hospital.

Miss Yapp described her own experience of taking probationers with two years' training from small schools as a great success.

Before passing on to the next paper, a vote of sympathy was passed with Miss Seymour Yapp on the reason for her absence which was owing to illness.

### RECIPROCAL TRAINING IN CONNECTION WITH GENERAL HOSPITALS FOR ADULTS AND GENERAL HOSPITALS FOR CHILDREN.

By MISS A. COULTON.

Miss Coulton, who presented the next paper, said that the conditions under which reciprocal training in connection with general hospitals, and hospitals for children could be carried out was an exceedingly difficult matter to decide, and at present the subject was open to discussion.

There was no doubt whatever that those responsible for the training of nurses in both general hospitals and hospitals for children would have to be willing to meet each other half way.

The training given to probationers in a hospital for children did not qualify a nurse to have the care of sick adults, but a certificate of training in a general hospital ought to guarantee a training which justified a nurse in saying that she was able to nurse sick adults and sick children. Under present conditions this was not always the case. There were general hospitals which did not possess a ward for children only, and in the institutions possessing such a ward did every probationer receive instruction in that ward, and was that instruction given by a Sister who was herself a certificated sick children's nurse?

No nurse should consider herself a specialist in the nursing of sick children unless she had devoted at least three years to training in that particular work in a hospital for children. Probationers were received for training in a hospital for children, at an early age—eighteen years. This added to the exacting supervision which a Ward Sister was bound to exercise. It followed that a Sister in a children's hospital, or in a ward for children in a general hospital must be a very well-trained and experienced nurse with a real love for children. No one would feel that three years' training in a hospital for children, and three years in a general hospital, would be too much to demand from anyone who desired to act in that very responsible capacity.

In regard to the suggestion that a combined training of two years in a general hospital and two years in a children's hospital should qualify a candidate for general work, Miss Coulton was



of opinion that, if carried out, very valuable experience would be lost in each school, either ground work or experience in taking responsibility. She advocated a course in which no definite year was excluded, but the term divided so as to give each candidate a portion of each year's work. Whatever term of training was decided upon it was absolutely essential that the standard of education on admission and of the instruction given during training should be the same in both schools. The curricula must vary to a certain extent; but there need be no difference in the standard.

There was also a difference of opinion with regard to the time at which training in a hospital for children should be taken. Some considered that training in a general hospital should be the foundation for all training. There were many reasons; however, why it was an advantage for probationers to begin their training in a hospital for children, and qualify for registration on the Children's Supplementary Register. There was (1) the earlier age at which candidates could be received in a hospital for children; a better educated type of probationer was likely to come straight from school, instead of taking up other work until old enough to enter a general hospital. Very often such a candidate decided to continue in the work she had begun, and so good material was lost to the nursing profession. (2) Parents were often more willing for their daughter to enter a hospital for children. (3) The powers of adaptability were keener at the early age and a probationer found it easier to be the eyes, ears, and mind to her patient which was so essential in the nursing of sick children.

The care of sick children was of the greatest national importance, and it was the duty of everyone who had any power to contribute to that care, to see that the best was given. That surely meant that in the future only fully trained and experienced nurses should have the supervision of the care given to sick children in the hospitals of this country.

### SUGGESTIONS FOR RECIPROCAL TRAINING OF FEVER NURSES.

By MISS S. A. VILLIERS.

In dealing with Reciprocal Training for Fever Nurses, Miss S. A. Villiers suggested two schemes for consideration, and tabulated what she considered to be the advantages and disadvantages of each, both from the point of view of the Nurses and of the Hospitals.

There appeared to be no reason why both schemes should not be worked in the same Fever Hospital, and the Committee of a General and of a Fever Hospital would be able to arrange between themselves which they would adopt.

The first proposed that a Nurse should train in Fever Nursing *before* her General Training. This involved a two years' course, and was in practice at present to a large extent.

The second proposed that a Nurse should take

her Fever Training *after* her General Training, and involved a one year's course.

#### SCHEME I.

##### ADVANTAGES OF TWO YEARS' COURSE BEFORE GENERAL TRAINING.

A. *To Fever Hospitals.* A larger supply of probationers would be available.

B. *To General Hospitals.* Nurses would be trained in Preliminary Nursing, both theoretical and practical, before entering for their general training.

##### DISADVANTAGES.

A. *To Fever Hospitals.* Nurses would be more liable to infection on account of their youth.

B. *To General Hospitals.* Matrons would not have the entire selection of probationers. This objection might be met by the Matron of the General Hospital and of the Fever Hospital making a joint selection.

##### ADVANTAGES TO THE NURSE.

1. The probationer would begin her training at an earlier age. 2. She would be taught practical and theoretical nursing in accordance with the Schedule of the General Nursing Council, and could either pass a preliminary examination before entering for her general training, or be prepared to take it immediately on entering, which would probably be the better course. 3. The two years spent in fever training might count as one year of general training.

#### SCHEME II.

This Scheme of one year's Course taken after general training is also in practice to a limited extent.

##### ADVANTAGES.

A. *To Fever Hospitals.* (1) Better nursing would be secured; and (2) there would be less infectious illness among the nurses.

B. *To General Hospitals.* The nurse's general training would be practically completed before her special training began.

##### DISADVANTAGES.

A. *To Fever Hospitals.* (1) The supply of nurses would probably be less adequate; (2) owing to the shorter course of training there would be more frequent changes in the staff; and (3) it would be more expensive.

B. *To General Hospitals.* The scheme appears to present no disadvantages.

##### ADVANTAGES TO THE NURSE.

(1) Less liability to infection and less objection on the part of her friends; (2) less time spent in Fever Hospitals (which involves certain disadvantages); and (3) only one period of probationer's work would be done, whereas, when a nurse starts her training in a special hospital she usually works as a probationer nurse twice.

If the latter scheme were adopted generally it might be necessary to provide assistance in the form of Ward Orderlies, as was now done in some Infirmaries, or of Nursing Attendants, as was the practice in many Convalescent Fever Hospitals.



## THE SUPPLEMENTARY REGISTERS.

By E. W. GOODALL, ESQ., O.B.E., M.D.

Dr. Goodall prefaced his remarks on the Supplementary Registers by saying that he had been asked to defer this part of his paper till the Afternoon Session. He pointed out that the Nurses' Registration Act laid it down that there should be a Mental Nurses', a Male Nurses' and a Children's Nurses' Supplementary Register. The General Nursing Council was empowered to form other Supplementary Registers, and had taken steps to set up a Fever Nurses' Supplementary Register. A nurse who was registered on the General Register could also register on the Supplementary Registers (except that for male nurses), if she complied with the conditions laid down by the General Nursing Council. Nurses could register on the Supplementary Registers without being on the General Register. But it must be distinctly understood that a nurse who was on a Supplementary Register only should call herself a Registered Mental, or Children's, or Fever Nurse, as the case might be. Male nurses could never get on the General Register. It would be possible for them to get on the other Supplementary Registers, but it would be very unlikely that they would get on any except the Mental Nurses' Register. The Supplementary Mental and Male Nurses' Registers would appear, therefore, to be permanent, as they provided for a class—the male nurses—who could never get on to the General Register. As regarded the other two Supplementary Registers, it was hoped that, in course of time, they would be really *Supplementary Registers, i.e.*, that they would contain the names of nurses who had supplemented their General by a Special training. Finally, these registers might be disused, if it should be provided that training in infectious diseases and the diseases of children should form part of the course of training of every general trained nurse.

### DISCUSSION.

The Chairman then invited discussion of the papers which had been presented.

COUNCILLOR BEATRICE KENT emphasised the importance of including instruction in public health work in the Syllabus. All present would agree that the person most suitable for such work was the three years' trained nurse. She was interested in this matter of public health work as it came under the control of the Borough Councils. Their health visitors had to carry out inspections in such cases as infectious fevers and erysipelas, and, unless they were trained nurses, they could have no knowledge of these diseases. She also emphasised the importance of a knowledge of psychology for nurses, especially in the case of prison nurses.

MISS TISDALE, R.R.C., Matron of the Hospital for Sick Children, Great Ormond Street, W.C., fully endorsed the views expressed by Miss Coulton. She was of opinion that training in children's hospitals should be for three years. She was

perfectly willing to take the Syllabus of the first year, defined by the General Nursing Council. She thought nurses who qualified for the Supplementary Children's Register should subsequently have three years' general training, which should include training for the certificate of the Central Midwives Board.

MISS E. C. BARTON, R.R.C., desired to associate herself with the vote of sympathy to Miss Seymour Yapp. It was difficult to criticize Miss Yapp's views in her absence. She, however, pointed out that those Poor-Law hospitals recognised by the Ministry of Health as nurse training schools were anxious to remain as training schools. They did not want to give up their identity. It was difficult to estimate the value of training ground by the number of beds only. Miss Yapp had limited complete major schools to hospitals with from 500-1,500 beds. Some of the best schools contained from 300-400 beds. She was very proud of the training school at the Chelsea Infirmary, and should be extremely sorry for it to lose its identity.

MISS G. VERGETTE (Matron of the Royal Victoria Hospital, Dover) spoke of the difficulties experienced by the small hospitals. At the Royal Victoria Hospital they had from 30 to 40 beds, most excellent work, as far as it went, and an honorary staff ready to teach. But probationers were most difficult to obtain and to keep. How were they going to take part in a reciprocal scheme?

DR. FOORD CAIGER (President of the Fever Nurses' Association) congratulated Miss Villiers on the admirable manner in which she had set out the relative advantages and disadvantages of two schemes of co-operation between fever and general hospitals in the training of nurses. After 30 years' experience in connection with infectious hospitals he could endorse almost everything she had said. When there was a prospect of State Registration of Nurses, the Fever Nurses' Association, in which there were some 2,600 nurses, strongly desired that fever nurses should have proper recognition in any scheme of State Registration. To that end they were hopeful that they would be hall-marked on the Register as possessing a special qualification in addition to their general training, just as any medical practitioner could go up for his Diploma in Public Health, and have it added to his qualifications on the Medical Register. The Fever Nurses' Association had never desired a Supplementary Register of Fever Nurses apart from general training. He did not gather whether the Supplementary Register which had been set up contemplated including specialists in fever nursing. If so he hoped it would not be long lived.

Of the two methods of working co-operative training between General and Fever Hospitals, from the point of view of the nurse the general training should precede the special. Whether this was to the interests of the Fever Hospitals he was not so certain. The nurses would be experienced, but not in fever nursing.



As to the employment of nursing attendants, suggested by Miss Villiers, Dr. Caiger pointed out that a large number of young women would be ready to take up such work, and would not go on to general training. He did not agree with the proposal. He thought there were still a large number of eligible young women ready to enter the Nursing Profession.

MISS NEVILLE (Lady Superintendent, Manchester Children's Hospital, Pendlebury), supported the views expressed by Miss Coulton. She, however, noticed that Miss Coulton had suggested that the Children's Register would not stand in the future. She hoped that day would never come. She had been asked by doctors in Manchester to say how much importance they attached to this Register.

MISS IND, R.R.C. (Matron of the Hospital, Stratford-on-Avon), thought that very few people realised the immense amount of work for the community done by the small hospitals. Yet it was almost impossible for them to obtain probationers, as intending probationers now asked, "Is your training recognized." Thus a large number of candidates were yearly lost to the Nursing Profession. She advocated their entering the General Hospitals at the end of two years' training, which should be credited to them as one year. If in two years they could not give the equivalent of one year in a Training School, she suggested that the General Nursing Council must raise the standard of the small hospitals.

MISS E. M. MUSSON, R.R.C. (Matron, General Hospital, Birmingham), spoke in favour of reciprocal training, but pointed out that, from the point of view of the General Hospital, it meant cutting off either the fourth or the first year of training. At first, at Birmingham, they had given nurses with two years' training in a small or special hospital credit for one year's work, but now, even if they went on the second and third year's pay list, they had to take the whole of the lectures or they did so badly in their exams. These difficulties would tend to disappear with the establishment of a uniform curriculum. She asked the Matrons of the Special Hospitals not to keep their nurses too long before they passed them on. She had been asked by ophthalmic surgeons to say what an advantage it would be if eye hospitals would take nurses for a three months' course.

MISS S. F. ROSSITER (Royal Naval Nursing Service) spoke from personal experience of the value of fever training to a nurse taking general training subsequently.

MISS CLEARY (Mental Hospital, Norwich) referred to the value of the Medico-Psychological Certificate to the mental nurse, as evidence of having undergone a one-portal system of training. Mental nurses had a considerable amount of general nursing in the course of their three years' training. She noticed that no mention was made by the Council of any Preliminary Examination.

MISS F. A. CANN, R.R.C. (Matron, Norfolk and Norwich Hospital), described herself as an old-fashioned Matron who liked to select her own

probationers. She approved the suggestion that hospitals should be grouped together for training purposes, and thought that if general hospitals of from 50 to 80 beds proved that they could train properly, they might be included in the scheme. Some of the smaller Poor Law Infirmaries might be included in these groups so as to give experience in the nursing of chronic cases.

MISS CROUCHER (Tynemouth Infirmary) described this as a small Infirmary in which the surgical work was limited. There was in the same place a fine general hospital with 80 beds. They would welcome an exchange of nurses. If travelling tutors were appointed she hoped each one would not have more than two schools under her care.

MISS C. VINCENT, R.R.C. (Matron, Royal Infirmary, Leicester), spoke of the difficulty of placing second year nurses from the smaller institutions when passed on to the larger ones. They could not be put to train as second year nurses so had practically to do first year work. If the larger training schools could be sure of having nurses sent on to them educated up to the second year standard they would be willing to put them on the same level as their second year nurses.

MISS M. BREAY (Delegate, Royal British Nurses' Association) said, on the subject of certificates, that while every nurse would always prize the certificate of her own Training School, the public would principally ask whether a nurse was a Registered Nurse, just as the qualifications of Registered Medical Practitioner and Certified Midwife were those which it accepted. She thought the certificate of the Training School should be awarded after, not before, that of the General Nursing Council. What would be the position of a hospital if it certified a nurse as competent, and the General Nursing Council subsequently turned her down as incompetent?

MISS DAVIES (Matron, Royal National Hospital for Consumption, Ventnor) thought a great deal of useful teaching could be given to young girls in a hospital of that kind, and the syllabus of the General Nursing Council taken as the ground work of the first year.

THE CHAIRMAN remarked that they had received no advice as to the Male Part of the Register, but Miss Lloyd-Still and Miss Cox-Davies knew a good deal about the training of male nurses.

## QUESTIONS

### Handed to the Chairman in Writing.

*Question* (Miss Foster): Will each Training School still give its own certificate, the examination for registration to be an additional matter, for nurses to call themselves *Registered Nurses*?

*Answer* (by Mrs. Bedford Fenwick): Every School wishing to hold examinations and give a certificate will be at liberty to continue to do so. Nurses naturally liked to have the certificate of their own Training School, but it would give them no legal status. The only Examination competent to qualify for admission to the State Register will be that held under the authority of the General



Nursing Council. The Lying-in Hospitals still continue to give certificates though the Midwives' Act was passed nearly twenty years ago. The Council had not consulted on this point; it was her personal opinion.

*Question* (Miss Sinclair): How long must a Mental Nurse be trained in a General Hospital before she can go on the General Register?

*Answer* (by Dr. Bedford Pierce): The question has not been considered by the Council.

*Question* (Miss Bramwell): What would be the position of a probationer who had trained for two years in an Eye and Ear Infirmary of 72 beds? Would she have recognition of any kind?

*Answer* (by Mrs. Bedford Fenwick): She would have to fulfil the Rule of having one year's General Training in addition.

*Question* (Miss Brodie): Would Mental Nursing be considered by the General Nursing Council in regard to Reciprocal Training?

*Answer* (by the Chairman): The answer is in the affirmative.

*Question* (Miss Bushby): Should a Nurse fail in the State Examination how many times would she be allowed to sit for it?

*Answer* (by the Chairman): That point has not been considered by the Education Committee, but no doubt it will be.

*Question* (Miss Simpson): Will the Chairman say whether there will be one standard of training laid down for Fever Hospitals as qualifying for entrance to a General Training School?

*Answer* (by the Chairman): No doubt that will be so.

### THE SUMMING UP.

MRS. BEDFORD FENWICK, in summing up the afternoon's proceedings, said that the Conference had that afternoon considered Reciprocal and Alternative Training. The General Nursing Council, when defining its Syllabus, had been brought up against the necessity for such affiliated training. Forty years ago General Hospitals had more inclusive material than now. It was questionable whether at the present time, any but a very few of the largest hospitals could give a complete training. Infectious fevers, diphtheria, and other diseases most instructive to the nurse in former days had now been removed from the General Hospitals. The Education and Examination Committee had endeavoured to do justice to all hospitals, and was convinced that, when the education of the highly-trained nurse was defined, all available material in both General and Special Hospitals would be needed.

Miss Sparshott had indicated that the General Nursing Council proposed, after making a geographical survey and estimating the clinical material available, to approve a list (a) of large general hospitals and infirmaries and that these approved schools should be the Mother Houses of defined districts; and (b) of smaller general and special hospitals to be grouped as Part Time professional schools accredited for affiliation to

the approved schools. That schools should be grouped in districts, County and Municipal, and clinical material tabulated for (1) alternative curricula, and (2) for reciprocal curricula, to qualify pupils for examination and registration. Also that Public Health Centres and District Nurses' Centres should be listed and utilised as training centres, in the Approved Alternative Schemes for registration on the General Register.

In regard to the statement presented by Dr. Goodall, Mrs. Fenwick said they would like only the best three years' trained nurses, with fever training in addition, employed in responsible positions in this branch, but the patients had to be nursed, and they could not at present narrow down the supply to this extent.

In regard to the Male Register, there was at present no male nurse, as such, on the Council, though it had the advantage of a male Mental Nurse as a member. That might be remedied when there was an elected Council.

Some nurses were disappointed that Parliament had set up Supplementary Registers. She thought, that in the future, women were going to demand an inclusive training, and that the Fever and Children's Registers were likely to be diminished. Everyone desired to bring the Mental and General Hospital Nurses closer together, but it was probable that the Male and Mental Registers must always continue.

Dr. Caiger had asked a searching question, as to whether present arrangements admitted of nurses with only fever training being placed on the Fever Register. That was the case for existing nurses, but the Fever Register was not defined in the Act and could be dropped at any time.

From the reception accorded to Miss Coulton's paper, she gathered the Conference was in sympathy with the principle of reciprocal training between General and Children's Hospitals.

Preventive Nursing, referred to by Miss Kent, was an important branch. Women should be trained in the methods of preventive nursing as well as in caring for the sick.

Miss Vergette's difficulty of how to get probationers, and keep them, might be met by affiliation with Mother Houses.

They had had some excellent practical suggestions from Miss Musson, and she sympathised with Miss Cann in liking to select her own probationers.

In regard to Miss Breay's suggestion as to certificates, Mrs. Fenwick questioned the right of the Governing Body of a Hospital to withhold a certificate contracted for if earned. Miss Davies had referred to a most important branch of nursing work in Tuberculosis Nursing.

In conclusion, Mrs. Fenwick congratulated the Nursing profession on the representative Conference and hoped it would be the first of many.

The Conference closed with votes of thanks to the Royal Society of Medicine, for the use of their Hall, and to the Chair.



## GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

### GRATITUDE FOR SUGGESTIONS.

It is the desire of the Education and Examination Committee of the General Nursing Council for England and Wales to express their gratitude for the suggestions and criticisms at the Conference held on April 28th, 1921.

In most cases the criticisms of certain details of the Syllabus are being met, or have been explained and readjusted.

On page 2, para. 5, of the Syllabus, it has been decided to recommend the Council to insert the words "District Nursing" before the words "Public Sanitation and Public Health," and in the Syllabus for First year of Training, column 3 (Practical Nursing) Sections 3 and 8, to insert the words "preparation for" before the examinations specified.

With reference to criticisms that the first year's work is overcrowded, it should be pointed out that the subjects can be taught by a trained nurse, and that they can be woven in together in so simple a manner as to elucidate one another, and provide a general but intelligent nursing education, the details of which should be seen and taught in the wards. This arrangement seems especially suitable as a preparation for the less educated candidate and will be followed by the subsequent teachings of specialists and senior teachers in the second and third years of training.

In view of the position that Preventive Medicine is taking in the National scheme, it is surely desirable that the training of a nurse should follow along preventive lines, and must therefore include some knowledge of ante-natal conditions, together with maternity work. It must be remembered that the majority of complications arising during and after pregnancy come under the care of a general-trained nurse.

It should be clearly understood that this Syllabus was compiled for the information of those who teach, and are responsible for teaching the training nurse, and is not meant to be placed in the hands of the probationer, for whom any scientific and technical terms must necessarily be interpreted.

Public Health and Sanitation are subjects of such growing importance in the training of a nurse, that it is deemed advisable they should be brought to her notice and kept in full view throughout her training. Hygiene and Elementary Science are included, as being the foundation of the nurse's work, and it is desirable to point out that in the first year of her training, these subjects are taught with reference to her daily work and life in the wards.

It should be emphasised that the aim of the instruction given in the first year should be to stimulate enthusiasm, and to give the probationer an intelligent outlook, rather than to accumulate or memorise details, the material then absorbed

will be enlarged during the second and third years by lectures on the same subjects, and by constant experience in the wards.

It is hoped the training authorities will take up the subject of Preliminary Schools, the importance of which cannot be over-estimated. These schools would serve their purpose as centres of training, when Reciprocal training and Affiliation of hospitals are recognised.

## APPOINTMENTS.

### LADY SUPERINTENDENT.

**Hospital for Women, Shaw Street, Liverpool.**—Miss Eva M. Manning has been appointed Lady Superintendent. She was trained at the Royal National Hospital, Ventnor, the Samaritan Hospital for Women, Marylebone, and the Hospital for Women, Shaw Street, Liverpool. Miss Manning is at present Matron of W. & J. Jones' Convalescent Home, Wrexham.

### MATRON.

**Cassel Hospital, Swaylands, Penshurst.**—Miss Ellen Gertrude Chapman has been appointed Matron. She was trained at the Sussex County Hospital, Brighton, and was junior partner for sixteen years in Miss McCaul's nursing home in Welbeck Street, London; from 1916-1917 she acted as Matron of ex-King Manoel of Portugal's Hospital for Officers, Brighton, and from 1917-1919 was Matron of Sir J. Ellermann's Hospital, Regent's Park, W., since which date Miss Chapman has been assisting in preparing the Cassel Hospital.

**City Maternity Hospital, Wakefield.**—Miss Helena Joyce More has been appointed Matron. She was trained at the Royal Infirmary, Wigan, and received her Midwifery training at the Leeds Maternity Hospital, and is a certified Midwife. She has been Sister at the Leeds Maternity Hospital, and Sister-in-Charge of the Blackpool Maternity Hospital.

### ASSISTANT MATRON.

**Stanley Hospital, Liverpool.**—Miss Jessie Russell has been appointed Assistant Matron. She was trained at the Royal Infirmary, Sheffield, for 4 years, and has since held the following posts:—Sister at Hartshill Infirmary, Stoke-on-Trent; Ophthalmic Sister at Wolverhampton and Midland Counties Eye Infirmary; Holiday Sister, General Hospital, Birmingham; Sister of Male Medical Wards, General Hospital, Nottingham. Miss Russell served in the Territorial Force Nursing Service as Sister for 4½ years. She also holds a house-keeping certificate from the Royal Infirmary, Manchester.

### NIGHT SISTER.

**Royal Victoria Hospital, Dover.**—Miss Margaret Marsh has been appointed Night Sister. She was trained in the same institution, and has worked in the position of Sister under the Joint War Committee for 3½ years, and later held the position of Sister at the St. Marylebone Infirmary. She has also had experience of private nursing.

### STAFF NURSE.

**City Maternity Hospital, Wakefield.**—Miss Ellen Hollingshead has been appointed Staff Nurse. She was trained at the General Infirmary, Burton-on-Trent, and received her midwifery training at the Military Families Hospital, Southsea, and is a certified Midwife. She has been on the permanent staff of the Royal Infirmary, Portsmouth, Staff Nurse at the Isolation Hospital, Hendon, Sister at the Milton Fever Hospital, Portsmouth, and Health Visitor at Middleton, Lancs.



## DIPLOMATIC SERVICE.

### ENGLISH NURSES IN FRANCE.

We all know how much the trained nurses sent out to France from England during the war were appreciated. Perhaps we do not know what excellent work some of them are still carrying on to-day in different surroundings. It was my good fortune to see them for myself during a recent visit to France to see the invaded districts. In this terrible region, at Folembray (Aisne), I happened to meet two women of whom their country may well be proud.

Miss Mary Sutton and Miss Celia Perkins, as members of the French Flag Nursing Corps, nursed right through the war, and after the

made, and here they settled down. But they had at least friends in the nurses who arrived before any practical help could be got. The Sisters lived as they could at first—very little food, no bread. Then a Government wooden building was procured and with it a kitchen on wheels. This was their house—the centre from which they worked. Soon, owing to the exertions of Madame de Noailles, a temporary hospital was erected for emergency cases, and a properly equipped dispensary. Here the Sisters work incessantly, morning, noon and night, never sparing themselves. One goes off in the morning as a rule to see patients, whilst the other is active in the dispensary. In the afternoon the people come with innumerable wants. Mothers fetch the layettes so charmingly provided; others to use the sewing machine. Children from the temporary school need many sores dressed. For one object or another the "P. H. M." (Pour les Hôpitaux Militaires) is the centre of attraction.

Surely the people of Folembray and the villages around will never forget what they owe to the English nurses.

KATHLEEN

FITZGERALD.

Sister Sutton is Irish, and both she and Sister Perkins are Queen's Nurses. Women are to be debarred from the diplomatic service, we are told. We wonder how the intimate international mission work performed by our incomparable nurses compares for real practical value with that of the young sprigs (many of them charming boys) who are entrusted by the



Sisters Mary Sutton and  
Celia Perkins

Madame la Marquise  
de Noailles.

IN THE LITTLE SALON AT FOLEMBRAY.

Armistice volunteered for service in the very desolate regions in France after the departure of the enemy. Folembray was the chosen spot, and these two Sisters went thither at the very urgent request of the Marquise de Noailles, whose work for France has been unceasing during and after the war. This village had been occupied by the Germans for three years, ruling the inhabitants in strict military style. When the day of reckoning came they removed all the inhabitants left—principally women and children—and blew up the whole district. The chateau, the glass works, church, school, dispensary and hospital all fell in ruins. This was the home to which the poor people returned. Nothing left! With true French courage they set to work to restore what they could, and many families could find no other shelter than the dug-outs which "Fritz" had

Government with our "foreign relations"!

### UNIQUE MEMENTOES.

Unique mementoes, made of polished teak guaranteed to be from his Majesty's ship *Vindictive*, each article bearing a commemorative plate, are to be sold in aid of the Institut Edith Cavell at Brussels (of which Miss Edith Cavell was Matron). Many people will wish to possess one of these interesting articles, which include tables, book troughs, miniature candlesticks, paper weights, blotters, paper racks, ash trays, and rulers, of which the prices are from 15s. to £5. Applications should be made to Mme. Charles Wiener, 126, Avenue Louise, Brussels, or to Miss Moore-Brabazon (Hon. Secretary of the "Chelsea Branch of the Navy League"), 8, Beaufort Gardens, S.W. 3.



## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses, to date April 1st, 1921:—

### ENGLAND.

Mary J. Hacking, Alice Stead, Maud Murrell, Marjorie Percival, Vanda Pierpoint, Josephine P. Salmon, Mary Todd, Margaret Blenkinsopp, Alice M. Campbell, Teresa E. Burrell, Edith B. Gammon, Edith J. Brill, Marion Law, Catherine C. Skillicorn, Jane H. Forster, Martha Groom, Florence Wells, Mary A. Shaw, Kathleen McNamara, Elizabeth Dial, Mary F. McCann, Ellen Allison, Agnes Reidy, Catherine Williams, Ellen Brophy, Annie Dredge, Elizabeth E. Maydon, Elsie Blackburn, Mary Turner, Elsie R. Bennett, Emily Richardson, Doris A. Madeley, Helena Robertshaw, Elsie Troup, Bertha Heaps, Lillian Morrow, Fredricka Heath, Beatrice S. Ward, Constance M. Waters, and Edith A. Hawkyard.

### WALES.

Gladys Lloyd and Sarah A. Thomas.

### IRELAND.

Kathleen Collins, Mary Dargan, Della McGovern, Janie M. F. MacTernan, Constance Baynham, and Mary E. Brinkley.

### SCOTLAND.

Helen Bauld, Isabella M. Boyle, Edith M. Bridges, Agnes M. Cuthill, Ellen M. Ellis, Rose E. Hutt, Jessie H. Kenny, Jessie G. McDavid, Margaret McMillan, Elizabeth McPhee, Mary A. O'Neill, Annie E. Roberts, Gertrude F. Treacy, Jennie Walker, Margaret J. S. Will, Dorothy M. Bromilow, Sarah Lyon, Margaret F. MacLean, Ina Mather, Jean Mowat, and Catherine V. Murray.

## EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, MARCH 17TH, 1921.

1. How would you disinfect a room and its contents if unable to obtain help from the Sanitary Authorities.
2. You are attending a case of Phthisis (pulmonary tuberculosis). What symptoms in another member of the family, say, one of the children, would lead you to suspect tubercular trouble in some form? What advice would you give? What steps would you yourself take in the matter?
3. In a country district you are called in to see a so-called "gathered finger," and you find serious swelling and pain, involving the hand and arm. What steps would you take and what would you do?
4. Describe in detail how you would nurse a case of a lying-in woman. What special points would you note daily?
5. You are informed that a family is not being properly fed, what enquiries would you make in order that you may judge whether they are having the necessary elements of a sensible and suitable diet?
6. (a) What work could you as district nurse undertake for the various Health Authorities in town and in the country? or  
(b) Give an account of the object and methods of work of any charitable organisation with which you are familiar for the relief of distress.

## CONFERENCE AND EXHIBITION. HORTICULTURAL HALL, VINCENT SQUARE, S.W.

We publish this week the official programme of the Nursing and Midwifery Conference, and would advise nurses to note the subjects to be dealt with and to arrange to be free for those sessions in which they are particularly interested. Three excellent sessions have been arranged for midwives and maternity nurses.

The professional exhibits which will be shown in the large hall include a special walking chair for paralysed persons, and a celluloid splint for infantile paralysis, and old prints of hospitals (all from the National Hospital for the Paralysed and Epileptic); an X-ray car, a "blood man" showing the circulation, an arm-substitute, electric bed-warmer (College of Ambulance), model set of simple infant garments, &c.

Tickets for the Exhibition and Conference may be had free by nurses and midwives applying (enclosing stamped envelope) to the Secretary, 22, Great Portland Street, London, W. 1.

## THE CONFERENCE PROGRAMME.

WEDNESDAY, MAY 18TH.

- 2.30.—Chair—Miss E. C. Barton (Matron Chelsea Infirmary).  
Superannuation under the Poor Law (Major Simonds, M.A., Barrister-at-Law, Secretary Poor Law Officers' Association).  
Pensions for Hospital Nurses.  
Nurses' Salaries from the Professional Woman's Point of View (Miss Ruth Young, Secretary Headmistresses' Association).
- 5.—Chair—Miss Grace Vaughan (Superintendent Westminster D.N.A.).  
The Present and Future of Health Work (Miss Halford, Secretary National Association for the Prevention of Infant Mortality).  
Little Rifts in District Work (Miss Edith May, late Health Visitor, Margate).
- 8.—Chair—Miss Tunbridge (Matron General Lying-in Hospital).  
Midwifery and Common Sense (Lionel Smith, Esq., M.B., M.R.C.P.).  
Some Notes on Painless Labour (Sister Coni, Labour Ward Sister, General Lying-in Hospital).  
Infant Feeding (Mrs. Marion Cockerell, M.B., B.S., Medical Officer, South St. Pancras Mothers' Welcome).

THURSDAY, MAY 19TH.

- 2.30.—Chair—Miss A. C. Gibson (President Midwives' Institute).  
A Retrospective Glance into the History of the Midwife (A. H. Richardson, Esq., F.R.C.S., Assistant Obstetric Physician, General Lying-in Hospital).  
Ante-Natal Work (J. W. Wayte, Esq., M.B., late House Physician, General Lying-in Hospital).  
The Post-Certificate School (Mrs. Turner, Sister-in-Charge).



- 5.—Chair—Miss Olive Haydon (Superintendent Paget House).  
The Midwives' Institute and its Work (Miss Pearson).  
Some Points in the Clinical Observation of Infants During the First Ten Days (Sydney Owen, Esq., M.D., Visiting Physician, City of London Lying-in Hospital).  
Demonstration Teaching of Practical Midwifery (Miss Elsie Hall).
- 8.—Chair—Miss Alsop (Matron Kensington Infirmary).  
The Value of Nurses' Leagues (Rev. A. Lombardini, Kensington Infirmary).  
Suggestions for a Registered Uniform (Miss Grace Vaughan, Superintendent Westminster D.N.A.).

## FRIDAY, MAY 20TH.

- 2.30.—Chair—Miss L. S. Clark (Matron Whipps Cross Hospital).  
How the Nurse Can Make Her Voice Heard (N. Howard Mummery, Esq., M.R.C.S., General Secretary Federation of Medical and Allied Societies).  
The Eight-hour Day in Practice (Sister Starkey and Sister Monnet, Southwark Hospital).  
Visiting Nursing of the Middle Classes by District Nurses (Miss S. M. Marsters, Superintendent Paddington District Nursing Association).
- 5.—Chair—Miss Sordy (Matron Queen Mary's Hospital for the East End).  
Adenoids or Nasal Obstruction: The Cause and Treatment (Lieut.-Col. John Kynaston, R.A.M.C., retired).
- 8.—Chair—Miss A. C. Gibson (late Matron Birmingham Infirmary).  
The Nursing of Nervous Patients (Sir Robert Armstrong Jones, C.B.E., M.D., F.R.C.P.).  
Some Words to Nurses (Sir James Cantlie, K.B.E., F.R.C.S.).  
Announcement of Prize-winners in Observation Competition.

## COMPETITIONS.

In connection with the Nursing Exhibition some interesting Competitions have been arranged in each of which there will be valuable prizes.

## OBSERVATION TESTS.

In order to bring home to nurses the extreme importance of the development of psychological powers two competitions have been arranged under the auspices of the London Institute of Applied Psychology, of 22-24, Great Portland Street, W. 1.

One test consists of being able to see how many objects can be remembered after looking for two minutes at a table covered with many objects.

Another test will be to compare two tables each containing an almost similar number of instruments and objects and to state which articles are missing on the second table.

In the first test prizes of two guineas, one guinea and half-a-guinea will be awarded for the largest numbers of articles rightly estimated.

In the second test prizes of one guinea each will be awarded to every Competitor who states exactly the three missing articles.

## THE EXHIBITION.

The Exhibition, which will be held in the Royal Horticultural Hall, Vincent Square, Westminster, S.W., from May 17th to 20th inclusive, will be open from 12 noon to 9 p.m., when nursing appliances, dietetic products, literature, and other exhibits of interest to nurses and midwives will be brought to their notice. Amongst the Stands which should be visited we now direct special attention to the following:—

BOVRIL, LTD., 146, Old Street, E.C. (Stand 39), Food Specialists and Contractors to His Majesty's Army and Navy.—As most nurses know, Bovril is a highly concentrated pure beef preparation of great nutritive value.

SOUTHALL BROS. & BARCLAY, LTD., Lower Priory, Birmingham (Stand 46).—The exhibits of this well-known firm are always of special interest to maternity nurses and midwives. Their accouchement sets, designed in collaboration with eminent obstetricians and trained nurses, are one of their many invaluable specialities.

E. J. FRANKLAND & Co., Nurses' Supply Association, 26, Imperial Buildings, New Bridge Street, E.C.4 (Stand 52).—Specialists in Nurses' Outfits, are exhibiting attractive uniform, coats and cloaks, bonnets, &c. They further announce a welcome reduction in prices.

HORLICK'S MALTED MILK, Slough, Bucks. (Stands 53 and 54).—No exhibition would be quite complete without a display of this nutritive food beverage. Those who have the Horlick-habit return again and again at succeeding exhibitions for their favourite pick-me-up.

W. H. BAILEY & SON, LTD., 38, Oxford Street, W. (Stand 4).—This firm has always an attractive and comprehensive display, which attracts much attention. Midwives should make a point of asking to see their "Midwife's Training Bag" which, with removable lining and certain fittings, is marvellously cheap at 25s. 6d.

"JOUJOU," 104, George Street, Portman Square (Stand 38), are again exhibiting their useful bust supporter. Nurses should not miss this stand, and should acquaint themselves with its special points. An important one is that while supporting the figure it in no way interferes with infant feeding.

THE MEDICAL SUPPLY ASSOCIATION, LTD., 167-185, Gray's Inn Road, W.C. (Stands 43 and 44).—Some of the novelties exhibited by this firm will be the "Easirede" Pelvimeter, very neat and portable, which should be included in the outfit of every midwife. The "Eclipsal" Registered Nurses' Case; this has two separate compartments, and when open all the contents are exposed, enabling the nurse to pick out any particular article she requires immediately. It is supplied in black or brown cowhide; also in Rexine. During the Exhibition only, this firm are offering a Nurses' Bag, extra wide and roomy, at the very low price of 24s. 6d.

Do not forget to call at the Stand of THE BRITISH JOURNAL OF NURSING (Stand 37). You will be



sure of a welcome, and can secure our Special Conference Number and other useful literature on sale at 431, Oxford Street, W.

Near by (at Stand 40) you will find the National Union of Trained Nurses, of 46, Marsham Street, W. Look them up.

#### ANNEXE A.

THE GAS LIGHT & COKE CO., Horseferry Road, Westminster, S.W.1, will be found in Annexe A. The firm are past masters in the art of arranging a most useful and comprehensive exhibit in attractive form. Just now, with the coal strike dominating our thoughts, the possibilities of coke has a practical interest for us. The convenience and economy of gas as a method of heating bath water, and also, if carefully used, for cooking, is apparent, as there is then no need to keep the kitchen range going, and so an extravagant use of coal can be avoided.

#### ANNEXE B.

GLAXO, 155, Great Portland Street, W.1, will again occupy Annexe B, which arranged as a comfortable rest room, where nurses can meet their friends, is so much appreciated at these exhibitions. The various ways in which Glaxo can be used will also be demonstrated, and nurses and midwives will have an opportunity of testing its many excellencies in a variety of dishes.

### NAMES AND ADDRESSES TO NOTE AND REMEMBER.

MESSRS. GARROULD'S, Government and Hospital Contractors, 150-162, Edgware Road, W.2.—A favourite house with nurses, as in their spacious Nurses' Saloon everything for their need is to be found, whether for personal wear or equipment.

MESSRS. GAYLER & POPE, LTD., High Street, Marylebone, W.—Nurses and proprietors of Nursing Homes will find they are well repaid if they make a visit to this establishment, whether they require uniform or mufti for themselves, or furnishings for their houses.

THE SURGICAL MANUFACTURING CO., LTD., 83-85, Mortimer Street, W., are well established in the confidence of nurses, to whom they offer various advantages. A visit should be paid to their show rooms, or if this is impossible, an illustrated catalogue will be sent free, on request.

SHELL BRAND FLOOR POLISH, Archibald H. Hamilton & Co., Ltd., 8, Possilpark, Glasgow.—Be sure to put this polish on order, and to use it regularly.

#### TOILET ACCESSORIES.

Amongst these every nurse should include:—LISTERINE (Lambert Pharmacal Co., St. Louis, U.S.A.), a non-poisonous antiseptic useful as a mouth wash, and for the preservation of the teeth. SUBITOL SOAP (Zimmerman & Co., Ltd., 9-10, St. Mary-at-Hill, E.C. 3), to keep the hands white and soft, and free from irritation, and the SCOTT

ROWLAND Hygienic Facial Preparations (40, Old Bond Street, W.), which have been awarded a Gold Medal for purity and excellence.

### A SEARCHING INQUIRY REQUIRED.

Glasgow Town Council had before them recently the resignations of 29 of the 33 members of the local War Pensions Committee. Sir Charles Cleland, Chairman of the Committee, in a letter intimating his resignation, said it was impossible, under the very restrictive and hampering conditions laid down by the Ministry of Pensions and regional headquarters, usefully to carry on the work any longer.

It was further alleged that the hospital at Bellahouston is hopelessly under-staffed, the supply of underclothing inadequate, the cooking arrangements insufficient, and that hundreds of unfit men are being discharged ruthlessly, apparently for no other reason than that the Ministry is determined to economise at all costs. One doctor is said to have examined 210 men in 80 minutes, and marked 100 of them fit for work. Of that number 57 had to be readmitted within five days, and the great majority were back on treatment in a few weeks.

The members of a deputation from the International Union of Ex-Servicemen, who waited on the Town Council, described the state of affairs at the hospital as scandalous and worse than Mesopotamia.

The Council resolved to demand a public inquiry, and appointed a deputation to interview the Prime Minister. The public will require a searching inquiry into the long-standing dissatisfaction at Bellahouston.

### COMING EVENTS.

May 14th.—Fever Nurses' Association. Annual Meeting. West Ham Town Hall, Stratford, E. 2.30 p.m.

May 17th to 20th.—Nursing and Midwifery Exhibition and Conference, Royal Horticultural Hall, Westminster, S.W. Open daily from noon to 9 p.m.

May 18th.—Royal British Nurses' Association. Opening of New Headquarters and Nurses' Club, 194, Queen's Gate, S.W., by the President, Her Royal Highness the Princess Christian, 4 p.m.

May 19th and 20th.—Royal British Nurses' Association. New Headquarters and Club open to Visitors from 11 a.m. to 1 p.m., and from 2 to 4 p.m.

### A WORD FOR THE WEEK.

Such words as "illness," "health," "poverty" and "riches," "physician" and "surgeon" are international; can we not bend every effort to secure the same recognition for the nurse and her work?—*International Journal of Public Health.*

Training is everything. The peach was once a bitter almond; cauliflower is nothing but cabbage with a college education.—*Mark Twain.*



# HORLICK'S MALTED MILK

**For Infants and Growing Children**

Pure, full-cream milk, modified and enriched with the soluble extracts of the choicest malted barley and wheat-flour.

Pre-eminently suitable for infants from birth, as it contains no unaltered starch and no cane sugar.

Rich in Vitamines, those essential growth-promoting, health-giving substances derived from the Milk, Barley and Wheat.

**Builds firm flesh, sound bone, and strong muscles.**

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

In Sterilized Glass Bottles, of all Chemists and Stores, **2/-, 3/6 and 15/-**

**Be sure to specify "Horlick's," the original.**

Samples will be forwarded free and postage prepaid to Members of the Nursing Profession on application to  
**HORLICK'S MALTED MILK CO., SLOUGH, BUCKS., ENGLAND.**

APPROVED SOCIETY.

## THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY

*Admits Professional Nurses only.*

ADVANTAGES.

1. Managed by a Professional Committee, and Secretarial Staff of Women.
2. Strict Privacy concerning the physical condition of applicants for Sick Benefit.
3. Prompt Payment of Sick Benefit.
4. Maternity Benefit a minimum charge on the Funds.

Trained Nurses should apply for conditions to—

**THE SECRETARY, T.W.N.F.S.,**

**431, Oxford Street, London, W.**

## NURSING EXHIBITION

(ROYAL HORTICULTURAL HALL)

Nurses are cordially invited to inspect the wide range of

## Surgical India Rubber Goods

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Manufactured by

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**LONDON.**

ESTABLISHED IN LONDON IN 1847

Original Inventors and Makers of the Seamless Enemas and Patent Band Teat and Valve "Agrippa."

AIR CUSHIONS	SYRINGES
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BED SHEETING	TEATS
ENEMAS	TUBING
"ECLIPSE" HOT WATER BOTTLES	

And a special display of Ingram's Patent Band Teat and Band Valve "Agrippa."



## 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.*

## TWO DIFFICULTIES EXPERIENCED BY SMALLER HOSPITALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—May I be allowed to correct a false impression likely to arise from my remarks, at the General Nursing Council discussion, about the attendance of probationers at classes and lectures.

I fear my meaning was not clear. I intended to point out two difficulties the smaller hospitals experienced: First, that of paying an educational staff; second, the difficulty of ensuring that the probationers should be able to attend lectures and classes at times which cannot be altered and which must be fixed long in advance, if a travelling Sister-tutor were to give them. In a small hospital frequently short of staff, the date and hours of lectures have often to be changed at the last moment owing to illness amongst the nurses, exceptionally heavy wards and emergency operations.

This uncertainty as to time was the point I desired to make.

M. I. BARWELL,  
Matron.

General Hospital,  
Great Yarmouth.

## KERNELS FROM CORRESPONDENCE.

## A RED LETTER DAY.

*Dr. Anna Hamilton, Bordeaux.*—"You may well say the laying of the first stone at Bagatelle was a red-letter day for me. I was indeed very happy. . . . On May 5th it will be twenty years since I arrived here. When I think of all the changes that have taken place I do feel deeply thankful, and trust now that were I to disappear, the work would go on developing just as it ought to."

[The next great day at Bagatelle will be the laying of the stone of the Florence Nightingale College and Home for Nurses, the funds for which have been generously contributed by the American Nurses in memory of their colleagues who died on "active duty."—ED.]

## THE FATE OF REFORMERS.

*Co-operation.*—"Certain Nurses' Representatives on the Staff, 22, Langham Street, W. 1, set out, some time ago, to effect reforms in the Co-operation, which has never been a real Co-operation—except in name—since 1894, when it was turned into a limited liability company without the knowledge or consent of the Nurses. It would seem from the various questions asked in the House of Commons that in spite of the treatment received, both from the members of

the Society and the Nursing Staff, these ladies are still actively engaged in trying to get the reforms carried out. I gather from the replies of the President of the Board of Trade, in the House of Commons, that he has the matter in hand. Probably the next generation of Nurses will realise, and be grateful for, the efforts and sacrifices that have been made on their account."

## STRONG PREJUDICE PREVAILS.

*A Trade Unionist.*—"It is extraordinary that people who are otherwise fairminded and intelligent should not realise the injustice of trying to impress on inexperienced and immature minds their own prejudices with regard to certain subjects. We find in the Nursing papers, under the heading 'Sir George H. Makin's Advice,' adverse references to Trade Unions for Nurses. Nothing within recent years has so roused the employers to action as the formation of a Nurses' Trade Union. It can only be fear of the power of Trade Unionism which has galvanised them to life. How many of these Governors of Hospitals and Medical Men connected with them, have in the past raised their voices against the grave injustices under which nurses suffer?"

## THE STANDARD OF TRAINING FOR PRIVATE NURSES.

*Member R.N.S.*—"I note two matrons, in discussing the curriculum at the Nursing Conference, appeared to think the high standard outlined was not necessary for private nurses. Why? Surely nurses working in this branch need all the knowledge and teaching they can get. No class of nurse has more individual responsibility—the private nurse is a real Nursing Practitioner—and ignorance upon her part might be fatal. The depreciation of private nursing shows obsolete ideas of the responsibility involved." [We agree.—ED.]

## J'AI CŒUR DE LION.

*Superintendent.*—"A Frenchwoman seeing in the B.J.N. that a Unit of Nurses were going to Greece to nurse the wounded, asked me to help her to get out. 'What are your qualifications?' I questioned. After a pause she replied: 'J'ai cœur de lion.' And not a bad asset either when dealing with the Turk!"

## THE SPIRIT OF ISLA STEWART.

*Member Bart's League.*—"In reading the report of the Isla Stewart Dinner to League Delegates to the Conference on Nursing Education, how I wish I could have been present. I feel with you that the spirits of all the nursing pioneers were hovering around."

## PRIZE COMPETITION QUESTIONS.

*May 21st.*—Describe the nursing care of a case of pulmonary tuberculosis in regard (1) to the patient; (2) to the community.

*May 28th.*—Describe how to care for the bedpan, urinal, spittoon, and baby's bottle?



## The Midwife.

### THE BUSINESS OF NO ONE.

It is always a notable achievement to build a bridge, and this has been done by the pioneers of the Nursery School at Rommany Road, Norwood. Charitable and official activities have provided for child welfare from birth to the age of about two years, but midwives, who keep in touch with "their babies" beyond this age are puzzled to know what advice to give to the mothers as to their care and supervision for the next three years. The Government takes up the responsibility at the age of five, but until the past two or three years the interval between these ages has been the business of no one. It is somewhat extraordinary that the most receptive years of a child's life have been practically disregarded by the many organisations for its well being.

We recently had the opportunity of inspecting the work of the Rommany Road Nursery School, and further of being personally conducted by its pioneer and founder, Miss Belle Rennie.

It has been in existence for about two years and a-half, and has amply justified itself.

Its organisers have not been deterred by the many difficulties that beset their path at its inception. They were determined to make a start somehow, and to make the best of such accommodation as presented itself.

A temporary building with a corrugated roof, which is used for religious services on Sunday, was selected. Forty children are the most that can be received, but this number by no means represents the applications that are made. The children are taken from the poorest homes, and an extraordinary effect on their physique, appearance and manners is noticeable after two or three weeks' attendance. There may be some who prate that the mother is the proper person to have the sole care of her children during these years, and that it is a mistaken kindness to relieve her of the responsibility. Given she has proper housing and opportunity of leisure, there may be something in the argument, but we see no reason why she should not in a small measure emulate the example of her more fortunate sisters and enjoy some time in the day a respite from her incessant maternal cares.

For example, in this Nursery School there are twins aged two-and-a-half years; at home (in case anyone should imagine their mother is disporting herself at the cinema) there is another pair of twins aged sixteen months, and as if that were not enough, a babe of four weeks. Think of it! Five children under two-and-a-half years!

To go back to our visit of inspection. We came in through the kitchen. Here, in a very circumscribed space, is carried out the cooking of dinner for forty children. Good nourishing soup, baked

crusts, and delicious milk pudding formed the menu that day.

In the main room the children were at play and the head teacher kindly pointed out the various arrangements to us. Simple, plain and complete they all were. The work is reduced to a minimum as the children, infants though they be, are all taught to play their part.

At a word from the teacher these tiny tots cleared up the floor from toys, &c., and packed them tidily in the cupboards round the room. Another few moments they were seated in a ring on the floor singing action songs. A beckoning finger caused them to crowd round the teacher, who whispered mysteriously to the little group something which evidently was satisfactory to judge from the little smiling faces. We judged it to refer to dinner, as these tiny little people at once quietly began to spread the miniature tables with miniature cloths of coloured check. Small Japanese trays were produced and tots of two and three years old gravely placed spoons thereon and proceeded to the table and placed them in a manner which suggested embryo parlourmaids. Other children decorated the centre of each little table with a vase of bluebells or buttercups. These arrangements being complete, the "waiters" were attired in overalls, the other children seated at the table and dinner commenced, after a simple grace.

It needed seeing to believe, but at the two "high tables" from which the dinner was served, were seated two of this miniature band, who, the dishes having been placed before them by the waiters, began to serve out the soup with a fine air of importance. This, be it spoken, without any apparent supervision. The "waiters" having served their companions, sat down to their well-earned meal.

The business of clearing away and washing up is all done by these small people, and we were told that so carefully are they trained that only *three* articles have been broken since September!

After dinner the small stretcher cots are prepared by the children, who then lie upon them for their midday rest and sleep. Previous to their rest, however, faces and hands are washed and teeth cleaned, the towels and tooth-brushes are kept strictly separate, but instead of numbers, which they are too small to recognise, each child has a little design over its hook by which it knows its belongings—a boot, an umbrella, a saucepan—a corresponding design is placed over the outdoor clothes.

We have only been able to sketch briefly some of the many attractions and advantages of this nursery school.

There is no attempt at "book learning," but the little ones are trained to use minds and hands on the Montessori method. We were immensely struck by the absence of all fuss or orders on the



part of the teachers, and the immediate response of the children to the low tones which guided them in work and play. Bad workmen blame their tools, but a good workman can do wonders with bad tools.

Nevertheless, new quarters are sadly needed for this splendid work, and new quarters are not to be built without money, and a good deal of money.

This centre is managed with an economy that is most praiseworthy, and thus deserves the support of the charitable.

Centres of this kind should follow in the wake of every elementary school.

If the unfortunate working mother,<sup>11</sup> who is so often so unjustly blamed, were more considered and helped in the exhausting work of bringing up her large brood, we should hear less of vices which too often spring from sheer desperation and the longing to escape from the hopeless monotony and endless work of her daily life.

Nursery Schools are perhaps the best answer to the problem.

H. H.

### SCHOLARSHIPS FOR TRAINED NURSES.

Two "Noel Buxton" Scholarships of £35 each, entitling successful candidates to six months' free training are to be awarded at the Mothercraft Training Society (Founder, Dr. F. Truby King). Applicants must be fully-qualified hospital nurses with C.M.B. certificates, under 40 years of age, and prepared to undertake administrative work. Application should be made by letter to Matron. M.T.S., 29, Trebovir Road, Earl's Court, before May 25th. The training will be invaluable to those fortunate enough to gain the scholarships.

### TRAINING IN MOTHERCRAFT.

Miss M. Liddiard, Matron of the Society, points out in a letter to the *Times* how very rarely one hears of a course in mothercraft, and that it is surely of supreme national importance that our girls should have a definite scientific and practical knowledge of how to best produce and rear a healthy family—the most wonderful and sacred work of all, and yet the one for which there is usually no preparation. In the writer's opinion every girl, at the end of her school days, should have definite instruction in this subject; there would not then be the unnecessary suffering and terrible waste of infant life which now goes on in every class of society. Such knowledge is never wasted for a woman; it develops the maternal instinct, gives her a better understanding of life. If she never has children of her own, she is able to help and encourage others; there are mothers and babies everywhere who need help. This is essentially a woman's job, and the most soul-satisfying work to which a woman can devote her life.

Lord Howard de Walden has been elected President of Queen Charlotte's Hospital in place of the late Viscount Portman.

### THE CENTRAL MIDWIVES BOARD.

The List of Successful Candidates at the 86th Examination of the Central Midwives Board, held on April 1st, has now been published. The candidates examined were 627, of whom 502 passed the examiners. The percentage of failures was 19.9.

At a special meeting of the Board for the hearing of charges alleged against certified midwives the Board directed that the name of Midwife Helena Kate Robinson (No. 30,364) should be struck off the Roll, and her certificate cancelled.

### THE CLAIMS OF THE COMING GENERATION.

The Bishop of Birmingham presided last week at the Annual Conference, at Crewe House, of the National Council of Public Morals, at which Princess Christian was present, when the subject under discussion was "The Claims of the Coming Generation."

The Earl of Onslow said that a great deal had been done as regards maternity and infant welfare, of which they had satisfactory proof in the fall in infantile mortality from 154 per thousand in 1900 to 80 in 1920. There was a great field yet for effort, and especially voluntary effort.

### A BABIES' HOSTEL.

Princess Alice (Countess of Athlone) last week opened an Auxiliary Babies' Hostel in connection with the National Children's Adoption Association and known as Addison House, at 38, Holland Villas Road, Kensington. The house has been given for the purpose by Mrs. Creagh, who has also endowed it, so that the greater part of the maintenance will be defrayed.

### POST-GRADUATE WEEK.

The ninth annual Post-Graduate Week for Midwives will be held at the General Lying-in Hospital, York Road, Lambeth, from May 23rd-27th inclusive.

The Hon. Sec., from whom full particulars and programme can be obtained, is Miss K. V. Coni.

### THE TREASURE BATH.

The Treasure Cot Co., Ltd., 124, Victoria Street, London, S.W. 1, now supplies the Treasure Bath, which should prove all that its name implies. It is made of best rubber, and folds up. It costs in plain wood 34s. 6d., and in white enamel 39s. 6d.

### NESTLE'S BABY BOOK.

Nestlé's Baby Book (1920) will be sent free on application to Nestlé's Publishing Department, 15, Arthur Street, E.C. 4. This should be of much interest to those who know the value of Nestlé's Milk.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE PURPOSES OF PROFESSIONAL CLUBS.

In another column we report the opening ceremony of the Club of the Royal British Nurses' Association, by its President, H.R.H. the Princess Christian, and it is useful to consider briefly the purposes for which such Clubs are established.

First, then, nurses with community of thought, sympathy and purpose can conveniently meet there and discuss matters of mutual interest and importance. They are also centres for the interchange of social amenities, and further, they are centres from which information important to nurses can be disseminated, whether at more formal lectures or informal meetings, friendly debates and discussions, or conversations between individuals. All of us who have the "Club habit" know the value and pleasure of such intercourse.

Again, a Residential Club affords a Headquarters to which private nurses can return, as to a real home, between their cases, and this is a side of Club life which many nurses will keenly appreciate. To School Nurses, Queen's Nurses and others it affords a convenient centre where they can relax in their off-duty time. To nurses in the country, membership of a London Club means that they can visit the Metropolis under comfortable and pleasurable conditions difficult to attain on the means at their command in any other way. Especially is this the case with the Club of the Royal British Nurses' Association at 194, Queen's Gate, S.W. The locality is charming, the house spacious, well furnished, and consequently restful, the food well cooked and served, the atmosphere generated from the office of the Secretary and from the Department of the Home Sister—friendly, efficient and serviceable.

Here, too, we may hope to meet from time to time distinguished nurses from our Overseas Dominions and from foreign countries, whose books we have read, whom we know through their contributions to the professional press, and whom we keenly desire to know personally. It is certain that in days to come they will gravitate to the Royal British Nurses' Association Club in Queen's Gate, and it will be one of the great pleasures and benefits of our Club that through it we shall come into personal contact with distinguished members of our profession whom for many years we have admired and revered.

Another point which needs no emphasis to nurses with hospitable instincts is that in Club life they are able to exercise those instincts. We are not of those who desire to see the "living-in" system for hospital nurses abolished. We believe they have more comfort and less strain by that method than in any other way, in regard to their professional life. But the drawback of institutional life is its rigidity. It is quite impossible, for instance, that members of a nursing staff should invite their friends to drop in to tea or other meals. General disorganisation would be the result.

It is here that their Club befriends them. When off duty they can invite whoever they will to meet them, and entertain them at any of the Club meals. This will be a real and much appreciated boon to many nurses. But beyond this the influence of our Clubs, as of all individual members, should be exercised for the benefit of the profession at large. Who knows, for instance, how the whole outlook of a young nurse may be changed by contact, in the social life of a Club, with members of her profession whom she learns to revere, and whose ideals she assimilates and makes her own?



## OUR PRIZE COMPETITION.

### DESCRIBE THE NURSING CARE OF PULMONARY TUBERCULOSIS IN REGARD (1) TO THE PATIENT; (2) TO THE COMMUNITY.

We have pleasure in awarding the prize this week to Miss Dora M. Wilkins (Tuberculosis Health Visitor, Greenwich), Lee Park, Blackheath.

#### PRIZE PAPER.

##### THE NURSING CARE OF THE PATIENT.

When nursing a patient suffering from pulmonary tuberculosis it is very important to have the case in a separate room. A sunny, airy room should be chosen, or better still, a shelter erected in the garden if this is at all possible.

Let us assume the patient is in the advanced stages of pulmonary tuberculosis, and is more or less confined to bed and is nursed at home. The bedclothes should be light and warm, care being taken to protect the blankets well with the sheets in case of accidents with the sputum. A proper sputum cup and flask should be within easy reach of the patient, and in these should always be kept some suitable disinfectant. Rags or paper handkerchiefs, which are immediately burnt after use, should be used instead of linen handkerchiefs. The greatest care must be exercised in handling the sputum; the contents of the sputum cup after previous disinfection should be emptied down the lavatory and well flushed, or burnt in the fire, the cup and flask being thoroughly scalded or boiled in a vessel kept for the purpose, the nurse's or attendant's hands well washed and disinfected before touching anything else.

*Care with the patient's back to prevent bed-sores.*—The bed should be placed so that the air has free circulation round it, and the window wide open day and night. If the patient complains of cold, apply extra blankets and hot-water bottle, the latter being well protected to prevent burning. The window must not be closed.

The room should have all unnecessary furniture and hangings removed, the floor being covered with linoleum in preference to carpet, as this is easily washed and disinfected. Dusting should be done with a damp duster.

The patient should have his own feeding utensils, and these should be washed up separately and kept apart.

Should hæmoptysis occur, keep the patient very quiet in a recumbent position, give ice to suck, and an ice-bag may be applied to the chest. Reassure the patient and send for the doctor.

Encourage the patient in personal hygiene and keep him cheerful.

##### THE NURSE'S DUTY IN REGARD TO THE COMMUNITY.

Nurses are provided by the Public Health Authority for visiting cases of pulmonary tuberculosis in their own homes.

The nurse investigates the home conditions of the consumptive, chiefly with regard to overcrowding and sanitary defects, and the care of contacts.

The patient, if in the early stages, is recommended to go to a Sanatorium, where he learns how to take care of himself and protect himself from being a source of infection to the community.

The nurse urges the "Contacts" to attend the nearest Dispensary for examination. If found by the Tuberculosis Officer to be suspicious they will attend for some time, so as to be kept under observation.

If the tuberculous patient has left his home for a Hospital or Sanatorium, or has died at home, disinfection of his room and bedding is always urged.

Many advanced cases have to be nursed in their own homes, as sufficient hospital accommodation is not provided for these patients. The patient is always advised to have a separate bedroom, and shelters are sometimes provided free of charge where there is a lack of accommodation, and it is possible to erect one in the patient's garden.

Sputum cup and flask are provided by the Public Health Authority, and the nurse gives the patient advice on the care of the sputum and the importance of personal hygiene.

##### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James, Miss T. Roberts, Miss P. Thomas, Miss J. Jennings, Mrs. E. Taylor, Miss Henrietta Ballard.

Miss H. Ballard writes:—"No person suffering from tuberculosis must be employed in any capacity dealing with food, such as kitchen work, cooking, waiting, or dairy farming or selling. Women suffering from same must not be allowed to feed their children, or prepare food for family."

Mrs. E. Taylor writes:—"It is absolutely necessary to treat this complaint as infectious, and all friends and relatives must be made to realise this and take necessary precautions to avoid contact with patient."

##### QUESTION FOR NEXT WEEK.

Describe how to care for the bed-pan, urinal, spittoon, and baby's bottle.



## NURSING ECHOES.

Mr. Herbert J. Paterson has done well to remind the Government in the *Times* how unjust it is that nurses who served their country in home service during the war should be denied the General Service Medal. "In equity," he writes, "the restriction of the General Service Medal to those who 'crossed the seas' is indefensible, more especially as service in a hospital ship was not considered a qualifying condition. . . . Nurses are smarting under the injustice and indignity of being placed under the provisions of the Unemployment Insurance Act. Is it too much to hope that the Government will reconsider their decision and not inflict another injustice on the profession by depriving them of a recognition which appears in common justice to be their due?"

A Ball Masqué is to be held on Alexandra Day at Lansdowne House, in aid of Queen Victoria's Jubilee Institute for Nurses, which is very deeply in debt, owing to necessary increased expenditure on salaries and upkeep.

Her Royal Highness Princess Louise, President of the Scottish Branch Queen Victoria's Jubilee Institute for Nurses, has endorsed the appeal being issued in support of the good work. The need is pressing and urgent, as for some years the annual income has fallen £5,000 short of the expenditure.

The following resolution was passed at the annual meeting of the South Wales Nursing Association:—

"That in view of the action now being taken by County Councils with regard to district nursing, the existence of the South Wales Nursing Association as an organiser of district nursing, apart from its work in procuring and training candidates for nursing will probably become unnecessary before long, and County Sub-Committees are advised to develop their policy accordingly.

We hope the training given will qualify candidates for the State Examination of the General Nursing Council for England and Wales.

We wonder if it would not be advisable for the General Nursing Council to issue a statement to County Nursing Associations. These bodies are in many instances urging young women to contract for a little training and three

years' service—which will not qualify them to become "registered nurses." This seems very unfair. The county ladies running these Associations should acquaint themselves with the provisions of the Nurses' Registration Acts. The day has gone by when the laity can define professional standards (often very unfair to the workers), and govern professional nurses. Many girls are being side-tracked professionally by these County Nursing Associations, unless they intend to practice midwifery only—and cease to assume the title of nurse.

We hope it is not true that the nursing at the new hospital for functional nervous disorders at Swaylands, towards the foundation and endowment of which Sir Ernest Cassel has given £225,000, is to be largely done by probationers. This type of work needs very highly skilled nursing by women of very special temperament if the patients are to be really benefitted. Raw probationers, however well intentioned, cannot possibly possess the knowledge and experience required.

Mr. Laurence Burke, of Main Street, Castlerea, co. Roscommon, Ireland, writes to the *Poor Law Officers' Journal*, advocating the right of male nurses to be placed on the General Register. The three Acts specially provide for Supplementary Male Registers, and this is just, as men are not trained in the nursing of women and children, including gynaecology and maternity nursing, and are not employed to nurse them. They cannot, therefore, rank as "general" nurses.

The annual meeting of the Committee of the Indian Nurses' Hostel Fund (Lady Rogers' Hostel for Indian Nurses), held recently at 2, Short Street, Calcutta, under the presidency of Major-General Robinson, indicated both the usefulness of the Hostel and the need for increased support. There has been a steady demand for the services of the nurses, and though the staff at present numbers only six, for a considerable portion of 1920 there have been ten to twelve nurses on the night staff of the Hostel, and the nurses have attended 178 cases and earned over 11,000 rupees. The ultimate aim of the committee is the establishment of a Hostel in the northern part of the town on a larger scale, but this cannot be attempted until a substantial reserve fund has been accumulated, and the Committee confidently appeal to the Indian community to assist in this direction.



# Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

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THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

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## THE OPENING OF THE NEW CLUB OF THE ROYAL BRITISH NURSES' ASSOCIATION.

A keen air of expectancy pervaded the new Club of the Royal British Nurses' Association at 194, Queen's Gate, on the afternoon of Wednesday, May 18th, for this was a day of days in the annals of the Association. Its President, H.R.H. the Princess Christian, was coming to open the Residential Club, which the members had so long and ardently desired, and into possession of which they had now entered. It was the first time most of them had had the opportunity of seeing it, and many foregathered at an early hour and took the opportunity of exploring it beforehand from the basement to the roof.

They had, indeed, reason to be proud and happy. First of all the house is satisfying and charming, the rooms spacious and of fine proportions, the harmony of the furnishing all that can be desired. And more than that, it is as sweet and spotless as soap and water, and much polishing, can make it, and that, as all nurses know, is essential to any satisfactory superstructure. The flowers to beautify the Club were sent by the Registered Nurses' Parliamentary Council, the Registered Nurses' Society, and numbers of individual members and their friends.

Those entering the house saw over the arch of the Entrance Hall, beautifully illuminated in red and blue on a white ground, the aspiration, voicing the desire of all the members, "God bless the Nurses' Princess." This was the work of Miss Le Bailley. A note of colour was also given by the Banner of the Association—blue, rose and gold—bearing the Royal Crown and the national emblems of England, Wales, Scotland and Ireland.

Many willing hands contributed to the perfection of the whole, the floral decorations being undertaken by Mrs. Fleming, Miss A. Cattell and Miss Griffin. The Secretary's Office, arranged for the Opening Ceremony,

was beautiful with gorgeous tulips, columbines, lilies of the valley, mauve irises and crimson roses, and in the adjoining dining room rose-coloured tulips were again employed.

Then the visitors ascended to the drawing room, and were charmed with its stately beauty. Long French windows open on to a wide balcony, the well-polished parquet floor is covered with delightful Persian rugs, and the comfortable arm-chairs and couches, with their freshly laundered chintzes, in which the prevailing colours are mauve, green and rose, have cushions covered with soft grey-blue satin.

Here, again, a wealth of flowers was employed with excellent effect. Beech leaves and lilac, rhododendrons, peonies and marguerites beautified the fire-place, and rhododendrons, narcissus and lovely sweet peas, mauve, pink and flame-coloured, completed its attractiveness.

In the Lounge, tall blue and white lupins, wild roses, columbines and carnations gave a charming note of colour, and palms, rhododendrons and spirea decorated the adjoining conservatory.

Ascending further, the bedrooms, where some thirty members can be accommodated, were visited, and their attractive atmosphere of dainty freshness was much commented upon. Last of all the flat roof was reached. It will be a delightful outlet on summer evenings.

In the basement, presided over by the capable and smiling cook, everything was in apple-pie order, and the members of the Club must surely feel well disposed to food prepared in such sanitary surroundings.

At four o'clock H.R.H. Princess Christian arrived, accompanied by H.H. Princess Marie Louise. She was received by the Executive Committee and the Honorary Officers (Miss M. Heather-Bigg, R.R.C., Vice-Chairman, Mrs. Campbell Thomson, Nurse Hon. Secretary, Mr. Herbert J. Paterson, Medical Hon. Secretary, and Dr. Kenneth Stewart, Hon. Treasurer), and at once proceeded to the Secretary's office, where the opening ceremony took



place. Here a sheaf of fragrant Mme. Abel Chatenay roses, tied with a soft vieux-rose riband, was offered to Princess Christian, for her acceptance, by Nurse Gillighan, and Nurse Sheehan presented to Princess Marie Louise a bouquet of mauve irises and pink gladioli.

Amongst the invited guests were the Mayor of Kensington, wearing his badge of office, and Mrs. Rice Oxley, the Countess of Carnarvon, Lord and Lady Morris, Sir Anderson and Lady Crichton, Sir Stanley and Lady Hewitt, Lady Duckworth, Dr. Chapple, Mrs. Lessing, Mr. and Mrs. Montagu Price, Mrs. Herbert Pater-son, Mrs. Kenneth Stewart, Dr. Goodall, O.B.E., and Mrs. Goodall, Dr. and Mrs. Morison, Dr. Courtenay Lord (of the British Medical Association), Mr. and Mrs. Pitt, and Mrs. Carter Braine. Some hundreds of members of the Association were also present.

#### THE OPENING CEREMONY.

Prayers were offered by the Sub-Dean of the Chapels Royal, the Rev. Canon Edgar Sheppard, D.D., who was vested in surplice and hood, and wore the Victorian Order, the Order of St. John of Jerusalem, and a number of others. They were:—

##### I.

“O Lord Jesus Christ, Who dost ever have compassion on those who suffer, bless, we pray Thee, all whom Thou hast called to the Ministry of Healing. May Thy Heavenly and special Protection be over all Doctors and Nurses, and especially upon those connected with this Association and Home. Give them skill, tenderness, patience, sympathy and endurance in their often uphill work. May they—to quote the words of the old motto of the Royal British Nurses' Association, chosen by its Royal President, Princess Christian, more than thirty years ago—be ever ‘Steadfast and true,’ and may this be always uppermost in their words and their deeds. May they all have grace to follow Thy blessed example of love, humility, and unfailing pity, that they may finally receive their heavenly reward from Thee, Who livest and reignest with the Father and the Holy Spirit, one God for ever and ever. Amen.”

##### II.

“Almighty God, Whose Blessed Son Jesus Christ went about doing good, and healing all manner of sickness and disease among the people, continue, we beseech Thee, His gracious work in the hospitals and infirmaries of our land. Let Thy heavenly protection ever be over them, and we specially pray that Thou wilt bless all who by their piety, their gifts, and labour of love may help forward this noble and self-denying work, and may all who serve Thee faithfully here be rewarded in Thine own good time, through Jesus Christ our Lord. Amen.”

The brief service closed with the Benediction.

#### THE PRESIDENT'S OPENING SPEECH.

Her Royal Highness Princess Christian, President of the Association, then said:—

It gives me great pleasure this afternoon to open the new Headquarters and Club of the Royal British Nurses' Association, and to congratulate its members on the materialisation of a scheme which I regard as one which will promote not merely the many-sided activities of the Association itself, but which will be of benefit to the whole profession.

As you know, this scheme for founding a Club for nurses is one which has been very close to my heart, and it is a peculiar pleasure to me to feel that in carrying it to a successful conclusion I have owed so much to the co-operation and loyalty of the nurses themselves—to that loyalty on which I have always been able to rely throughout all the years during which I have been your President. I know that it must be a source of satisfaction to you to feel that you yourselves subscribed the money which placed your Council in a position to negotiate for the lease of this house and to undertake the responsibilities thereby involved.

But, while thanking the members for their part in establishing this Club, I know that they would be distressed indeed were I not to refer also to the great kindness of Sir Harold Boulton and the Committee of Queen Mary's Hostel for Nurses. As I stated, in a letter to the members of the Corporation a few weeks ago, Sir Harold and his Committee have shown the most wonderful kindness to the nurses in handing over to them the whole of the furniture and equipment of Queen Mary's Hostel for Nurses. This act of generosity will, I hope, live long in the memory of the members of the Royal British Nurses' Association.

I have learnt that it is the intention of the nurses to raise an Endowment Fund for the principal room in the Club, and to connect that room with my name. This gives to me great pleasure, and very often my thoughts will be with you when you gather together there during your off-duty time or, it may be, to promote the various schemes which, from time to time, your Association finds it good to undertake.

I need hardly say that you have my heartfelt good wishes for the success of your new enterprise; for the progress of your profession and the welfare of its members have been a matter of life-long interest to me. Throughout all those years during which I have been President of this Association, I have tried to be no mere figure-head, and have been in very close touch with all its activities. It is now



more than thirty years since I chose for your Association the beautiful old motto which you see on the scroll of its banner to-day. Looking back on the history of those years I feel that my Association has been "Steadfast and True" to a principle which I hope will ever dominate its policy—that of placing the welfare of the profession at large before every other consideration, before even the interests of the Association itself. With such a policy to guide you I look forward to the future of my Association with all confidence, and feel that this beautiful new Club will be used to benefit to the utmost extent possible the interests of the profession of nursing which all my life have been so dear to me.

I cannot close without referring to the devoted untiring services of Miss Macdonald, our valued Secretary, to whom the Association and its members owe so much, and I would ask her to accept my own personal warmest thanks, as well as the gratitude of the Association and of its members. (Applause.)

#### THE THANKS OF THE ASSOCIATION.

Miss Mildred Heather-Bigg, R.R.C. Vice-Chairman of the Association then said:—

YOUR ROYAL HIGHNESS,—

It is my proud privilege this afternoon to thank you in the name of this representative meeting for coming here to-day. But it is always a Red Letter Day for us when our Royal President comes amongst us.

Your Royal Highness has never been a mere figure head. Your keen interest in the work of the nursing world has stimulated all our efforts. Not only have you ever been to the fore with suggestions for the health and well-being of Nurses, but it is to your Royal Highness that we owe the Charter of our corporate existence.

Your support and sympathy have culminated to-day in this magnificent gift of a club's equipment.

This Club, which your Royal Highness is just about to open, as well as the active part you took in securing State Registration for Nurses, are lasting proof of your success in raising the status of the nursing profession.

I will now ask your Royal Highness to fix this commemorative tablet on the wall by the side of the one Her Majesty fixed when she opened Queen Mary's Hostel for Nurses.

#### THE COMMEMORATIVE TABLET.

The Princess then fixed the Commemorative Tablet, and declared the Club open.

The Tablet bears the following inscription:—

This house was taken over by the Royal British Nurses' Association on April 15th, 1921.

This tablet was placed in position by Her Royal Highness Princess Christian, First President of the Royal British Nurses' Association, when the House was opened as the Headquarters and the Club of the Corporation, on May 18th, 1921.

#### TELEGRAMS OF CONGRATULATION.

The Secretary, Miss Macdonald, then read the following telegrams:—

*From the South Australian Branch.*—To the Royal British Nurses' Association: "The Branch Association, South Australia, send fraternal and loyal greetings, wishing the parent Association success on the opening of their new residence.—Margaret Graham, Consul."

*From the Scottish Nurses' Association.*—To Her Royal Highness Princess Christian: "The Scottish Nurses' Association, with the expression of its filial attachment to the Royal British Nurses' Association, and of affectionate loyalty to its head, offers warmest good wishes for the prosperity and happy social development of the new Headquarters.—J. McGregor Robertson, President."

*From the Scottish Nurses' Club.*—To the President: "The Scottish Nurses' Club offers its warmest congratulations, and most hopeful wishes for success and happiness on entering into possession of so beautiful a home.—I. Ailsa, President."

*From the Trained Nurses' Annuity Fund.*—To the President: "Members of the Trained Nurses' Annuity Fund wish to congratulate your Royal Highness on the opening of the Nurses' Club, and wish it every success."

*From the Fever Nurses' Association.*—To the Secretary: "On behalf of Fever Nurses' Association desire to tender hearty congratulations to Royal British Nurses' Association on successful inauguration of much-needed social club for nurses. Every good wish for future prosperity.—Ford Caiger, Hon. Treasurer."

*From the Society of Chartered Nurses.*—To the Royal British Nurses' Association: "All good wishes from your members of the Society of Chartered Nurses."

*From the Association of Trained Nurses in Public Health Work.*—To the Secretary: "The Association of Trained Nurses in Public Health send best wishes for the success of the Club, and for the continued success of the Royal British Nurses' Association."

*From the National Union of Trained Nurses.*—To the Secretary: "The National Union of Trained Nurses sends heartiest good wishes for the success of Club."

*From the Professional Union of Trained Nurses.*—To the oldest Association of Nurses—the Royal British Nurses' Association—greetings from the youngest—the Professional Union of Trained Nurses: We thank you for keeping the flag flying."

This concluded the proceedings. The Princess Christian and Princess Marie Louise then inspected the Club, and expressed much pleasure at its arrangements. Before leaving, they had tea in the Lounge. As the Royal party left the Club, hearty cheers were raised by the nurses present for the "Nurses' Princess."

The afternoon concluded with tea, daintily served, and a very successful and memorable occasion was brought to a conclusion. M. B.

ISABEL MACDONALD.

Secretary to the Corporation.



## THE QUEEN'S VISIT TO THE ROYAL FREE HOSPITAL.

The visit of Her Majesty the Queen to the Royal Free Hospital, Gray's Inn Road, W.C., on May 11th, to open the new Clinical Unit of Obstetrics and Gynæcology in London, recognized by the Senate of London University, was much more than an ordinary visit, marking approval of philanthropic endeavour; for the purpose of the Unit is essentially that of a teaching department and its organization is directed to that end. It has other important purposes, but it was primarily to emphasise her interest in the higher education of women, and of medical women in particular, that the Queen honoured the Royal Free Hospital with her presence and opened the block of wards which bear her name.

On May 11th the Outpatient Hall had been metamorphosed into Fairyland. Groups of flowers and ferns, tastefully arranged, were placed in every available nook and corner. The beautiful colour scheme was punctuated with the brilliant Academic robes of the women graduates, which were seen in great variety, the scarlet and mauve of the M.D. being specially notable.

On arrival at the hospital, the Queen, who was attended by Lady Amptill and Mr. Harry Verney, was received by the Princess Christian, who was accompanied by Princess Helena Victoria. After a number of presentations had been made, Princess Christian, as President of the Royal Free Hospital, read an address expressing to the Queen, on her own behalf, and that of the Governors, their warm gratitude for Her Majesty's interest in the welfare and progress of the institution, and for the honour she had conferred upon the hospital by coming to open the gynæcological wards in connection with the Unit of Obstetrics and Gynæcology under the University of London. In the name of the hospital, the Princess offered Her Majesty a most heartfelt welcome.

Miss Aldrich Blake, M.D., M.S., Dean of the Medical School, welcomed the Queen on behalf of the staff of the School and Hospital, and of past and present students, in well chosen words, in the course of which she pointed out that the establishment of the Clinical Unit in Obstetrics and Gynæcology which Her Majesty had so graciously consented to open, marked a further step in the progress of the School of Medicine for Women, which is now nearing the Jubilee of its existence. Further, that a Clinical Unit was a new thing in Medical Education in this country—a body of clinical teachers devoting all their energies to the investigation and treatment of disease, and to teaching.

The Dedication Service was conducted by the Archdeacon of London, the last part being in the wards of the Unit. The Queen was then asked to confer a name on the Department, and graciously signified her wish that the group of wards should be known as Queen Mary's Wards.

The wards and annexes form the upper section of a hollow square built round the main Outpatients' Hall. The Obstetric section has been named Washington, in recognition of the generous assistance given by the American Red Cross, the American Women's Club, and the Duchess of Marlborough.

The Obstetric Ward looked delightfully homelike, and we were specially pleased to see that each baby's cot was by the side of the mother's bed, instead of slung at the foot, where hospital etiquette appears to decree it shall be as a rule. The sets of clothes for mothers and babies were both practical and fascinating. For the mother there were the pretty blue dressing gown and bed jacket faced with cream and blue, the labour gown open down the back, and the nightgown specially made so that feeding can be carried on without uncovering the patient. For the baby, the dainty little dress or gown, flannel, and vest all fit one inside the other, and can be slipped on together, so that there is no unnecessary turning of the child, the cot cover and pillow slips complete this equipment. We do not wonder that the Queen was much interested in the specimen set submitted for her inspection.

In the bath-room for the babies is a porcelain stand of four baths, provided with every convenience, and more, there are shelves divided into numbered compartments two for each baby, one containing everything necessary for use for washing purposes and the other a special bowl for the lotion for swabbing the eyes. Underneath hang towels bearing the same number.

The labour room, with granolithic floor, has a division so that privacy can at any time be secured for two labours being conducted simultaneously. The beds are of a convenient height. Near by is a "Treasure Cot" for the reception of the infant, with a receiver ready. Pieces of old blanket are specially kept for this and, with a lining of soft towelling, are ideal for the purpose.

The gynæcological wards have anæsthetic room and operating theatre attached. The wards themselves are charming—the tables with blue tiled tops, and the capacious lockers with marble tops. The patients make a contribution to their maintenance, and in one ward, in a section of which are four beds, they are treated practically as private patients. It is the pleasantest ward imaginable, with an outlook over green trees, and here, for an inclusive fee, the best of medical treatment and skill are available. The standard of nursing is also a high one. There will, we imagine, rarely be a vacant bed.

The Unit of 35 beds in the hospital is completed by 33 in the Marlborough Maternity Section in Endsleigh Street, W.C., which includes a separate section of four beds for those saddest of all maternity cases those suffering from venereal disease. Miss Batten, trained at the Royal Free Hospital, is Matron there.

If a Teaching Unit is to be successfully arranged, everything depends upon its Director, and in Professor Louise McIlroy, M.D., D.Sc., the London School of Medicine has found a head who should



go far to ensure its success. Her wide knowledge and experience, her personal charm, her enthusiasm and her outlook on things medical and nursing, make a combination as irresistible as it is delightful. Professor McIlroy (as also her Assistant Professors), will undertake no private practice, but devote her whole time to the care of the patients in her charge, to the instruction of students and to research. Even a brief interview with Professor McIlroy leaves one quite certain that her direction along the paths of learning will be extraordinarily stimulating and inspiring to the medical students whose studies she directs. We hope an overflow will be available for the benefit of nurses. And we have little doubt on this score, for Professor McIlroy speaks most appreciatively of the value of the work of trained nurses, on which she considers successful medical practice is based. It is interesting to know that she has consistently refused to engage as a maternity nurse, in her private practice, a midwife who has not also had general training as a nurse. She speaks warmly of the support she has received from Miss Cox-Davies, Matron of the Royal Free Hospital, and of the efficient nursing staff she had placed at her disposal in the wards forming the Unit of Obstetrics and Gynæcology. Miss Cox-Davies had also much to do with the furnishing and general arrangements of the Clinical Unit, and it is certain that the nursing staff feel as great a pride in it as the medical students, and that they will use their best endeavour to do their part to ensure its successful working.

An arrangement giving the Unit completeness and charm is that Professor McIlroy has a private room of her own on the floor, her Assistant Professors share another, and the House Surgeon has a bed-sitting room and bath room, the very best having been made of the available space.

The history of the Royal Free Hospital is bound up in the history of the noble struggle of the pioneer women to gain admission to the Medical Profession. The ceremony on May 11th provided an excellent illustration of their victory over outworn prejudice. Long life to the Royal Free and its noble army of graduate women.

We learn that a letter was received from the Queen at the Royal Free Hospital a few days after her visit there expressing Her Majesty's satisfaction with the arrangements made on the occasion of her visit.

## THE NURSES' MISSIONARY LEAGUE.

The annual meetings of the Nurses' Missionary League, held at University Hall, Gordon Square, on May 11th, were of a very friendly nature. Members were present from a large number of different Hospitals besides other branches of nursing work, missionary nurses being represented by four from China and others from India, Africa, and Persia. The afternoon was a special opportunity for conversation, and the enjoyment was

greatly enhanced by the beautiful songs and the delightful humorous recitations contributed by the Misses Logan Wright.

As befitted an annual meeting, consideration of the work of the League filled an important place in the day's programme. A "demonstration Bible Study Circle," composed of members from four hospitals illustrated a method of work which is being carried on successfully in some hospital branches. Reports which had been sent from branches in three London Hospitals and from Blackburn, Bristol, Manchester, and Edinburgh, described a variety of other methods that are being used, such as combined reading and working parties, meetings at which papers are read by different members, and social evenings. In the discussion which followed a great many practical problems and suggestions were brought forward. The annual report, which was passed in the evening, showed that the League has considerably strengthened its work, especially in the Provinces and Scotland, visits having been paid to some twenty-seven towns. An urgent appeal for increased funds was made, for although the members have helped splendidly and the income has increased, some £150 more a year is necessary to meet the considerably advanced cost of such items as printing and travelling.

The work of medical missions was described by Dr. White (Persia), Dr. Shearburn (N.W. India), and Dr. Weir (Korea). Within a radius of five days' journey around Dr. White's hospital at Kerman there is no other doctor, no nurse, no hospital, no asylum for the insane, no V.A.D. Mission hospitals in Mohammedan lands are a demonstration of practical Christianity, for in their religion they have no conception of love. A Mohammedan gentleman was shown over Dr. White's hospital with its X-ray apparatus, its laboratories and up-to-date equipment, but what impressed him most was the sight of a European nurse dressing an ulcerated leg. "That," he said, "is the most wonderful of all; our holy men would not touch it with a pole." Miss Shearburn also spoke of the utter lack of love in Mohammedan lands, and by vivid pictures described the grey, monotonous, drab sadness of the lives of the women. Dr. Weir in a more general survey described the different branches of medical mission work, and urged the immense importance of the work of training indigenous nurses, a work which especially in India and China is now beginning to show splendid fruit.

The chairman at the evening meeting, the Rev. R. C. Gillie, gave an address on "Christ's Need of the World." He said that God, the Infinite and Eternal, has chosen to be incomplete without the response of men and women, has chosen that things shall not be done without their service and co-operation. This fact makes life astonishingly sacred, and means that we must "learn to lead the listening life" so as to be ready for His summonses. He closed with the arresting sentence: "I would fain be to the Eternal Godness what his own hand is to a man."



**THE ROLL OF HONOUR.**

**300 BRITISH NURSES DIE ON SERVICE.**

It is officially stated that between August 4th, 1914, and January 1st, 1920, 159 fully-trained nurses and 141 Voluntary Aid Detachment nursing members died while on service with Imperial Units. The details of this total of 300 are as follows:—

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.**

Died abroad .. .. .	5
Died at home .. .. .	1

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE RESERVE.**

Killed or drowned through enemy action ..	23
Killed or drowned accidentally .. .. .	6
Died abroad .. .. .	37
Died at home .. .. .	39

**VOLUNTARY AID DETACHMENTS (INCLUDING SPECIAL MILITARY PROBATIONERS.)**

Killed or drowned through enemy action ..	13
Drowned accidentally .. .. .	3
Died abroad .. .. .	29
Died at home .. .. .	39

**TERRITORIAL FORCE NURSING SERVICE.**

Killed or drowned through enemy action ..	6
Died abroad .. .. .	9
Died at home .. .. .	33

**TERRITORIAL FORCE VOLUNTARY AID DETACHMENTS (INCLUDING SPECIAL MILITARY PROBATIONERS.)**

Killed or drowned through enemy action ..	3
Killed or drowned accidentally .. .. .	3
Died abroad .. .. .	3
Died at home .. .. .	49

**THE BART'S LEAGUE.**

The longer one lives in London the more one loves it. But how many of us give time to learn anything of its wonderful history? The League of St. Bartholomew's Hospital Nurses are preparing a great treat for those who can attend the course of six lantern lectures to be given by Mr. Allen S. Walker, which are to be given in the Medical and Surgical Theatre of the hospital, at 8.30 p.m. on the following dates:—

Lecture 1, September 20th: "The Tower of London and Its Story."

Lecture 2, September 27th: "Westminster Abbey and Its Monks."

Lecture 3, October 4th: "Dick Whittington and the Guildhall."

Lecture 4, October 11th: "Shakespeare's London."

Lecture 5, October 18th: "The Fire of London and St. Paul's Cathedral."

Lecture 6, October 25th: "The Houses of Parliament and the King's Palaces."

Tickets for the Course to members of the League will be 3s., to non-members 5s.; to be obtained from Miss Baines, Nurses' Home, St. Bartholomew's Hospital, E.C.

**GUY'S HOSPITAL NURSES' LEAGUE.**

The following prizes were awarded at the recent annual meeting of the Guy's Hospital Nurses' League:—

**PRIZES FOR PHOTOGRAPHIC EXHIBITION.**

*Class A.*—Special Prize: "An Old Gateway"; Miss M. Smith.

*Class B.*—1st Prize: "Feeding the Ducks"; Miss L. Oldendorff. 2nd Prize: "Grave of Cecil Rhodes, Rhodesia"; Mrs. McBrayne.

*Class C.*—1st Prize: "Playmates"; Miss H. Edmonds; 2nd Prize: "Bolton Abbey"; Miss D. Hindle. 3rd Prize: "Blythborough Church Porch, with Stoup"; Miss E. Skinner.

**PRIZES FOR NEEDLEWORK EXHIBITION.**

*Patching.*—1st Prize: Nurse Henry. Highly Commended: Sister Grace (Miss Mannell).

*Darning.*—1st Prize: Nurse H. C. Smith. Highly Commended: Nurse Burrow. High Commended (for grafting): Nurse Dreyer.

*Plain Needlework.*—1st Prize: Nurse Banks, Mrs. Munro (equal). Highly Commended: Sister Dixon, Nurse R. Wilson, Nurse Howell.

*Embroidery.*—Section 1.—1st Prize: Nurse J. Howes.

Section 2.—1st Prize: Nurse Strudwick, Nurse Liddell (equal). Highly Commended: Nurse Aston, Miss W. Venning.

*Drawn Thread.*—1st Prize: Nurse McLean. Highly Commended: Sister Lydia (Miss Achurch).

*Lace.*—1st Prize: Nurse Lyons.

*Crochet.*—Section 1.—1st Prize: Sister Rebecca (Miss Ford).

Section 2.—1st Prize: Miss Dingle. Highly Commended: Nurse Rawlins.

*Knitting.*—1st Prize: Nurse Masters. Highly Commended: Nurse Cooksey.

*Jumper.*—1st Prize: Nurse Downs. Highly Commended: Sister Light (Miss Bristow), Nurse Samuel.

*Miscellaneous.*—Highly Commended: Nurse Fraser, Nurse K. Holms.

**COLLEGE OF NURSING, LTD.**

**BIRMINGHAM THREE COUNTIES CENTRE.**

**MENTAL NURSING AND THE GENERAL CURRICULUM.**

On May 12th, at 5.30 p.m., in the Lecture Room of the General Hospital, Birmingham (by kind permission of the Governors), Dr. T. C. Graves, M.D., F.R.C.S. (Eng.), Medical Superintendent of Rubery Mental Hospital, Birmingham, gave an interesting and instructive address on "The Position of a Knowledge of Mental Diseases in the General Nursing Curriculum." Dr. Graves commenced his address by emphasising the fact that an acquisition of knowledge concerning Mental Diseases is obligatory on General Medical practitioners, whereas in the curriculum of General Nursing it has been assigned no position.

The lecturer considered that now is a favourable time to consider the desirability of remedying this



omission and of bridging the hiatus which exists between the two branches of nursing.

Dr. Graves presented three questions for the consideration of his audience.

(1) *Why has a fully-trained Nurse no knowledge of Mental Diseases?*

Because the realisation that a disordered mind is a condition of illness is a product of modern times. All mental disorders are not insanity. It was not until the beginning of the nineteenth century that the physiological conception of insanity was accepted, and the study of the anatomy and physiology of the brain areas, and the allocations of the various functions.

(2) *Is the knowledge of Mental Diseases desirable in General Training?*

Owing to the extended scope of nursing, yes. Gynæcology and Psychology are closely related and insanity may occur at any time during pregnancy. A knowledge of Mental Diseases would be of incalculable value to nurses in Private Practice.

(3) *How can the Knowledge be obtained?*

Three months of a General Training should be allocated to mental work. The ideal is a Clinic for Nervous Diseases with an In-patient and Out-patient Department, under the auspices of a general hospital where incipient mental cases can obtain treatment.

Finally, Dr. Graves divided mental patients into two classes:—

(1) *Imbeciles*: Patients who had never possessed a mind.

(2) *Patients suffering from Dementia*. Primarily they had possessed a mind, but their intelligence had decayed. The lecturer quoted at considerable length from Dr. Bernard Hart's "Psychology of the Insane."

G. M. E. JONES,  
Hon. Press Sec.

#### THE GENERAL NURSING COUNCIL AND MENTAL NURSING.

Dr. Graves, in his lecture advocating that some knowledge of mental nursing should be included in the three years' term of training for registration on the General Register—which, he said, had been assigned no position—has apparently overlooked the fact that the General Nursing Council for England and Wales has under discussion Alternative and Reciprocal Curricula to qualify for the General Register and that no doubt training in Mental Nursing will be included in one of these schemes. We cannot think that it would be possible to include training of any value in psychological nursing in a three years' term, or that six months' experience would be of real value to either nurse or patient. Reciprocal curricula will surely require a four years' term of training. The Council has appointed a Standing Mental Nursing Committee which will keep the advancement of Mental Nursing well to the fore.

#### THE PROFESSIONAL UNION OF TRAINED NURSES.

A short lecture on "Public Speaking" will be given by Mrs. K. Atherton Earp, to the members of the Public Health Section of the Professional Union of Trained Nurses, at the monthly meeting, to be held on Friday, the 27th inst., at 6 p.m., at Evelyn House, 62, Oxford Street, W.1.

#### IMPORTANT NOTICE.

A Members' meeting of the Professional Union of Trained Nurses will be held at the "Plane Tree" Restaurant, 106, Great Russell Street, Tottenham Court Road, London, W.C.1, on Wednesday, May 25th, at 5.15 p.m. Business at 5.30 p.m. (admission by Membership card), to be followed by a whist drive.

It will be of great assistance if Members inform the General Secretary as to their intention of being present, and tea can be ordered for those who desire it, if notice is received two days previously.

MAUDE MACCALLUM,  
Hon. General Secretary.

#### THE HOSPITAL WORLD.

The Minister of Health has received a deputation of members of the British Medical Association concerning the admission of paying patients into Poor Law infirmaries. The deputation urged that in cases where paying patients are admitted to Poor Law infirmaries the local medical profession should be consulted, and that the cases should only be accepted on the recommendation of the practitioner attending them. It was pointed out that the lower middle-classes could not afford the fees of the private nursing homes, some of which were closing down.

Sir Alfred Mond promised to give careful consideration to the points raised by the deputation, but pointed out that there were certain difficulties to which he was not prepared to give an immediate reply.

The National Deposit Friendly Society has set other large friendly societies a good example. It is about to allocate one-third of its disposable surplus, under the National Insurance Act, accumulated during a period of five years, to hospitals and nursing organisations. This amount will total £127,000.

It is sad news that the London Hospital and King's College Hospital have shut down 200 beds, and St. Thomas' 100.

Leading friendly societies have been meeting the hospital authorities, and show their willingness to assist, but that means future help, whereas the June quarter expenses are now coming along, and many of the hospitals have not the money to meet them.



It is a pity when presiding at hospital functions women should talk twaddle, it reflects upon the intelligence of the sex. Lady Tree is reported to have remarked at a meeting of the West London Hospital Ladies Association "that association had existed long before the women got the vote, and that showed that women were able to do good work without having the vote, which she had never approved their having. Indeed, she thought that that association could never have been so successful as it had been had the members been mixed up with political matters."

Our hospitals deal with matters of national importance including the nation's health—to say nothing of life and death—and although we do not desire to minimise the value of dusters and other domestic appliances, we agree with Mr. Justice Salter, who stated at the same meeting, "women have made good their right to take part in public affairs."

Somehow we have never associated Lady Tree with the modest violet, or imagined she would wish to rank with lunatics, paupers and children before the law—the unenfranchised classes in the community!

At the annual meeting of the North of England Children's Sanatorium, Dr. Blumberg recently spoke with great understanding on linking up the child's imagination as an antidote to morbid influences.

In the medical report, Dr. Blumberg remarked: "In submitting the medical report for the year 1920, to your notice, I propose to touch briefly upon the general nature of the ailments treated during that period in this hospital. About a third of the 'cases' may be classified as debility resulting from acute diseases such as pneumonia and bronchitis, or simply due to constitutional delicacy, faulty feeding or unfavourable environments. These types for the most part recover rapidly here. Fresh air, suitable feeding, and cod liver oil constitute the 'triple alliance' which is all-powerful in bringing about this happy transformation. More difficult to treat, and less responsive to therapeutic agents, are tubercular joint diseases, and chronic glandular lesions. The average duration of a child's stay here, namely, three weeks, is too short a period to obtain improvement in cases such as these. Children suffering from heart disease, rheumatism, and gastro-intestinal troubles on the other hand make good progress. During August and September we had a number of French children as in-patients. They hailed from Valenciennes and the neighbourhood, and had suffered the hardships and privations of war. It is gratifying to state that even the most delicate and ailing among them soon put on flesh and regained their vitality. Mlle. Gonther, who was in charge of the little party, established most amicable relations with the Matron and staff, and kind friends under the auspices of the Red Cross succeeded in establishing a veritable Entente Cordiale with our 'little visitors' by means of picnics, drives, and entertainments. I am sure that every doctor who has had a prolonged experi-

ence of suffering children will agree with me that the most successful treatment is a combination of the therapeutic and the psychological. It is not enough to comprehend a child pathologically, one must endeavour to appreciate it, so to speak, spiritually. Each little girl and boy is a law and a mystery, and a wonder unto itself. It behoves us to respect that law, explore that mystery, admire that wonder. Children's hospitals in the future will, I venture to predict, be conducted less mechanically and more artistically. Every child possesses the fairy gift of imagination, though sometimes, like the 'Sleeping Beauty,' it has to be awakened. For this imagination is one of the dynamic forces of life. In contrast to the merely vegetative quality of existence it is a royal road to self-expression and evolution, and tends to become, if properly guided, an antidote to morbid influences. Let it be our constant endeavour to arouse and nurture it. Help us to beautify our wards with flowers and singing birds. Camouflage, as far as you can, the medical and surgical aspects with a silver lining. Bring toys and picture books, and above all, a smiling face. For, who can gauge the efficacy of a kind word, a ray of colour, a sweet harmony in turning gloom to gladness, disease to health? In conclusion, I wish to make recognition of the work our Matron has done for us. I cannot express my admiration too much for her wonderful powers of organisation, untiring energy and devotion."

## TRUE TALES IN PRE-HISTORIC TIMES.

1.  
During an influenza epidemic a raw probationer was sent as Night Nurse in charge of an Accident Ward. On reporting herself to the Sister, a lady of the old school, she received the following orders and instructions:—"They've shown you w're things is kep'; there aint nobody as'll want a shroud; don't you let the cat run out. Good night."

2.  
The chaplain was about to hold a service in a ward. He noticed that a certain bed was empty, and jumped to the conclusion that the occupant had died. So he gave an address on the shortness and uncertainty of life, and wound up with these words: "God grant, dear brethren, that we may go whither this our brother has gone," indicating the vacant bed. Unfortunately, "this our brother" had developed erysipelas, and had been moved that morning to the erysipelas ward.

3.  
The same chaplain was visiting a Medical Ward. The patient in the first bed said "Good morning, Sir," and awaited spiritual consolation. The chaplain looked at the Diet Board and said: "Ah, I see, they have put you on greens. You have much for which to thank your Heavenly Father. Good morning."

4.  
Another chaplain was sent for to visit an apparently moribund street Arab. He began by hoping that the Arab was a good little boy, who said his prayers? The Arab was bored and replied, "You git aout!" Much grieved, the chaplain tried to explain to the boy that perhaps he might be going to die. The boy was by this time annoyed, and replied: "Wot's me death got to do with you, any 'ow? 'Ave you got a pal in the coffin line?" It is cheering to relate that the boy recovered.



## APPOINTMENTS.

### SECRETARY.

**National Union of Trained Nurses, 46, Marsham Street, Westminster, S.W. 1.**—Miss Elizabeth Nicholls has been appointed Secretary. She was trained at the Union Hospital, Fir Vale, Sheffield, and has been Charge Nurse at the Park Hospital (M.A.B.), Superintendent of the Devonport Union Infirmary, Matron of the Military Families' Hospitals at Devonport and Malta, Inspector of Midwives, Health Visitor and School Nurse under the Leicestershire County Council, Inspector of Midwives and Supervising Visitor to the Mentally Defective, Berkshire, and Matron of a Tuberculosis Colony under the Cumberland County Council.

### MATRON.

**Maesteg Urban District Council Maternity Hospital.**—Miss Mary Alice Welsh has been appointed Matron. She was trained at the Greenwich Union Infirmary, and has held the positions of Charge Nurse, Sister, and Superintendent Nurse in various Infirmarys.

**Birmingham and Midland Ear and Throat Hospital, Birmingham.**—Miss I. M. Symonds has been appointed Matron. She was trained at the Children's Hospital, Shadwell, E., and at St. Bartholomew's Hospital, London, E.C., and has been Assistant Home Sister at St. Bartholomew's Hospital. Assistant Matron at the South Devon and East Cornwall Hospital, Plymouth, and has done war service for nearly five years.

**Brecknock County and Borough Infirmary, Brecon.**—Mrs. M. Bailey has been appointed Matron. She was trained at the General Infirmary, Worcester, and has acted as Matron at the Stratford-on-Avon, Colchester, and Royal Gwent Hospitals, and at the District Nurses' Home, Wednesbury.

**Urban District Council Hospital, Newton-in-Makerfield.**—Miss M. A. Fraser has been appointed Matron. She was trained at the General Hospital, Wolverhampton, and the North-Western Fever Hospital, and has been Assistant Matron at the Stanley Hospital, Liverpool.

### NIGHT SISTER.

**Metropolitan Hospital, Kingsland Road, E. 8.**—Miss Ina Docherty, A.R.R.C., has been appointed Night Sister. She was trained at the Dumfries and Galloway Royal Infirmary, where she was Gold Medallist of her year, and has been Staff Nurse at the Royal Infirmary, Edinburgh, Theatre Sister at the Stanley Hospital, Liverpool, Surgical Ward Sister at the Royal Infirmary, Dumfries, Night Sister and Acting Matron at the General Hospital, Great Yarmouth, and Matron at the County Infirmary, Brecon.

### HEALTH VISITOR.

**County Borough, Bournemouth.**—Miss Dorothy Winifred Woods has been appointed Health Visitor. She was trained at Guy's Hospital, London, and the Isolation Hospital, Willesden, and has been Health Visitor under the Willesden Urban District Council.

## THE ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

Under the auspices of the above Association a dinner will be given at the Club of the Royal British Nurses' Association, 194, Queen's Gate, on Saturday, May 28th, at 7 p.m. This is the first function of its kind to be held at the new Club and will doubtless set the fashion.

Tickets (5s. 6d.) can be procured from the Hon. Treasurer, Miss Carter, 38, Allwyne Road, Canonbury, N.

## EXAMINATIONS.

At the recent Examinations at St. Bartholomew's Hospital, E.C., the following nurses were successful in passing the examiners:—

### FINAL EXAMINATION.

**Gold Medallist.**—Miss Bundock, Misses Dunster and Sapsed (bracketted even), Brooks, Churcher, Scott, Jago, Neave, Payne, Perry, Chinnery-Brown, Arnold and Saunders (bracketted even), G. Price, Rodger, Rees, Mead, Gascoigne, Sheffield, Oliver and Sawyer (bracketted even), Hoyles, B. Ross, Sutton and Costello.

### EXAMINATION OF FIRST YEAR PROBATIONERS.

**Clothworkers' Prize of Books.**—Miss Curnock, Misses E. James, Gwen Taylor, Hiscoke, Butcher, Salway, Collins, Boulden, Shotter, Edwards, Gill, McCurdy, C. Jones, Green and Wilkin (bracketted even), Buckley, McGregor, and Mercer (bracketted even), Fry, Gregory and Hoddinott (bracketted even), Salter, Terry, Pilcher and Rattenbury (bracketted even), Chandler, Pochin, Deering, and S. Davies.

## HONOURS FOR NURSES.

British Nurses, to many of whom Miss Carrie M. Hall, Superintendent of the Training School for Nurses at Peter Bent Brigham Hospital, Boston, is well known, will learn with pleasure that her services in the War have received recognition from the French Government. Miss Hall received a medal and citation recently awarded her as Chief Nurse, American Red Cross, for France, from October, 1918, to June, 1919.

Miss Hall sailed for France early in 1917 as Chief Nurse of Harvard Unit, Base Hospital No. 5. In June, 1919, she returned to her work at the Peter Bent Brigham Hospital. She is prominent both nationally and in her own state activities.

This Journal offers cordial congratulations upon this well-merited honour.

## LADY MARTIN HARVEY AND CANADIAN NURSES.

We are still receiving letters and cuttings on the controversy between Lady Martin Harvey and the members of the nursing profession in Canada. The Canadian nurses resent Lady Harvey's depreciation of their profession by her begging campaign, and logically refer her to the Pension Commissioners whose duty it is to relieve and care for trained nurses, sick and injured through war duty. Naturally the Canadian Trained Nurses' Association has a perfect right to protest against the Nation's Fund policy—considering its amazing belated balance sheet—where it is proved the war nurses' disabilities were largely used for acquiring huge sums of money for the College of Nursing, Ltd. Lady Harvey will find Canadian nurses of very different calibre to the majority of nurses at home, and, in answer to her demand for an apology from the Canadian National Association of Trained Nurses, for demanding information concerning her appeal sprung on the Canadian public, we advise them to insist upon a reply from her as to why so little of the money raised had been given to needy nurses in England.



## THE NURSING AND MIDWIFERY EXHIBITION.

The Eleventh Nursing and Midwifery Exhibition opened at the Royal Horticultural Hall on Tuesday, May 17th, when interesting exhibits shown by a number of firms concerned in the supply of surgical appliances, nursing requisites, foods for infants and invalids, Nurses' uniforms and other specialities connected with hospitals and nursing were on view. The professional exhibits are negligible. The Exhibition is open until the evening of Friday, May 20th.

Amongst the exhibits we noticed the following:—

MESSRS. ALLEN & HANBURYS, LTD., 37, Lombard Street, E.C., have a very comprehensive Stand. Amongst their most recent specialities we noticed a new Vitamine Food, "Bynotone," a combination of bone marrow, malt extract, and hæmoglobin, which should prove invaluable in the dietary of both infants and adults when it is desired to build up an enfeebled constitution. "Bynogen" is already well known and widely used in cases of nervous debility. "Fruiting" is an all-fruit laxative, as its name implies.

We noticed also a fine Castor Oil Emulsion which we were told is tasteless, and a Breakfast Food which should afford a welcome variety.

On the well-equipped stand of MESSRS. W. H. BAILEY & SON, LTD., 38, Oxford Street, W., we noticed many interesting exhibits, including the Midwife's Training Bag, with removable lining and some useful fittings, costing only 25s. 6d. Other attractive bags were made with drop front. A small plated and seamless steriliser cost only 10s. 6d. We were specially interested in the Fremlin-Rogers (Steam) Milk Hygieniser, costing £4 4s., which, by an ingenious arrangement, passes on the milk, as sterilised, while maintaining heat at 195 deg. Fahr.

At the WINCARNIS Stand (Messrs. Coleman, Norwich), we noticed, in addition to this well-known preparation, "Coleman's Meat and Malt Wine with Quinine." This is put up in pint bottles at 3s., and quart bottles at 5s. 6d. "Tristella," a shredded suet, on the same Stand, is also worthy of attention.

At the Stand of VIROL, LTD., 152-166, Old Street, E.C., "Virol," well known to the readers of this journal, as rich in marrow and beef fats and other nutritives from which Vitamines are derived, and "Virolax," an emulsion of chemically pure liquid parafin, are on view.

At the Stand of the SANAGEN CO., LTD., 8A, Kennington Park Road, S.E., great interest is being taken in the Sanagen Co.'s Free Seaside Hotel Holidays Competition for Nurses.

MESSRS. CADBURY BROS., LTD., of Bournville, are, of course, well to the fore with their dainty confections, and delicious cups of cocoa, most reviving to weary stallholders and others, are obtainable, price 2d.

MESSRS. J. G. INGRAM & SON, LTD., of the London India Rubber Works, Hackney Wick, have

a comprehensive exhibit. The high standard of their goods is well known. Their hot water bottles have a well deserved popularity, as have also their Patent Band Teat and Valve ("Agrippa" Registered Trade Mark), which are perfectly sterilizable and will fit any boat-shaped bottle. The present opportunity of seeing their variety of seamless enema syringes should not be missed.

At the Stand of JOUJOU, 104, George Street, Portman Square, W., Miss Wardella, the designer of the "Perfect Bust Supporter," is present to explain its merits and usefulness, which are also demonstrated by the attractive models on view. Another speciality of the firm is "Joujou" Liquid, for the relief of perspiring hands, feet and armpits, which, it is claimed, is very effective.

BOVRIL, LTD., Contractors to His Majesty's Army and Navy, are showing their well-known speciality Bovril, and Invalid Bovril, the latter being an unseasoned concentrated form, with a greater albuminoid content than the ordinary preparation. Bovril Chocolate is also a much appreciated and nutritious delicacy.

As usual, MESSRS. SOUTHALL, BROS. & BARCLAY, LTD., Lower Priory, Birmingham, have a most complete and attractive exhibit which is well worth a visit. Their "Baby Knickers," and Infant Gauze Squares at 21s. a dozen have only to be seen to be appreciated, and their Nursery Powder, soft, absorbent, perfumed, and their Nursery Cream are dainty accessories of a baby's toilet. For their Mothers, Southall's Washable Towels, made in three sizes, breast pads—to absorb any overflow of milk—and knickers with rubber linings are most practical.

THE NURSES' SUPPLY ASSOCIATION, of 26, Imperial Buildings, New Bridge Street, E.C., have a fine display of Nurses' Cloaks, at prices beginning at 21s. We specially noted a well cut, made to measure, coat costing £7 7s. in an all-wool material which any nurse would be proud to possess, and which would be a great stand-by to its possessor. Uniform dresses are supplied from 31s. 6d., and a speciality of this firm is an English Hall-marked watch, guaranteed for five years, which will keep time to a minute in the month, and which has a second hand. No more useful present for a nurse could be imagined.

THE MEDICAL SUPPLY ASSOCIATION, LTD., 167-185, Gray's Inn Road, London, W.C. This well-known and enterprising firm are showing a Nurse's Case, which they have grounds for naming the "Eclipsal." It is of leather of excellent appearance, with nickel plated, or gilt English lever locks, and has a detachable lining. It could, we imagine, be used as a week-end suit case, and we are informed will last a lifetime. It is a case of which anyone might be proud, and its very moderate price is 52s. 6d.

The Portable Urine Testing Apparatus, which would be most useful, and indeed it is scarcely too much to say is essential, in ante-natal work, costs 15s. 6d.



Some nail brushes, at 4d., were extraordinarily cheap. Hospitals and kindred institutions can scarcely buy too many of them so long as the supply lasts.

At the YADIL Stand (Clement & Johnson, 19, Sicilian Avenue, W.C.) we noticed an interesting testimony to its value in a letter relative to a specimen of milk bottled in Johannesburg on March 2nd, and treated with Yadil. When submitted for examination to the Analytical Laboratory, 28, Museum Street, W.C., it was found to be sweet and good on April 8th.

At the Stand of HORLICK'S MALTED MILK (Slough, Bucks), this nutritious and delicious diet is on draught as an iced drink, and is a most invigorating pick-me-up. It is used with advantage for infants, by business men, and for invalids and the aged. Horlick's Malted Milk Food Tablets also provide nourishment in useful and portable form, and many officers and men have testified to their value as an emergency ration.

CHARLES ZIMMERMANN & CO. (CHEMICALS), LTD., 9 and 10, St. Mary-at-Hill, London, E.C., the proprietors of Subitol Soap, are showing a new article in "Perkenol," which it is claimed is "the ideal antiseptic for mouth and throat sanitation." Perkenol Dentifrice Tablets (supplied in corrugated glass flask of 75 tablets), when dissolved in water produce a solution of Hydrogen Peroxide, which contains a proportion of boric acid to ensure neutrality, and some aromatic oil to provide an agreeable flavour. Visitors to the Exhibition should make a point of enquiring into its merits.

On no account should a visit to the Stand of GOSPO, LTD., 33, Waterloo Road, be omitted. The present is the psychological moment for investing in a supply of Gospo, the British Cleanser, for it will materially lessen the labour of spring cleaning, and you can secure the various varieties for a substantial reduction during the Exhibition. Try it, and you cannot fail to be pleased with the result.

THE NATIONAL UNION OF TRAINED NURSES, 46, Marsham Street, Westminster, are showing their excellent Educational Posters, and literature relative to and published by the Society.

There is always a little crowd round the Stand of THE BRITISH JOURNAL OF NURSING, 431, Oxford Street, W., where Councillor Beatrice Kent, in her own inimitable way, is explaining just why trained nurses should take and read the B.J.N., and incidentally disposing of copies of the Journal and other literature.

#### ANNEXE "A"

Close by is the well-arranged Annexe of the Gas Light & Coke Co., Horseferry Road, Westminster, S.W. Its various Sections are fitted as a Day Nursery, a combined Baby's Bathroom and Kitchen, a Night Nursery, lighted from a pendant, with inserted incandescent burners and shades, and a Nurse's Room arranged as a combined bed-sitting-room. Specially noteworthy was the small cooker, enclosed in an asbestos lined cabinet, with

accommodation for cooking utensils, the "Therm" patent upright Incandescent Gas Burner, which can be attached to any flat-flamed burner, and the "Therm-Minor" Burner, suitable for corridors &c., by means of which 20 hours of light can be had for one penny.

#### ANNEXE "B"

The Annexe of "Glaxo," 56, Osnaburgh Street, N.W., where the Glaxo Cottage is furnished as a rest-room, is a most attractive and popular part of the Exhibition. Here Miss C. W. Graham, a Mistress of Domestic Science, Sanitary Inspector, and Tuberculosis Visitor, will most convincingly explain to you just why you should use Glaxo not only as a substitute for milk, but also in the preparation of food. Owing to a great extension of business Messrs. Joseph Nathan & Co., Ltd., the proprietors of Glaxo, are moving immediately into larger premises at the address given above, and there Miss Graham hopes to be able to demonstrate practically how many attractive dishes can be prepared with its aid.

### A PLEA FOR SUPPLEMENTARY FEEDING.

No one will deny that breast-feeding has its limitations, but there is no doubt that a large number of babies are weaned unnecessarily early. Many are weaned before a sufficient length of time has been allowed to establish lactation. Even after the elapse of this period many are completely weaned because of the insufficiency of breast-milk, when by exercising a little patience a great deal may be done towards the continuance of a fair amount of breast-milk, which can be supplemented by artificial feeds.

Even supplementary feeding should not be started in the first few weeks until all efforts to obtain an adequate supply of breast-milk have proved unsuccessful. . . .

It is only after the elimination of every symptom except those of underfeeding that we are justified in supplementing the breast-milk. . . .

Having satisfied ourselves that we are dealing with a case of underfeeding, the question arises as to what we are going to supplement the feeds with. . . .

The most appropriate form to use is a standardised dried milk such as Glaxo. The method adopted is first of all to impress on the mother the necessity of regular feeding at the breast every three hours or every four hours, according to the weight and age of the child, and to supplement one or more breast feeds with a small quantity of Glaxo. It is a matter of choice whether to supplement before or after the breasts, but generally speaking, after the breasts is preferable, since the child is more eager to suck and thus a greater stimulus is maintained.

It is better to give small quantities after each feed, and so maintain the regular stimulus of suckling, than to give a whole hand-feed in lieu of the breast. . . .

From the *Glaxo Gazette*.



# The Registered Nurses' Society

**431, OXFORD STREET,  
LONDON, W. 1**

Telegraphic Address : "SORON: LONDON."

Telephone No. MAYFAIR 5138.

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The Society has been in existence for twenty-six years and only accepts on its staff Nurses who have had at least three years' training in a good general Hospital, and who possess the highest personal credentials.

The Society secures to the Nurses the just remuneration for their work.

The Society is managed by a professional Committee.

## WHY THE SOCIETY SUCCEEDS

The Medical Profession and the Public support the Society with confidence, because a high standard of professional efficiency is maintained, and it works on just economic principles.



### A WORD FOR THE WEEK.

"The pace that kills" is the crawl.—*Lord Leverhulme.*

As a rule, the game of life is worth playing, but the struggle is the prize.—*Dean Inge.*

### COMING EVENTS.

May 19th and 20th.—Royal British Nurses' Association. New Headquarters and Club open to Visitors from 11 a.m. to 1 p.m., and from 2 to 4 p.m.

May 31st.—Constructive Birth Control. A meeting convened by Dr. Marie Stopes. Chairman, Right Hon. G. H. Roberts, J.P., M.P. Queen's Hall, Langham Place, W. 8.30 p.m.

June 4th.—League of St. Bartholomew's Hospital Nurses. A General Meeting of the League will be held in the Clinical Theatre, St. Bartholomew's Hospital, on Saturday, June 4th, at 3 p.m.

At 3.45 the Meeting will resolve itself into a Social Gathering in the Great Hall, with music by members of the Nursing Staff, arranged by Miss Eyre. At 4.30, Mr. Allen Walker will give a short introductory lecture as a prelude to a series of six Lantern Lectures on "Old London and its Story," to be given in the Autumn.

### 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.*

#### MENTAL NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MY DEAR EDITOR,—May I crave space in your valuable and highly-esteemed Journal to comment upon the wise words of Dr. Bedford Pierce at the Conference convened by the General Nursing Council of England and Wales, as reported in your issue last week. Dr. Bedford Pierce dwelt upon the present position of Mental Nursing and Mental Nurses in a convincing statement begotten of knowledge.

The One-Portal System, prescribed by the Medico-Psychological Association, and their scheme of training and examination, is of a very high order. (The writer speaks from experimental knowledge in Scottish mental hospitals.) Not only does the M.P.A. scheme include Mental Nursing in its many-sided aspects, but it also prescribes all the elements of general nursing, so that it should not be difficult to establish a reciprocity of training, which would be advantageous alike to the general and mental trained nurse; and bring the different branches of our profession into line. Too long has mental nursing suffered through want of recognition! Why? It would

be difficult to say. The General Nursing Council will do a great work for thousands of workers in this, the most difficult branch of the profession, when they give mental nursing the status which is its due. Then we shall be rid of the present-day anomalies, in private and institution work, of "a round peg in a square hole," *i.e.*, someone trying to do the work for which they have had no training! No disparagement to those excellent women who do their best for the patient or patients; but, obviously, there can be no real "treatment" without knowledge! The mentally sick need more than being merely washed, fed, and made comfortable! We shall look forward to the General Nursing Council changing all this; and the anomaly too of those in charge of nerve and mental nursing homes and hospitals, who have no hallmark of efficiency, such as only the Certificate of the Medico-Psychological Association gives. We owe it to the public whose servants we are: do we not? No one *can* know the needs of a mental invalid, nor can any official, however kind and good, know the needs of a mental nurse, who has not done the "spade-work" in a mental training school.

With all the ever-increasing knowledge of to-day in psychological work, there is a fine field for the cultured and highly-trained woman, whose love and sympathy equals her skill. The present-day preventive and curative methods in mental science gives to mental nursing a fascination all its own. Trusting I have not trespassed too far on your valuable space.

I am,

Yours very truly,

A. E. MACDONALD (Sister).

St. Luke's Hospital,  
London.

#### THE REGISTERED NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I do not know if your invitation to suggestions for our future uniform is still open; in case it is, I venture to state an idea that seems to me, to a Queen's Nurse and to a Cottage Hospital Matron with whom I have discussed it, practical and desirable. Now that an increasing number of us are giving up corsets and other tight clothing, the useful and familiar apron is often seen at a disadvantage. The Babies of the Empire overalls escape this difficulty, and look very nice, but make washing a very expensive business.

Could we not combine greater convenience for washing, with comfort in wear, by having the uniform made in two parts—1, skirt with sleeveless and neckless top; 2, top with elbow sleeves, and detachable fore-sleeves and collar. The top might be either the same colour material as the rest of the dress, or of white or other contrast. Plainly made in one colour, we think it would not be noticed as different from any whole dress. Whatever style of dress is decided upon, may we hope to be delivered from the old stiff upright



collar, with its disagreeable pressure on the throat and its rub-line on neck and dress ?

Many of us are very loth to return to the above, after the more healthy and equally neat turned-down collar, most practical for District or other visiting nurses, in its stiffened form, but much more convenient in some lines of work if soft, as it is then so easily washed and ironed ready for wear again.

Are black stockings to be the rule? If the uniform be grey, would not grey stockings, thick or thin, according to weather, &c., be very nice ?

May we know yet if there is to be a R.N. outdoor uniform? Some of us now in need of new uniform are unwilling to get it now that the official uniform is expected soon.

Hoping you will kindly consider the above ideas if you have not already done so,

I am, yours faithfully,

GRACE S. HARDY.

Newton Road,  
Southampton.

#### BONUSES PAID.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Some correspondence took place a short time ago in the *Poor Law Officers' Journal*, between the Clerk to the Guardians of Bethnal Green and myself, re certain nurses in that district who had not received the bonuses promised to them.

I am happy to state that these ladies have recently been notified to the effect that the bonuses will be awarded them, and in arrear. This, I may say, is largely due to the good offices of a very well-known Alderman, who has kindly taken an interest in the matter.

Yours faithfully,

MAUDE MACCALLUM.

*Hon. Secretary.*

(Professional Union of Trained Nurses).

#### NURSING CONTROVERSY AT THE WEST MIDDLESEX HOSPITAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My attention has been directed to a letter from Miss A. B. Cumberbatch appearing in your issue of the 7th instant respecting the Nursing Controversy at the West Middlesex Hospital.

Miss Cumberbatch refers to the unhappy example of this Union in publishing information received without testing its accuracy. That is, she asks you in effect not to believe the statement as published by Miss MacCallum on account of an inference of inaccuracy.

At the same time Miss Cumberbatch definitely asserts that three Nurses (not six) were recently dismissed from the Hospital for deliberate violation of rules and open defiance of authority, and she asks you to believe this statement without any test being applied as to its accuracy.

If the Brentford Guardians are so sure of the grounds—why have they in the first instance refused to hear any statement from the Nurses themselves or any statements that might be made on their behalf? This appears to me so one-sided that I must leave your readers to draw their own conclusions. We are not afraid of facing any enquiry either by the Guardians or the Ministry in this matter, and we are able to prove definitely the whole of the statement as published by Miss MacCallum. We realise what we are up against in our fight for justice being meted out to Probationers—but in the end we shall win.

I am quite content to leave the question to any impartial enquiry—but after my own experience of training of Nurses, I am also prepared, until a fair enquiry has been held conclusively proving the Nurses to be in the wrong, to give to those Nurses the benefit of the doubt. The Nurses say, with proof and confidence, that they have been unjustly treated. The Guardians say nay—but refuse either to meet the Nurses or to substantiate their charges.

To maintain such an attitude is, in my mind, a sign of weakness, and there must be some doubt as to whether their defence of their actions can be substantiated.—Yours faithfully,

G. VINCENT EVANS,

*General Secretary*

(Poor Law Workers Trade Union  
of England and Wales).

90, Charing Cross Road,  
London, W.C. 2.

[Our readers will understand, as stated at the head of "Letters to the Editor," that we do not hold ourselves responsible for the opinions expressed by our correspondents, but that our columns are open to all within the limits of space at our disposal.—ED.]

#### KERNELS FROM CORRESPONDENCE.

ECHO ANSWERS WHEN ?

*Territorial Reserve* : "When are trained nurses who served their country at home during the war to have some recognition? Now that the British Red Cross Society has struck a medal for V.A.D.'s who have received no British decoration, it is time the Nursing Board at the War Office looked after the interests of qualified nurses." [So it is.—ED.]

#### PRIZE COMPETITION QUESTIONS.

*May 28th.*—Describe how to care for the bedpan, urinal, spittoon, and baby's bottle.

*June 4th.*—What are the signs of Prematurity in the new-born child? What are the difficulties which may be encountered in the management of a premature child? How should these be dealt with?

#### OUR ADVERTISERS.

Do not omit to buy, as far as possible, every thing you need from "Our Advertisers," and to recommend them to your friends. They are all first-class firms.



# The Midwife.

## TILL v. THE CENTRAL MIDWIVES BOARD.

On Wednesday and Thursday, May 11th and 12th, the appeal of Mrs. Mary Till, Certified Midwife (No. 34,807), against the decision of the Central Midwives' Board—at a special meeting on December 21st, 1920—to strike her off the Roll of Midwives, and to prohibit her from attending on maternity cases in any capacity, was heard in the King's Bench Division of the High Court of Justice, before the Lord Chief Justice, Mr. Justice Avory, and Mr. Justice Salter. Mr. Terrell, K.C., conducted the case for the appellant, and Mr. Theobald Mathew, K.C., appeared for the Central Midwives' Board.

The grounds on which Mrs. Till based her appeal were: (1) That the Board permitted a serious breach of one of its own rules; (2) That it did not give the midwife copies of the evidence of certain witnesses; (3) That the Board was guilty of judicial indiscretion in not allowing her to cross-examine witnesses, although she was present before the final decision of the Board was announced; (4) In any event there was no evidence under declaration which would justify the sentence.

After hearing the extremely able pleading of the Counsel for the appellant, the Lord Chief Justice, in giving judgment, said that on her own admission the midwife broke Rule 14, and also that, after having been informed of the septic nature of a case she was attending, she had gone to other patients. It was a most dangerous thing to do, and a flagrant breach of Rule 6. No rule with regard to midwives was more important than that. The appeal therefore failed. Mr. Justice Avory and Mr. Justice Salter agreed.

The Court suggested that under the circumstances the Central Midwives' Board might be willing to forego its costs. Its Counsel said that it was feared if the Board were to do so the result might be to encourage appeals to that Court. The Lord Chief Justice, however, suggested that the midwife had been punished enough, and that the Board would be wise to make the concession, which was accordingly done.

## ASSOCIATION OF INSPECTORS OF MIDWIVES.

The Annual Conference of Inspectors of Midwives was held from May 2nd to May 7th. It was attended by Inspectors from all parts of England and Wales and proved of great interest to all who attended. The Headquarters of the Conference was the Midwives Institute, 12, Buckingham Street, and lectures were given there by Dr. Ley on "Albuminuria in Pregnancy"; by Professor Kenwood, on "Cottage Sanitation"; and by Dr. Macrory, on "Ethics of Inspection."

Visits were paid to the Infant Welfare Centres of St. Katherine's, Poplar, and North Islington, to many nursery Schools, and—by kind permission of the London County Council—to various Minor Ailment Centres and Cleansing Stations. The members were much interested in the Ante-natal Clinics at the London and St. Thomas' and also by a lecture and demonstration on "Remedial Exercises" by Dr. Mennell, of the latter Hospital. Dr. Price showed the Inspectors round St. Margaret's Hospital for Ophthalmia, in which they were greatly interested, and Dr. Sequeira lectured to them at the London on Venereal Disease. Dr. Remington Hobbs also gave a lecture at Kensington Infirmary on "Gonorrhœa in Women." Both these lectures were found most instructive.

A visit was paid to the new and beautifully-equipped Maternity Hospital of the Wandsworth Borough Council. The Annual Meeting was held on Wednesday, May 4th.

## CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board on 2nd and 3rd May, held simultaneously in Edinburgh, Glasgow, and Dundee, has concluded with the following results:—

	Appeared.	Candidates Passed.	Rejected.
Edinburgh ..	49	45	4
Glasgow ..	86	79	7
Dundee ..	14	12	2
	<u>149</u>	<u>136</u>	<u>13</u>

### CERTIFICATES OF MIDWIFERY NURSES CANCELLED.

At a meeting of the Board for the Hearing of Penal Cases, Dr. J. Haig Ferguson in the Chair, No. 2540, Jane Nugent, 3, Clarks Land, Holytown, Lanarkshire, was cited to answer charges of failure to send for medical assistance in the case of a patient suffering from postpartum hæmorrhage with raised temperature, and with failure to take and record the pulse and temperature of her patients and to keep her Register of Cases.

The Board found the charges to be proved and instructed the Secretary to remove the name of Jane Nugent from the Roll of Midwives and to cancel her Certificate, and further, in terms of Section 8 of the Act, she was prohibited from attending women in child-birth in any other capacity.

At the same diet the case of No. 1773, Mary Nicol Martin, Bryngwilly, Station Road, Kelty, which had been adjourned for judgment on report of the Local Supervising Authority (Fife County), was under consideration. The further report on the methods of practice of Mary Nicol Martin being unfavourable the Secretary was directed to remove the name from the Roll of Midwives and to cancel her Certificate.



# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,730.

SATURDAY, MAY 28, 1921.

Vol. LXV

## EDITORIAL.

### EMPIRE DAY.

Some of the greatest movements have originated in quite small beginnings, and Lord Meath, who has worked with such whole-hearted patriotism for the recognition of "Empire Day" throughout the British Dominions, tells how he happened to read in a newspaper that the Prime Minister of Ontario had addressed a school at Hamilton, where the British Flag was hoisted and the children sang the National Anthem. The lady who suggested this gathering little thought what an influence it would have on the Empire of the future. The little seed fell on fruitful soil, for, as Lord Meath told a representative of the *Times*: "Why," I asked myself, "should this delightful idea be confined to Hamilton, Ontario? I wrote round to Prime Ministers and Governors for their views; and in this way the scheme of Empire Day gradually developed." For nearly twenty years Lord Meath has worked to further this movement, and, as a matter of deliberate policy, preferred to do so entirely himself. "Not," he says, "until I became a comparatively poor man, and had neither the money nor the strength to continue unaided, did I look around for a committee. We have now an office in Denison House in the Vauxhall Bridge Road, and are thankful for subscriptions."

The movement has succeeded wonderfully. Although Empire Day is not yet observed as a statutory holiday in Great Britain, it is in several of the self-governing Colonies; in Indian Temples Hindus, Mahommedans and Sikhs hold special services; and in the schools children are learning through Empire Day the high privilege of being subjects of the mightiest Empire the world has ever known; they are learning to recognise that the interests of the

State should take precedence of those of the individual, and that the watchwords of the Empire Day movement—responsibility, duty, sympathy and self-sacrifice—imply the obligations which are the heritage of those who are subjects of the British Empire.

For nurses, Empire Day has a special meaning, their duties frequently carry them overseas, and they realise the strength and support they receive from the British Flag, and the honour accorded to it on land and sea. Again, throughout the Empire they are in close touch through their professional organisations, and have been drawn still closer through working side by side, on shore and afloat, during the great war. Further, under the Nurses' Registration Acts, nurses in any part of His Majesty's Dominions outside the United Kingdom where Nurses' Registration Laws are in force, and where the standard of training and examination are not lower than those required under our own Acts, may apply to be registered under these Acts. The ways in which nurses are bound together under the banner of Empire to uphold its traditions, are therefore many already.

Why should not this unity take tangible form, and Empire Day be observed amongst nurses pledging themselves to uphold the traditions of the Empire and to serve it loyally? Picturesque ceremonial is an immense aid in impressing ideals on receptive minds, and, in a materialistic age, it is well that we should pledge ourselves anew to the altruistic ideals which inspired, we believe, the majority of nurses when they entered upon a nursing career. Why should we not each year have an Empire Day celebration for nurses as beautiful and impressive as it can be made throughout the Homeland and in the Overseas Dominions? We do not doubt that it would be a popular function, and of great educational value.



## OUR PRIZE COMPETITION.

### DESCRIBE HOW TO CARE FOR THE BED-PAN, URINAL, SPITTOON AND BABY'S BOTTLE.

We have pleasure in awarding the prize this week to Miss E. M. Hooker, 26, Cathcart Road, Kensington, S.W.

#### PRIZE PAPER.

A nurse must first examine a bed-pan to ascertain if it is free from cracks. Cracks and chips are a source of infection and a danger to the patient.

Now thoroughly wash and dry the outside; disinfect the inside with a mop soaked in disinfectant of a definite strength; cover with a damp cloth and give to patient.

After use carry carefully, not forgetting to have all outlets, as well as inlets, covered with damp cloth. Disinfectant must never be left on outside of bed-pan, as it may cause a bed-sore.

In phthisical, enteric and all infectious cases, cover the stool with 1 in 40 carbolic. Leave for five minutes in covered bed-pan. Then empty; sluice the drain and bed-pan well. Afterwards again sluice bed-pan, but do not dry, but allow to drain and leave in well-ventilated place.

All bed-pans, if enamelled, should be washed daily with a little Vim, and they will never rust. The advantage of enamel ware is—it can be easily sterilised if necessary. But once chipped, it must be discarded, otherwise bed linen is ruined by it, and it also harbours infection.

If patient is very thin, place an air-ring over the bed-pan to prevent pressure on bony parts. If a rubber bed-pan is used, wash carefully in tepid water and soap, and dry thoroughly. In a bed-pan a nurse can view the colour and consistency of contents. If for inspection, use no disinfectant, only clear water.

The *Urinal* is best made of glass, so that contents can be viewed as to colour, &c. Thoroughly wash in clear water, dry outside, drain and administer. Now empty down drain, thoroughly sluice, and leave bottle filled with clear water. If the case is infectious, after use add 1 in 40 carbolic, leave aside for five minutes, then empty. Sluice and disinfect. No cracked or chipped urinal must ever be used. All urinals to be thoroughly washed daily with soda water and rinsed. Rubber urinals must be washed with tepid water and soap, then thoroughly rinsed and dried, otherwise rubber will perish.

A *Spittoon* for the reception of sputum is of value in diagnosis. Thoroughly wash in clear water, dry outside, and leave clear water (about one inch) in the bottom of spittoon. Dis-

infectant must not be used if a specimen is required for testing. Again, a poisonous disinfectant should never be used. It is a temptation to the patient who wishes to poison himself. Delirious patients sometimes accidentally drink from same. A spittoon must never be allowed to become dry, as germs are then disseminated, so disease is spread.

*Baby's Bottle* must be thoroughly washed in cold water, teats turned inside out, and thoroughly cleansed. Fill with cold water, place in steriliser in cold water, and allow to boil for five minutes. Now remove, allow to cool, and measure required food. Exclude air and administer at correct temperature. The best bottle is boat-shaped with an Ingram teat, which must be perfectly perforated so that food is not taken too slowly nor yet too quickly. Remove when almost empty. Thoroughly wash with brush and place in bowl of clear water until required, teats reversed. All to be sterilised once daily. Stitch a piece of tape round neck of bottle to write thereon child's name. All teats to be sterilised separately from bottles after each feed.

N.B.—Babies' bottles are sometimes of great use where a very weak patient, no matter what age, cannot use a feeder.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss T. Gibson, Miss M. James, Miss Henrietta Ballard.

Miss Ballard writes: "Urinals need very special attention to keep thoroughly clean; immediately after use cover and remove to sluice, empty and well rinse with clear, cold water to remove any albumen that might be in urine, scald well in soda or lysol and water, using a bottle brush large enough for same, well rinse again and dry and place ready for use. Any defects must be reported at once, as damaged urinals are as dangerous as damaged bed-pans."

#### QUESTION FOR NEXT WEEK.

What are the signs of prematurity in the new-born child? What are the difficulties which may be encountered in the management of a premature child? How should these be dealt with?

In spite of the huge cost of our postal system it is not to be trusted. For instance, last week we received two Prize Competition Papers several days after the date notified for their reception. One specially good from Mrs. G. Firth Scott, in reply to: "Describe the nursing care of Pulmonary Tuberculosis in regard (1) to the Patient; (2) to the Community." We hope to find space for it some day.



### THE CARE OF THE BED-PAN.

Miss Grace G. Grey, R.N. Instructor, writes in the *Pacific Coast Journal of Nursing*: "One of the most commonly abused articles, as to hygienic and intelligent care, is the indispensable bed-pan. I have yet to find an ideal plan worked out for their use.

"In one hospital, the leading one in a fair-sized city, rubber sheeting cut in squares was used for covers. These would probably have served their purpose if given the proper treatment, but after use, instead of being cleansed, were simply put away for future use. These rubber covers were filthy, and reeking with infected material, yet everyone concerned seemed blind to the fact. A few moments under the faucet would have produced a clean cover. These few moments were not taken, and covers were used for weeks without any attempt at cleansing them. Bed-pans and urinals were merely rinsed.

"In the hospital an attempt at certain intervals was made to sterilise and cleanse the pans, but this was sporadic. No direct supervision was given of this most important of hospital problems, and head nurses seemed oblivious of their condition.

"Is it not queer that intelligent and highly trained individuals could allow such an important item to escape their notice? Is it because most women are as sheep, following blindly their predecessors in all vital as well as inconsequential matters, or is it sheer laziness?"

"Why should not bed-pans, urinals, and douche pans have their morning sterilisation and cleansing as well as other and less important utensils? Why should not racks filled with a disinfectant be utilised when they are replaced, instead of open iron racks, and why not have a sufficient quantity of neat bed-pan covers so that no soiled cover need ever be excused? Why not?"

One reason, we imagine, why bed-pans should not have their morning sterilisation is because at present hospital authorities have not provided sterilisers for the purpose. Many nurses can testify that one of their duties as probationers was to remove from the wards in the early morning the chambers used during the night, and to scald and wash them in the bath subsequently used by the patients. If bed-pans were subjected to the same treatment, there was no other place in which to scald them. It would be interesting to know what hospitals, if any, provide sterilisers for bed-pans, or what means are taken to disinfect them.

### ADENOIDS OR NASAL OBSTRUCTION. THE CAUSE AND TREATMENT.

Lieut.-Colonel John Kynaston, R.A.M.C. (retired), gave an interesting lecture on the above subject at the Conference in connection with the Nursing and Midwifery Exhibition at the Royal Horticultural Hall on May 20th.

Colonel Kynaston strongly expressed the view that the place to cure adenoids was in the schools, the homes, and the clinics. It was not a surgical proposition, except in a few exceptional cases. He made a protest against the indiscriminate linking together of adenoids and tonsils. As a rule, when one was sentenced the other was executed at the same time.

#### TONSILS.

Some people spoke as if tonsils had been put into the throat in a malignant, sportive mood. That was manifestly preposterous. When he was a student it was taught that the pituitary gland was the remains of a third eye which, when we were worms, had grown out of the back of the head! Now we knew that this gland had a most important effect on growth. One authority, the speaker said, went so far as to maintain that every child should have its tonsils removed at the age of four. He claimed that there was no justification for removing a tonsil other than a septic tonsil, *i.e.*, one which produces symptoms which cannot be allayed.

The main primary cause of tonsil enlargement was bad teeth. The condition of a child's teeth depended on the food on which he was fed, and this frequently left much to be desired.

Enlarged tonsils were the natural reaction caused by a septic mouth. The proper treatment, therefore, was to clean the mouth.

#### ADENOIDS.

The symptoms of adenoids and of nasal obstruction were the same—the open mouth, the falling-in of the nostrils, the sucking-up of the palate, snoring, dullness, etc. How did nasal obstruction arise? What was the aetiology of the disease? We were told that it was due to exanthematous disease, to sucking dummy teats, and other causes. All this meant that it was due to some source of bacterial infection. Colonel Kynaston contended that adenoids did not begin as adenoids, but finished as such. They began with discharge from the nose or throat.

It was important to ascertain in a case of suspected adenoids if the soft palate could be seen to move. In 60 to 80 per cent of the cases



it would do so. The treatment, then, was to get the children's noses clean, and see if they had not ample room to breathe. Only those cases in which there was not room to breathe should be operated on, and no others. Medical men knew that the operation was overdone altogether. It should be insisted on that no operation should be regarded as necessary under any circumstances until there had been a whole-hearted trial of medical treatment.

Children must be taught to blow their noses, and, if necessary, the nose should be washed out with a saline solution containing salt, borax, and bicarbonate of soda.

Colonel Kynaston holds that nasal discharge is usually infectious, that tonsils become swollen because they are the seat of catarrhal influenza and other infections, and that such discharge may become chronic if children convalescent from measles and other diseases in which catarrh occurs are not kept under medical observation until the discharge has ceased. He recommended in such cases the use of an antiseptic inhalation. He also spoke of the value of "Yadil" in certain cases. He strongly urged upon his hearers that the large majority of cases of adenoids and enlarged tonsils can be cured without operation; that a proportion of cases recommended for operation were cured while waiting for it, and attributed the success of operations for adenoids to the fact that the conditions which had caused them were cured previous to the operation.

### THE R.B.N.A. "AT HOME" ON JUNE 4TH.

The working members of the R.B.N.A. are arranging to be "At Home" to the members of the Trained Nurses' Annuity Fund and the Settlement on Saturday, June 4th, at 194, Queen's Gate, S.W. An excellent tea will be provided at the cost of one shilling for each person, with the exception of the guests of the afternoon, for whose entertainment the working nurses are to make themselves responsible. Those nurses who wish to join in showing hospitality to members of the Profession, now retired from active work, and many of whom were among the pioneer members of their Association, should write to the Secretary enclosing the sum of one shilling. We very much hope that the younger members of the Association will attend in large numbers on the 4th.

We remind the nurses of the dinner party which is to take place on Saturday, the 28th inst., under the auspices of the Association of Trained Nurses in Public Health Work.

ISABEL MACDONALD, *Secretary.*

### NURSING ECHOES.

The Queen of the Hellenes has notified Mrs. Bedford Fenwick by cablegram, "with sincerest thanks," of the arrival at Athens of the six Sisters of the Registered Nurses' Society; so let us hope by now they are beginning to take a useful part in the care of the sick and wounded in the present war between Greece and Turkey. We record this little "crusade" with pleasure, because our British nurses, who are second to none in practical skill and in the possession of true nursing attributes, have until recently taken the leading part in nursing on the Continent of Europe when needed.

At present, however, the lead throughout distracted Europe is largely in the hands of our American cousins, because the American Red Cross is not only providing most generous financial aid, but has wisely placed the trained nurse in her rightful place in the organisation of its Nursing Department, with one of the most popular leaders—Miss Clara D. Noyes, R.N.—as Director. The report in the *American Journal of Nursing* of the tour of inspection of Miss Noyes and Miss Helen Scott Hay, Chief Nurse of the American Mission to Europe, proves how invaluable such a Nursing Department can be. Yet whilst recognising the forward work of the American Red Cross and its fine *personnel*, we are just *that* British that we want to keep British nursing in the van of Mission nursing too. This of course we shall never do through the British Red Cross amateur nursing methods, so we must keep our international movement well to the fore.

And this reminds us that on June 5th the corner stone of the American Nurses' Memorial—the Nightingale College of Nursing—to be erected at Bagatelle, Bordeaux, is to be laid by Miss Helen Scott Hay; and in extending to us an urgent request to be present, Miss Hay writes: "Will you be good enough to extend this invitation to any members of your Nursing Organisation and to Miss Breay especially?"

Alas! owing to press of work, including our duties on the General Nursing Council for England and Wales—and as Hon Editor of this Journal—we must deny ourselves the great pleasure it would have been to attend this historic function—when American nurses present to their French colleagues this splendid educational gift—and thus to the French people in the future a succession of the highly trained nurses on



the Nightingale system, for which the Bordeaux School is already famous. It certainly will be an historic occasion in the nursing world, in which it is to be hoped British nurses will take a sympathetic part. If any members of the National Council of Nurses of Great Britain and Ireland are able to accept the invitation, we shall be only too pleased to furnish further information concerning the cost and arrangements.

We learn that the ceremony of laying the stone will take place at 3 p.m., and that there are to be tableaux vivants and supper in the beautiful gardens at Bagatelle. The American Committee for Devastated France are sending a cinema operator to add to the film which they have already secured of the laying of the stone of the Rockefeller Tuberculosis Dispensary and all the system of training in the Nightingale School at Bordeaux. This film will naturally be of immense interest to the American nurses who have given the £10,000 for the new College.

Formal statutes will be adopted on June 5th to safeguard the standards and technique of the School. There is to be a Consultative Committee of nurses chosen by the United Committee of the three great National Associations of Nurses in the United States—the American Nurses' Association, the National League of Nursing Education, and the National Association of Public Health Nurses—which will be charged with publishing reports on the progress of the School.

We are glad to hear that the Royal British Nurses' Association Club appears to be making steady progress, but it can only become a great success (which we feel sure it will be) by the united effort of the many. Call at 194, Queen's Gate, S.W., where a courteous welcome awaits all visitors. After a visit it is not probable that you will care to continue to be an outsider of so happy a social centre.

Tickets for the Dinner promoted by the Association of Trained Nurses in Public Health Work, to take place on Saturday, May 28th, at 7 p.m., can be obtained from Miss Carter, 38, Allwyne Road, Canonbury, N.

The third annual sale of work promoted by the matron (Miss M. K. Steele); and nursing staff of the York County Hospital was held in the Hospital grounds on May 18th. The function marked a practical effort on the part of the nursing staff to help the Hospital to tide over

the present financial crisis by making themselves responsible for some improvement to the building or apparatus. Last year's sale realised £120, which was sufficient to cover the purchase of an Army hut to be converted into an isolation and pathological wing, and this year's proceeds will be used for installing electric light in one of the wards. The grounds were tastefully adorned with stalls laden with articles of every description, which had been made or given by the nurses, patients and friends of the Hospital. There were several amusing side-shows, which were liberally patronised, and also an exhibition of handiwork made by the patients.

In opening the sale Miss Hilyard said she considered it a great honour to be asked to open the sale, but when Miss Steele asked them to do a thing, they felt they had to do it because they were all so anxious to please her. The idea of holding a sale of work annually originated with the members of the nursing staff themselves, and she thought it was splendid of them to undertake it in addition to their ordinary duties. She wished all success.

The proceeds amounted to £230, which is over £100 more than was realised last year. York County Hospital nurses are greatly to be congratulated.

For ill treating a patient, found by the doctor to have two ribs broken and to be covered with bruises on the left side, two male attendants, until recently at the Netherne Mental Hospital, Merstham, were fined £2 at Reigate. A scandalously inadequate punishment, and calculated to accentuate the distrust of the public in asylums and magistrates.

The sixth annual report of St. Dunstan's Hostel for blinded soldiers and sailors states that there are now 1,772 names on the books and 106 new-comers were admitted during 1920, in which year 305 blinded soldiers completed their training and were set up in occupations they had mastered. Thus more than 1,200 men are already established at work. An occupation which many of the men at St. Dunstan's study with success is massage. Already 93 men have completed their training, and have gained a certificate. In London and its suburbs alone 15 blinded soldier masseurs are settled, each with an up-to-date room for giving massage and electro-therapeutic treatments. At Christopher Street, Finsbury Square, a massage clinic has been established.



## "A HOME HATH MADE."

It has become rather the fashion of late years to refer to the Matron as the "bogy woman"—when in reality many Matrons have by their devotion to duty and unflinching consideration for others earned the respect and affection of their fellow workers. In support of this we quote from the *League Journal* of the Hendon Hospital Nurses' League some farewell verses addressed to its President, Miss Elma Smith, for upwards of twenty years Matron of the Institution, and evidently the dear friend and comrade of generations of probationers and nurses:—

### TO OUR BELOVED MATRON.

MARCH, 1921.

Ah!! Who goes forth from here with stately tread?  
From this fair place which has known no other head,  
'Tis she, who from the very first hath sway'd.  
The rod of duty, love, a home hath made.

Twenty-one years at Hendon has she reigned,  
And we, her Nurses, all those years have gain'd,  
True knowledge, love of work, and skill,  
Which ne'er has failed, so 'deep did she instil.

On duty, Matron eagle-eyed and stern,  
Yet work well done would its full merit earn,  
Off duty—studies, games, and pursuits share,  
Indoors or out, was with us everywhere.

Seeking the best, the best she thus obtained,  
Looking for good, the good she thus maintained,  
Finding some hope in e'en the dullest Pro'  
Who when they failed, for help to her would go.

Through vast dominions, over land and sea,  
Her Nurses whil'd afar by destiny,  
Still to her turn for wisdom and advice,  
And for her counsel never did ask twice.

Matron, your Staff will see you yet again,  
Tho' you no longer at the dear old place will reign.  
Three years—some four, five, six or even more  
We've spent with you—alas! those days are o'er.

But not despondent do we see you go,  
Although we know you loved the old place so.  
Staff—Patients—Friends unite to sing your praise,  
And wish you happiness in many future days.

So now, dear Matron, we bid you not farewell,  
Tho' you at Alma Mater may not dwell,  
We still would cling to you. Sincere we pray,  
Love—Rest—Home—Friendship attend you all your way.

L. C. C.

## THE NURSES' BOOKSHELVES.

A book just published by Messrs. G. P. PUTNAM'S SONS, LTD., 24, Bedford Street, Strand, W.C. 2, "The Psychology of Nursing," by Aileen Cleveland Higgins, will be of great use and interest to nurses, as also "Teeth and Health," by Dr. Thomas Ryan and Dr. Edwin B. Bowers. "A Short History of Nursing," by Lavinia L. Dock, R.N., is indispensable.

## PROGRESS OF STATE REGISTRATION.

### IN NEW ZEALAND.

The Nurses' Registration Amendment Act, 1920, of New Zealand, places the age for registration at 21, instead of 23; probationers, therefore, can begin their training at 18.

The practice of allowing training in one or more approved hospitals to count as an approved course is confirmed, thus encouraging the affiliation of small hospitals with a larger one in which wider experience can be gained.

An interesting amendment is that of Section 6 of the principal Act, the effect of which is that the registration badge will only be given to nurses trained in New Zealand. It is considered that nurses from outside the Dominion will probably have their own badges, and thus this amendment will be a means of distinguishing those who are really New Zealand nurses.

### IN VICTORIA.

An excellent system of voluntary registration of nurses has for years been in force in Victoria, but every time a Bill for this purpose is projected the Association is ignored. According to *Una* Victorian nurses are getting out of patience with the futility of their legislators and their ignorantly-drafted Bills. Why the Royal Victorian Trained Nurses' Association takes all this lying down we cannot imagine. The members have votes. Let them show members of the Victorian Legislature that they can use them effectively. But it cannot be done in kid gloves.

### IN THE UNITED STATES.

The Nurse Practice Bill of Missouri has had a splendid victory and has been signed by the Governor. This Bill requires that no one may nurse the sick for hire who has not received a State licence.

In Arizona a Bill for the registration of nurses' has passed and has been signed by the governor. It becomes law on June 11th. This Act gives nurses the title of "Registered Nurse," as do all the American, Canadian and other Dominion Acts, and will admit to its register nurses from other American States, or foreign country or province, the requirements of which are equivalent to the requirements prescribed by this Act.

## NURSES' MISSIONARY LEAGUE.

Nurses are cordially invited to join the Nurses Missionary League Summer Camp which will be held again this year at Sandsend on the Yorkshire coast near Whitby and Scarborough. There is good bathing and the country round is well wooded, giving opportunity for delightful walks and picnics. The date of the Camp is from June 11th—25th.

It is hoped that as many as possible will join for the whole fortnight, but all will be welcome who can attend for any part of the time. The entire



cost will be £2 a week for those sharing a room, and £2 7s. for a single bedroom. Those coming for less than a week will be charged at the rate of 6s. a day if sharing a room, or 7s. a day for a single bedroom.

► Sandsend is on the Great Northern Railway. Owing to present conditions of travelling luggage should be as small as possible.

The Registration fee (which will go towards the expenses of Camp) is 1s. if paid before June 1st, and after that date 1s. 6d.

Further particulars can be obtained from the Secretary of the League, Miss Richardson, 135, Ebury Street, London, S.W. 1, or from the Camp Secretary, Miss J. Macfee, 21, Frogna Lane, Hampstead, London, N.W. 3.

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### NURSES AND TRADE UNIONISM.

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We are informed that at a recent meeting of the Swansea Workhouse Visiting Committee a letter was read from Miss M. B. Williams, the superintendent nurse, stating that she had accepted the post of Secretary to the Swansea Centre of the College of Nursing. The work would be done in her own spare time, she added, but she informed the committee out of courtesy.

A number of members objected to Miss Williams accepting the office, one ground being that the College was really a trade union.

Mrs. H. D. Williams did not think Nurse Williams would be able to discharge the duties in her own spare time.

Mr. Dewitt thought it would be impossible for her to act fairly in the dual capacity of Secretary to the Centre and the "boss" of the nurses for the Guardians. Extra time would also be asked for later on in which to do the work.

Mr. W. G. Rees said Miss Williams would have from time to time to put forward the claims of nurses for increases, and he did not think an official of trade unionism ought to sit at committees.

It was urged by Mr. James, however, that the committee should let the matter drop and allow Miss Williams to do as she wished. Nurses, he added, had advanced from Trade Unionism to industrialism, and did not mind their "gaffers," as he put it, acting as their secretaries.

The committee took the last speaker's advice, and the subject was allowed to drop without any decision being taken on it.

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The College of Nursing, Ltd., cannot be described as a nurses' trade union; practically it is the employers' union, as the seven signatories to the Memorandum of the company are laymen, and of the five executive officers only one is a nurse. When Matrons and superintendents of nurses accept the position of secretary to branches and centres of nurses' organisations, it is inevitable that the freedom of the nursing staff is curtailed

by the influence of the senior officer. Thousands of nurses have been influenced and some compelled to join the College by their Matrons. Thus, it is much more just that official positions should be held by nurses out of office, and not by Matrons and Superintendents. We ask the Swansea Guardians is it giving their nursing staff freedom of choice as to what organisations they shall join if their superintendent nurse is the active organiser of any one society—whether of the College or a trade union? No head official in office in an institution should hold dual authority. It is not fair to the juniors, whose promotion depends so much on the head nursing officials.

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### INNOCENT VICTIMS.

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Lord Dewar, as President, in an appeal for funds for St. Paul's Hospital, which has been selected by the Ministry of Health as a centre for the free secret treatment of venereal diseases, says:—

"It is tragic to see the sufferers—men, women, and even little children—innocent little mites knowing not from what they suffer or why they should. It is thought by many that venereal disease is a sign of guilt, but large numbers of our patients are innocent victims.

"It was found impossible to do justice to the ever-increasing work in the present hospital at Red Lion Square and the committee has obtained larger accommodation in Endell Street, where 28 beds for in-patients and accommodation capable of dealing with 100,000 visits of out-patients per annum will be provided. It will cost £50,000 to complete, purchase, rebuild, and equip the new hospital."

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### THE PROTECTION OF X-RAY WORKERS.

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Representatives of the radiological societies met in London last week to form an expert committee to investigate the use of X-rays, especially with a view to improving the measures of protection for patient and operator.

The meeting was summoned by the Röntgen Society, of which Dr. Robert Knox is President, and the objects of the investigation which it proposes to set going will be to report on:—

- (1) The changes induced in tissues by X-rays, and particularly on the blood changes.
- (2) The properties of the X-rays and the best means of controlling their action.
- (3) The equipment of X-ray and electrical departments with a special view to the protective measures employed.
- (4) Recommendations for the guidance of the assistants in those departments, particularly in relation to the hours of work and the need for fresh air and change.



## THE HOSPITAL WORLD.

The King and Queen have sent to the Victoria Hospital for Children, Tite Street, Chelsea, two photographs signed by themselves, to be hung in the board room. The gift commemorates the visit of their Majesties to the hospital on Thursday, May 12th.

Princess Helena Victoria, President of the League of the Roses, has granted her patronage to the Crewe House Bazaar, in aid of the Great Northern Hospital, on June 2nd and 3rd.

From May 1st the London County Council took over the task of giving sanatorium treatment to persons under the National Insurance Act, and the London Insurance Committee ceased their labours in regard to that part of their duties.

The Governors of the Alexandra Hospital for Children with Hip Disease, Queen's Square, Bloomsbury, W.C., at a special meeting recently authorised the board to negotiate with St. Bartholomew's Hospital with a view to amalgamation.

Bart.'s expenses have risen from £90,400 to £176,650, the outgo on provisions being up by 107 per cent., and that on wages and salaries by 83½ per cent.

Payment by patients has been decided upon as one way out of the difficulty, but even then a balance on the right side will only be possible by means of increased generosity on the part of those able to assist.

The Federation of Medical and Allied Societies have a Dinner at the Café Royal, Regent Street, W., on Thursday, May 26th, to meet the Right Hon. C. Addison, M.D., M.P., and the Right Hon. Sir Alfred Mond, Minister of Health, and the Members of the Medical Group in Parliament.

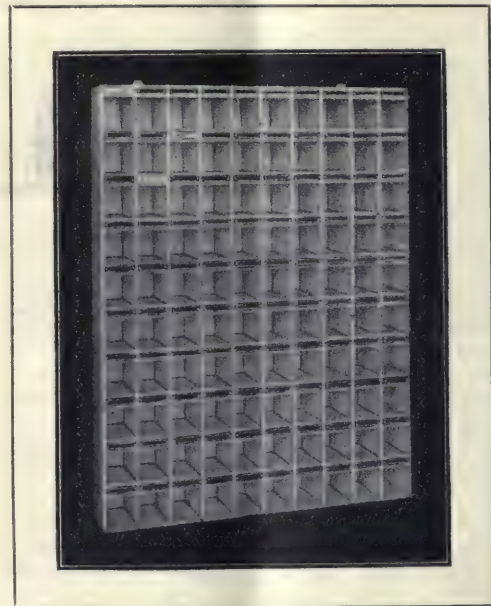
Thirty years ago we placed a scheme for a Nursing Home run on hotel lines, each speciality—medical, surgical, maternity, &c.—to be conducted on self-contained flats on floors, with public rooms in addition, before a well-known manager of a group of hotels. We bargained for a first-class chef and nursing staff. He turned it down as impracticable. Now we learn that this scheme is to be inaugurated in the West End of London, and a great point is to be made of the catering, the chef and the Nursing staff.

The St. Albans' Guardians are wise to determine to improve the present accommodation for their nurses, five of whom recently resigned. They have real grievances—one especially, the serving of their meals, is not nice, which is due to the fact that only inmate labour is available. A housemaid is to be engaged to attend to the nurses' quarters, and to wait upon the nursing staff at their meals.

## PRACTICAL POINTS.

### HAVE YOU A RACK FOR YOUR NAPKINS?

Every institution executive (says the *Modern Hospital*) has experienced the confusion that exists in dining rooms where napkins are not properly distributed. This confusion results frequently in an undue usage of clean napkins. Furthermore, napkins when soiled should not be brought in contact with each other. To overcome these objections, there has been recently designed a sanitary napkin rack for institution dining and service rooms. The rack is made of steel, white enamelled, and has a name plate for each compartment. These cabinets can be made in any size desired and, while particularly useful in nurses' dining rooms and cafeterias, are also used in the service rooms of larger institutions.



A RACK FOR NAPKINS.

### ROYAL INSTITUTE OF PUBLIC HEALTH.

The Duke of York will open the London Conferences of the Royal Institute of Public Health, to be held at the Guildhall, on June 2nd, 3rd and 4th, and will be supported by the Lord Mayor and Sheriffs and others. The first Session will be devoted to "Municipal Hygiene and its suggested connection with the administration of the Poor-Law"; and Sir Kingsley Wood, M.P. (Parliamentary Secretary to the Ministry of Health), will be amongst the speakers. "The Maintenance of Efficiency and Prevention of Ill-health in Industry," "Venereal Diseases and their Prevention," and "The Efficiency of the Present Machinery for Dealing with Tuberculosis," are also to be discussed.



## APPOINTMENTS.

### MATRON.

**Dreadnought Hospital, Bramshott.**—Miss E. J. Williams, A.R.R.C., has been appointed Matron. She was trained at St. Thomas' Hospital, London, and has held the position of Sister of the Phthisical Ward, and other appointments at the Dreadnought Hospital, Greenwich. She has also been First Assistant Matron at the Township Infirmary, Leeds, and has served in Queen Alexandra's Royal Naval Nursing Service.

**District Asylum, Paisley.**—Miss Margaret Sim has been appointed Matron. She was trained at the City Hospital, Edinburgh, and the Royal Infirmary, Edinburgh, and has been Assistant Matron at Woodilee Asylum.

**Morris Grange Sanatorium Yorkshire.**—Miss E. Jackson has been appointed Matron. She was trained at the General Hospital, Nottingham, where she subsequently held the position of Sister. She has also been Matron at the Children's Hospital, Holt, Norfolk, and has had experience of private nursing.

### RELIEF ASSISTANT MATRON.

**Township of Leeds Infirmary.**—Miss Euphemia Gray Kay has been appointed Relief Assistant Matron. She was trained at the Royal Infirmary, Winchester, and has been Ward Sister and Home Sister at the Killingbeck Sanatorium, Leeds, and for six years was engaged in Military Nursing.

### SUPERINTENDENT NURSE.

**Union Infirmary, Cuckfield.**—Miss Maud Emily Iddenden has been appointed Superintendent Nurse. She was trained at the Township Infirmary, Leeds; and has been Night Sister at the Victoria Hospital, Keighley; Sister at the Hope Hospital, Pendleton; Health Visitor at Town Hall, St. Helens, and Charge Nurse at the Shirley Warren Infirmary.

### MISSIONARY NURSE.

**Medical Mission, Damascus.**—Miss Ida Johns has been appointed a member of the Mission Staff in connection with the Medical Mission in Damascus. She was trained at St. Mary (Islington) Infirmary and has worked in various war hospitals as a member of Queen Alexandra's Imperial Military Nursing Service Reserve. She has also been Ward Sister at the North Middlesex Hospital, Edmonton.

### SISTER.

**Royal Infirmary, Gloucester.**—Miss Florence E. Burrows has been appointed Sister. She was trained at the North Devon Infirmary, Barnstaple, and has been Sister at the Grosvenor Hospital for Women, Vincent Square, S.W., and Sister at the Ladbroke Baby Clinic, W.

**Dudley Union Infirmary.**—Miss Edith Emma Brown has been appointed Sister. She was trained at the Sheffield Union Infirmary, where she was staff nurse.

### SCHOOL NURSE.

**Education Committee, Derby.**—Miss Gertrude R. Gladstone has been appointed School Nurse. She was trained at the Victoria Hospital, Accrington, and has worked under the Carlisle Corporation as School and Tuberculosis Nurse.

Miss Hilda Hollies has been appointed School Nurse under the same authority. She was trained at the Burslem Union Hospital, and has been Ward Sister, and Maternity Sister, at the Dudley Union Infirmary.

## QUEEN VICTORIA'S JUBILEE INSTITUTE.

### TRANSFERS AND APPOINTMENTS.

Miss Daisy E. Edgley is appointed to West Sussex, as County Superintendent; Miss Ellen M. Hall, to St. Helens, as Superintendent; Miss May Hickson, to Warrington, as Superintendent; Miss Deborah Ladbroke, to Grimsby, as Superintendent; Miss Dorothy L. Lowe, to Widnes, as Superintendent; Miss Edith M. Morris, to Glossop, as Superintendent; Miss Sarah Case, to Somerset, as Assistant County Superintendent; Miss Hester Dickson, to Paddington, as Assistant Superintendent; Miss Mary Horsley, to Surrey, as Assistant County Superintendent; Miss Ada B. Wallis, to Surrey, as Assistant County Superintendent; Miss Julia Whalley, to Widnes, as Assistant Superintendent; Miss Elizabeth C. Wilson, to St. Helens, as Assistant Superintendent; Miss Ada M. Bennett, to Scunthorpe, as Senior Nurse; Miss Lucie W. Emery, to Warrington, as Senior Nurse; Miss Alice L. Gould, to Birmingham (Summer Hill Road), as Senior Nurse; Mrs. Mary A. Humphries, to Todmorden, as Senior Nurse; Miss Ellen Cotter, to New Mills; Miss May Griffith, to Normanby Park; Miss Margaret A. Hamilton, to Bransley; Miss Charlotte M. Huband, to Birmingham (East Home); Miss Ethel M. Jeary, to Clacton-on-Sea; Miss Louisa M. Parsonage, to Kensington; Miss Sarah B. Rowland, to Waterfoot; Miss Barbara M. Taylor, to Reading; and Miss Janet Wilcock, to Barnsley.

### RESIGNATIONS.

We learn that Miss Janet Melrose, R.R.C., Matron of the Royal Infirmary, Glasgow, contemplates resignation. The retirement of Miss Melrose from this prominent position in the nursing world will be a very great loss, not only to the Infirmary, but to the Scottish Nurses of the future, who, now that they are entering for training on a State defined curriculum, need the help of Matrons of wide experience.

Miss Clara Hoadley, Superintendent of the Nurses' Co-operation, Langham Street, London, W., is retiring at an early date. We venture to think that the organisation of this Society would benefit by a more liberal régime of association between the Committee and officials and the Nursing Staff.

### A NOTABLE PERSONALITY.

A notable personality has passed away in Sir James Horlick, Bart., President of Horlick's Malted Milk Co., probably the largest firm of food manufacturers in the world, operating factories in England and the United States of America, with a business organisation extending into practically every country of the globe, and a magnificently-equipped factory at Slough, Buckinghamshire.

Sir James resided at 2, Carlton House Terrace and at Cowley Manor, Gloucestershire, where he took an active part in the public affairs of the county. He was a magistrate and Deputy Lieutenant for this county and in 1902 was High Sheriff.

His eldest son, now Sir Ernest Rufford Horlick, who holds a commission in the Royal Air Force (Special Reserve) will retain his connection with Horlick's Malted Milk Co., of which he has for some years been Vice-President and Managing Director of the business in this country.

Since the war he has been joined in the control of the business by his brother, Lieut.-Colonel J. N. Horlick, O.B.E., M.C. (late Coldstream Guards).



## THE NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE.

### THE EXHIBITION.

The Nursing and Midwifery Exhibition at the Royal Horticultural Hall last week, which closed on Friday, May 20th, had magnificent weather, which added much to the pleasure and convenience of those attending it.

Before we leave the subject of the Exhibition we must put on record our great indebtedness to Councillor Beatrice Kent, not only for taking charge of the Stand of *THE BRITISH JOURNAL OF NURSING*, but for the illuminating way in which she attracted the attention of passing nurses to the ideals for which the *JOURNAL* stands, and its unique place in the national Press. It was an object lesson of great value to listen to and observe her methods, and we hope that some of those at least who listened to her will profit by the instruction which she gave so lucidly and patiently.

It is of interest to learn from Miss Kent that the two people who showed the greatest interest in the four volumes of "A History of Nursing," by Miss Dock and Miss Nutting, were a Japanese lady and an Italian nurse, who seemed quite absorbed in them and went away determined to secure them.

### THE CONFERENCE.

The first Session of the Conference which was held in connection with the Exhibition at the Horticultural Hall, Vincent Square, on May 18th, was presided over by Miss E. C. Barton (Matron, Chelsea Infirmary).

Major Simonds, M.A., Barrister-at-Law, and Secretary of the Poor Law Officers' Association, dealt exhaustively with the subject of Superannuation under the Poor Law. He explained that there had been many Acts of Parliament providing for a scheme of Superannuation for Poor Law Officers, the date of the earliest being 1864. In the year 1897 the Poor Law Officers' Superannuation Amendment Act was passed; in this nurses in the Service were included. The speaker deplored the provision which allows them to contract out if they wish; he emphasised strongly the great benefits of the Superannuation scheme to all concerned. Mr. A. Stoughton Harris, M.A., F.L.A., dealt with pensions for Hospital nurses other than Poor Law Nurses. Pensions (he said) deal with something in the future, and it was difficult to get young nurses to take an interest in anything that will only benefit them about 30 years hence. It was desirable that every Hospital should have its own pension scheme, but the question was obviously a difficult one. Speaking of the methods upon which a pension scheme might be based, Mr. Harris mentioned two, namely, (1) a scheme basing the pension upon the salary received; (2) the nurse to pay so much in order to receive a given sum at a given age. In referring to the National Pension Fund for Nurses, he spoke in

praise of its administration, adding that owing to the great depreciation from which it suffered during the war, it is not as well off as it expected to be.

### NURSES' SALARIES.

"We are only just beginning to have a proper standard of living for professional women," remarked Miss Ruth Young (Secretary of the Headmistresses Association), in her very interesting and original speech on "Nurses' Salaries from the Professional Woman's Point of View." She laid down a principle when she added:—"If you raise the standard of living for one profession, you raise it for those beneath it." She placed the professions of Nursing and Teaching on the same level, in relation to their service to the community—care of the body and of the mind being of supreme importance—and those who provide for these necessities should be properly remunerated. The School Teachers' Superannuation scheme provides for a pension of £160. Miss Young ridiculed the idea of a totally inadequate pension for Nurses, alluded to by a former speaker. "If pensions are due to those who have to do with the mind, surely they are due to those who have to do with the body!" she declared, and women ought to have enough to live upon and to save for old age.

### HEALTH WORK.

Miss Grace Vaughan presided at the next session, when Miss Halford, Secretary of the National League for Health, Maternity and Child Welfare, spoke on "Health Work," and Miss Edith May, late Health Visitor, Margate, on "Little Rifts in District Work."

### MIDWIFERY AND COMMON SENSE.

At the Evening Session Miss Tunbridge, Matron of the General Lying-In Hospital, York Road, Lambeth, presided, and the session was devoted to midwifery. Dr. Lionel Smith, dealing with "Midwifery and Common Sense," Sister Coni, Labour Ward Sister in the same institution, with "Some Notes on Painless Labour," and Mrs. Marion Cockerell, M.B. B.S., Medical Officer of the South St. Pancras Mothers' Welcome, with the much discussed question of "Infant Feeding."

### THE HISTORY OF THE MIDWIFE.

Midwifery was again dealt with in the opening Session of Thursday, May 19th, Mr. A. H. Richardson, F.R.C.S., Assistant Obstetric Physician at the General Lying-In Hospital, giving an interesting "Retrospective Glance into the History of the Midwife." Dr. Wayte, of the same institution, spoke on Ante-Natal Work, and Mrs. Turner, Sister-in-Charge of the Post Certificate School, at Camberwell, under the auspices of the same institution, gave an interesting account of its objects.

At the next Session the chair was taken by Miss Olive Haydon, Superintendent of Paget House, and the first paper (on the Midwives' Institute and its Work) was read by Miss Pearson. Both these ladies are amongst the midwives



recently appointed members of the Central Midwives' Board, the former by the Minister of Health, the latter by the Midwives' Institute.

#### THE MIDWIVES' INSTITUTE AND ITS WORK.

Miss Pearson said that she could not help feeling it a reproach for anyone to have to speak to an audience of midwives about the Midwives' Institute. There must be faults on both sides, those who were members, and those who were not, that it was necessary to convince midwives who so far considered membership of the Institute not essential to them. Whether they knew it or not the Midwives Institute was the only National Association of midwives.

She concluded by saying that now was a grand opportunity for midwives to progress. If they failed now it would be a deplorable failure. They had had words from the platform—deeds were wanted from the audience.

#### THE CLINICAL OBSERVATION OF INFANTS DURING THE FIRST TEN DAYS.

Dr. Sydney Owen, Visiting Physician at the City of London Lying-in Hospital, who took for his subject "Some Points in the Clinical Observation of Infants During the First Ten Days," said that being a clinician he knew that to be a good lecturer one must go down to the lowest level of the audience. Therefore he hoped those in the meeting who already knew what he told them would appreciate this point. The responsibilities of the midwife were great, both as to the mother and baby, during the first ten days of the infant's life. The new-born baby was a pearl of great price. The air it breathed must be pure, its food should be its mother's milk, its clothing must be suitable, and it must have abundance of fresh air. The midwife was, in a large percentage of cases, the first skilled person to come into touch with the mother and babe.

The speaker referred to the various hæmorrhages which may occur, of the ways by which septic infection may invade the infant's system, of the toilet of the umbilical cord, of the use and abuse of the binder. Until the cord had separated there must be a bandage round the abdomen to keep the dressing in place. Its purpose was then fulfilled.

The skin of the infant was a delicate structure for which hard water, dirty water, or such soaps as Sunlight Soap and Lifebuoy Soap were unsuited, and might cause dermatitis.

The toilet of the vulva of little infant girls was important. The marvel was that the bladder was not more often infected.

#### DEMONSTRATION TEACHING OF PRACTICAL MIDWIFERY.

Miss Elsie Hall gave an admirable demonstration of the Teaching of Practical Midwifery, illustrated by some very clever models in plasticine and original designs of her own in cardboard. It is interesting in this connection to know that before adopting midwifery as her life's work, Miss Hall studied under Sir George Frampton.

#### THE VALUE OF NURSES' LEAGUES.

The chair at the evening meeting was taken by Miss Alsop, Matron of the Kensington Infirmary, who introduced to the meeting the Rev. A. Lombardini, Chaplain of the Infirmary, and Hon. Editor of the Journal of its Nurses' League.

Mr. Lombardini emphasised the value of "tradition"—the war, he said, was won by tradition, there was a regimental tradition, and in the din of battle officers and men lived up to it.

Further there was a British tradition. It was Burke who said, "I believe in the inbred piety and common sense of the British people." These also contributed to the winning of the war. There was a spirit of tradition in hospitals, which gave an impetus to the fight against disease, and there was the tradition in which those nurtured in Nurses' Leagues, and receiving an annual dose through their League Journal, and a biennial dose through its meetings were brought up in its tenets. It was inevitable that Mr. Lombardini should deal with the social rather than the professional side of the work of a League, but his address was a pleasant and invigorating one.

#### SUGGESTIONS FOR A REGISTERED UNIFORM.

Miss Grace Vaughan, Superintendent of the Westminster District Nursing Association, dealt with this live subject, the Chairman introducing it by saying that after years of hard training nurses did not like to feel that any one could wear their uniform. The General Nursing Council were doing splendid work in tackling the question. Miss Vaughan took as the headings of her paper: (1) What is uniform?; (2) Why and when should it be worn?; (3) How can it be honoured?

Miss Elsie Hall expressed the hope that a veil would not be adopted as part of the registered uniform. Those who worked in the homes of the people and had seen it dabbling about would realise its unsuitability.

One Nurse was apprehensive lest the General Nursing Council should develop into a Trade Union, and was waiting to see! Ultimately it was resolved to send a Resolution to the General Nursing Council embodying the opinion of the Conference that the registered uniform should be a well cut navy blue coat with a felt hat in winter and a straw hat in summer, with a ribbon bearing the badge of the Council.

#### HOW THE NURSE MAY MAKE HER VOICE HEARD.

On the last day, when Miss L. S. Clark, Matron of Whipps Cross Hospital, presided at the opening Session, Lieut.-Colonel Howard Mummery, General Secretary of the Federation of Medical and Allied Societies, claimed that medical practitioners, nurses and midwives were citizens who possessed certain knowledge of great value. It had been unanimously decided by his society that nurses and midwives would make good Members of Parliament, and the Medical Group in the House would welcome them. The Federation definitely aimed at supporting such candidates, and could give considerable help. Nurses should also take



a share in municipal government, and get amongst the people and help them.

Miss S. M. Marsters spoke of "Visiting Nursing of the Middle Classes by District Nurses," and claimed that they would not trench on the ground occupied by private nurses.

We give in some detail on page 319 the address by Lieut.-Colonel Kynaston on "Adenoids, or Nasal Obstruction."

At the concluding Session, when Miss A. C. Gibson presided, the address by Sir Robert Armstrong Jones, C.B.E., M.D., F.R.C.P., on "The Nursing of Nervous Patients," was intensely interesting, and Sir James Cantlie, K.B.E., F.R.C.S., kept the audience convulsed with his personal reminiscences.

### COMPETITIONS. OBSERVATION.

Several competitions were arranged. Observation is essential to the success of any nurse. The competitions in this mental power arranged by the well-known London psychologist, Mr. Morley Dainow, B.Sc. (Director of the London Institute of Applied Psychology) were entered into by about 200 nurses and midwives.

#### LIST OF PRIZE-WINNERS ONE TABLE COMPETITION.

The prize-winners in the One Table Competition (in which each competitor, after looking for one minute at a table containing 30 articles, had to write down as big a list as possible of articles remembered) were:—

- First Prize* (Two Guineas).—Assistant Matron G. Wilkinson, Empire Nursing Home (29).
- Second Prize* (One Guinea).—Nurse Clarke (27).
- Third Prize* (10s. 6d.).—Nurse Oust (25).
- Fourth Prize* (10s., presented by Glaxo).—Nurse Violet Morphew (23).
- Fifth Prize* (10s., presented by Sanagen Co., Ltd.).—Nurse Jowett (22.5).
- Sixth Prize* (One year's subscription to a Nursing Paper).—Nurse Harris (22).
- Seventh Prize* (One Box of Euthymol Products, Parke, Davis & Co.).—Sister Campbell, St. Thomas's Hospital (22).

#### LIST OF PRIZE WINNERS, TWO TABLE COMPETITIONS.

The prize winners in the Two Table Competitions (in which each competitor, after looking for one minute at two tables, one containing 30 articles and the other 22 similar articles, had to write down the list of the 8 missing articles) were:—

- First Prize* (One Guinea).—Nurse A. E. M. Burstow (7).
- Second Prize* (One Box of Ovaltine Products, Messrs. A. Wander, Ltd.).—Nurse M. A. Oust (7).
- Third Prize* (10s., presented by Glaxo).—Nurse Phillips (6).
- Fourth Prize* (10s., presented by Sanagen Co., Ltd.).—Nurse R. Rogers (6).
- Fifth and Sixth Prizes* (One year's subscription to a Nursing Paper).—Nurse E. M. Jones (6) and Nurse Joan Kutchley (6).

## BOOK OF THE WEEK.

### THE SPIRIT OF THE TIMES.\*

In the autumn of 1919 Derrick Merton came to the conclusion that he couldn't "stand things" much longer. Although he had been too old (he was over fifty) for active service, he had spent a good deal of the past five years doing things that were hardly in his line, had served in the Special Constables and such like, because he had considered it his duty. He was now suffering from strain and reaction, and had been ordered abroad by his doctor for complete rest and change.

"To travel again after five years! To be sitting in a big express on foreign soil, rushing towards a frontier and away from all the duties of the immediate past. It was jolly indeed. He fingered his passport almost with an absurd sensuality. Then he took it out and looked at the photograph of himself pasted on it."

This action brought back depression.

"Derrick felt as if he heard the shutting of doors as he returned it to its leather case. During the war, without being aware of it, he had taken a leap from the age of possible adventure to the age of—what? An abrupt and intense feeling of gloom overspread him."

In Montreux he stayed at the Hotel Monney, and had a room with a terrace facing the lake. Later, in the reading room, he observed two ladies. "One of them was tall, with jet black hair, black eyes, a curiously square face and irregular features. She was decidedly plain—almost an ugly woman—but had an air of intellect and marked distinction. She was very simply but well dressed, and wore a three-cornered hat and white gloves. Round her neck hung several ropes of pearls."

She made a moue of disappointment at finding no matches to light her cigarette. Derrick supplied the omission.

She bent forward with the holder between her lips, and he lit her cigarette.

"As he did this, the lady's large black eyes met his for an instant, and it seemed to him that her mind was in close contact with his and that it said to his mind something like this: "So it is at Montreux that you and I had to meet. I could not go to England to you and so you have come to Switzerland to me!"

She really said with a slight smile of half melancholy politeness: "Thank you, monsieur, you are too kind."

In the evening he had a talk with the director of the hotel. "Imagine people of the greatest families living in our hotels without two half-pennies of their own *bien entendu*—to rub together!"

"Well; but how on earth can they live in hotels? Surely they must have money."

"Monsieur, they get it somehow."

\* By Robert Hichens. Cassell & Co., London.



Derrick considered the lady with the pearls. "Could she be——" but he put the idea from him. He simply could not imagine a woman of her type a pauper. She looked as if all the good things—the really distinguished things that make life a song instead of a street cry—must be hers by right. As he thought this, he saw the big black eyes looking at him. An agreeable thrill went through him. "After all, perhaps I am not too old," he said to himself. "She seems to feel some interest in me." There was something Eastern in the unwinking impersonal stare of her long eyes. Derrick felt as if they were fixed upon him, even when he could see them no longer. "That woman intends to know me," he said. "Why?"

Derrick was a rich man, and by nature chivalrous and generous.

Ere long the Princess had confided in him and told of the immense estates in Russia that belonged to her before the war.

Derrick was by this time hopelessly in her toils. He felt inclined to say "Why not solve the question by marrying me?" but he realised that she had very cleverly refused him when she had said that she did not approve of middle-aged marriages. He wondered whether he regretted her prejudice or not. But at least he could offer to purchase the wonderful rope of pearls she wore.

The transaction, which cost him many thousands of pounds was cleverly engineered by the Princess. Derrick found himself shortly afterwards in Paris, interviewing Monsieur Isidore, the famous judge of jewels.

He closely examined them for two or three minutes, shifting the strings slowly through his cushioned white fingers. "May I venture to ask how much you paid for them?"

"Six thousand pounds."

"Six thousand pounds!" He moved his bald head slowly up and down. "Is it possible? These pearls are false," he said sharply observing his visitor.

Carelessly—almost contemptuously—he shoved, rather than insinuated the pearls into their case, and snapped the cover down, and handed it to Derrick.

"Good-bye, Monsieur! I am really very sorry."

Derrick felt sick and was incapable of walking steadily. "Good-bye," he said, and walked slowly down the shop and out into the traffic of Paris.

This book is quite a departure from Mr. Hichens' usual style, and if one regrets the Eastern setting, at least he has given us a very interesting study with an agreeable thrill in it. We recommend our readers to discover for themselves Derrick's ultimate attitude to the perfidious Princess.

H. H.

### A WORD FOR THE WEEK.

The kiss of the sun for pardon,  
The song of the birds for mirth,  
One is nearer to God in a garden  
Than anywhere else on earth.

### TEARS.

When I consider Life and its few years—  
A wisp of fog betwixt us and the sun ;  
A call to battle and the battle done  
Ere the last echo dies within our ears ;  
A rose choked in the grass ; an hour of fears ;  
The gusts that past a darkening shore do beat ;  
The burst of music down an unlistening street—  
I wonder at the idleness of tears.  
Ye old, old dead, and ye of yesternight,  
Chieftains and bards and keepers of the sheep,  
By every cup of sorrow that you had,  
Loose me from tears and make me see aright  
How each hath back what once he stayed to weep ;  
Homer his sight, David his little lad !

—LIZETTE WOODWORTH REESE.

From *Johns Hopkins' Nurses Magazine*.

### OUTSIDE THE GATES.

NATIONAL COUNCIL OF WOMEN OF GREAT BRITAIN  
AND IRELAND.

The Annual Meeting and Conference of the National Council of Women of Great Britain and Ireland will be held in Sheffield from 26th to 30th September, 1921, by invitation of the Sheffield Branch. Affiliated Societies must send in the names of their representatives before the end of June to the General Secretary, Parliament Mansions, Victoria Street, London, S.W. 1.

### HEALTH OF OUR TROOPS AT HOME AND ABROAD.

The Association for Moral and Social Hygiene has convened a meeting on June 7th, at the Central Hall, Westminster, concerning "The Moral Environment of His Majesty's Forces," with special reference to British Troops in the Rhineland.

It is stated that official figures given in the House of Commons appear to indicate an alarming increase of venereal disease among the troops of the Occupied Rhineland Area, and the Committee of the above Association feels that the attention of the public should be directed to factors in the situation which are most unsatisfactory from the health and moral aspect.

The Prime Minister has not found time to receive a deputation on the matter, so the Committee will make certain proposals to improve both the moral and social environment of the Forces at home and on foreign service at the public meeting. Tickets 1s. 6d., can be procured from the Secretary, Orchard House, 2 and 4, Great Smith Street, Westminster, S.W. 1.

### COMING EVENTS.

May 28th.—The Association of Trained Nurses in Public Health Work, Dinner, Royal British Nurses' Association Club, 194, Queen's Gate, S.W., 7 p.m.

May 31st.—Constructive Birth Control. A meeting convened by Dr. Marie Stopes. Chair-



man, Right Hon. G. H. Roberts, J.P., M.P. Queen's Hall, Langham Place, W. 8.30 p.m.

*June 2nd to 11th.*—College of Nursing, Ltd.—Scenic Fair, Bingley Hall, Birmingham, in aid of Club Room and Hostel for Trained Nurses in the Three Counties.

*June 3rd.*—General Nursing Council for England and Wales.—Meeting, Ministry of Health, Whitehall, S.W. 1, 2 p.m.

*June 4th.*—Royal British Nurses' Association "At-Home" to the members of the Trained Nurses' Annuity Fund, and Residents at the Settlement. Tea. 194, Queen's Gate, S.W.

*June 5th.*—American Nurses' Memorial at Bordeaux.—Corner Stone of New Florence Nightingale College and Home for Nurses, Bagatelle, Bordeaux, by Miss Helen Scott Hay, Chief Nurse, American Red Cross Commission to Europe, 3 p.m.

*June 11th to 25th.*—Nurses' Missionary League Summer Camp, Sandsend, Yorkshire.

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## LETTERS TO THE EDITOR.

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*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 APPEAL TO THE HIGH COURT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with much interest your report of the case of *Till v. The Central Midwives' Board* in the current issue of our JOURNAL, and it brought vividly to my recollection your wisdom and farsightedness in "contending earnestly" for provision for the right of appeal in the Nurses' Registration Act. There have now been—I think—four appeals from the decisions of the Central Midwives' Board. Speaking from memory I believe two have been decided in favour of the Board, and two of the appellant; but, at all events, it shows the wisdom of the provision, and is satisfactory both for the Governing Body when its decisions are upheld, and to the appellant who thinks she has reasonable cause to question the decision arrived at if the High Court decides that such cause exists.

One question which must force itself upon the attention of every thinking nurse, however, is the great cost of an Appeal to the High Court how is it to be met? Few nurses can afford it? Yet if this equitable provision is not to become null and void the question of ways and means must be faced. The Societies of Nurses will do well to consider it.—Yours faithfully,

M.R.B.N.A. & CERTIFIED MIDWIFE.

### KERNELS FROM CORRESPONDENCE.

MALE NURSES AND THE GENERAL REGISTER.

*Sister Tutor.*—"I presume that only nurses who can comply with the training laid down in the Syllabus issued under the authority of the

General Nursing Council, for general training, will be eligible for the General Register, and as this Syllabus provides for practical experience in the nursing of infants, children and gynæcology, and the ante-natal care of women, only women nurses can comply with it. This is no injustice to men, who are not trained in, nor do they practise in these branches of nursing. No doubt the Syllabus for the training of male nurses will cover the special work they can practise, and it is much more fair to women nurses that they should be placed on a Supplementary Register."

### NURSE MEMBERS OF PARLIAMENT.

*Miss Jessie Pratt.*—"When Lieut.-Colonel Howard Mummery stated at the recent Nursing Conference that he believed that nurses would make good women members of Parliament, I thought of you, dear Editor. I have always said we should have had our Registration Act twenty years ago if you had been in the House, and we should now have been a well organised profession instead of just beginning to evolve order out of chaos, with ten years' hard work before the General Nursing Council to effect it."

[Winning an election by women will be a very costly proceeding. The only woman in Parliament is the wife of a millionaire, who stepped into his former constituency when he became a Peer. We have plenty of fine women whose work in the House would be invaluable, but without a large central fund to help them win an election, we fear we shall never have the advantage of their special knowledge and talents placed at the disposal of the nation.—ED.]

### WHY NOT?

C. M. P.; "I have recently returned from America, where I find more and more women are acting as Hospital Superintendents—a position analogous to that of Hospital Secretary. I cannot find that women in the United Kingdom appear to qualify for this work at all. One wonders why. I cannot recall one woman who is Secretary of a General Hospital."

[Women act as secretary to several Women's Hospitals, but we do not know one attached to a General Hospital. Until quite recently women have been rigorously excluded from appointment on Hospital Committees, and even now those selected are usually socially prominent and wealthy persons and not business women.—ED.]

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### PRIZE COMPETITION QUESTIONS.

*June 4th.*—What are the signs of Prematurity in the new-born child? What are the difficulties which may be encountered in the management of a premature child? How should these be dealt with?

*June 11th.*—Name some of the superficial injuries to the eye in industry; and how they are treated.

*June 18th.*—Give twelve rules with reasons for securing health.



# The Midwife.

## THE CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives' Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on Thursday, May 19th, Sir Francis Champneys presiding.

The correspondence included:—

(1) A letter from Mrs. Latter, conveying her appreciation of the resolution with regard to her, passed by the Board at its last meeting;

(2) A letter from Mr. R. H. H. Keenlyside, of the Ministry of Health, forwarding for the information of the Board copies of the Central Midwives' Board (Term of Office) Order, 1921, which gives effect to the representation made by the Board on January 20th, 1921, that each of the members of the Board who, according to the Central Midwives' Board (Constitution) Order, 1920, are to be appointed for a term of three years, should be appointed annually, instead of for a term of three years.

### REPORT OF STANDING COMMITTEE.

On the recommendation of the Standing Committee, which had further considered a letter from the Controller of the Training Department of the Ministry of Labour as to the teaching and general training conducted by an Approved Midwife, and had also considered a Report from the Local Supervisory Authority in connection therewith, it was resolved that the substance of the allegations be communicated to the Midwife, and that she be asked to send her observations thereon.

It was decided to thank Dr. Janet Campbell, of the Ministry of Health, for her letter to the Chairman, enclosing a copy of a letter addressed by the Home Office to the Midwives' Institute, stating that by virtue of the Regulations to be issued under the Dangerous Drugs Act, 1920, certified Midwives, who have notified their intention to practice, will be authorised under appropriate conditions to purchase and be in possession of medicinal opium for use in the practice of midwifery.

In reply to a letter from the Town Clerk of Colchester, enclosing a resolution of the Colchester Borough Council, deprecating the present arrangements for the supervision of Midwives in the Borough, and expressing the opinion that such supervision should be in the hands of the Local Medical Officer of Health, it was decided "That the Colchester Borough Council be informed that by Section 12 of the Midwives' Act, 1918, County Councils are prohibited from delegating their powers and duties under the Midwives' Act, 1902, and further, that the experience obtained by the Board during the period prior to the passing of the Midwives' Act, 1918, would not lead it to favour legislation repealing Section 12 of that Act."

The following applications were granted:—

*For approval as Lecturer:* Charles Dundas Maitland, Esq., M.B., F.R.C.S., and Robert Younger, Esq., M.B.;

*For approval as Teachers:* Midwives Bertha Lucy Fenn (No. 37,912), Matilda Elizabeth Laws (No. 6,208), Caroline Montrose (No. 47,721), Matilda Stone (No. 73), Emma Tarry (No. 33,233), Eliza Anne Walker (No. 43,603), Edith Elizabeth Waring (No. 43,605).

The Secretary reported the presentation of three Certificates of Birth or of Baptism which had been tampered with. It was decided in one case that the candidate should not be admitted to any examination of the Board, and in the others that the candidates should not be admitted to any examination prior to that of August 3rd, 1921.

It was decided to increase the number of Examiners at the Bristol Centre to six.

Applications to be certified by the Board under Section 10 of the Midwives' Act, 1918, were considered, and it was decided that the standard of training undergone by them at the Coombe Hospital, Dublin, and the examination passed by them and accepted by the Central Midwives' Board for Ireland being equivalent to the standard adopted by the Board, their names should be entered on the Roll on payment of the fee of one guinea.

The Secretary reported that in conformity with the Board's resolution of July 25, 1918, he had placed on the Roll the names of five Midwives certified as having passed the Examination of the Central Midwives' Board for Scotland.

## CENTRAL MIDWIVES BOARD FOR SCOTLAND.

### EXAMINATION PAPER.

1. What are the uses of the Liquor Amnii in Pregnancy and Labour? Describe the effects of Hydramnios on Labour and its dangers to the mother and child.

2. What are the chief Danger Signals for which a Midwife ought to be on the outlook during the first four months of Pregnancy? Describe the treatment of any two of them.

3. Give the diagnosis and management of a Breech Presentation. What are the dangers (a) to mother and (b) to child?

4. In what circumstances is it necessary to catheterise a patient? Describe in detail the method of passing the instrument.

5. What are the signs of Prematurity in the New-born child? What are the difficulties which may be encountered in the management of a premature child? How should these be dealt with?

6. What do you consider to be meant by "Serious Skin Eruptions" in the Rules of the Central Midwives Board, and what is your duty with regard to them?



## A CENTRAL INSTITUTE FOR INFANT AND CHILD WELFARE.

The Carnegie United Kingdom Trust, in its Seventh Annual Report, states with reference to the Trustees' offer to provide £40,000 each for two Central Institutes for Infant and Child Welfare, that preliminary steps have been taken towards the establishment of a Central Institute for Infant and Child Welfare in London.

The Trustees offered to provide £40,000 each for two such Central Institutes, one in London and one in Edinburgh. Local difficulties have prevented action being taken in Edinburgh, but 117, Piccadilly has been secured in London. It is a leasehold property, with a building suitable for the purpose, and conveniently situated, and will house the Central Institute proper, together with its constituent Child Welfare Societies, and probably the Incorporated Midwives' Institute. The grant of £40,000 will cover the cost of lease, equipment, and sinking fund charges.

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## POST GRADUATE WEEK.

Post-Graduate Week at the General Lying-in Hospital, York Road, Lambeth, opened on the afternoon of May 23rd with a Reception by the Matron (Miss Tunbridge) and the staff. The gorgeous weather permitted tea to be served out of doors, on little tables, round which friends foregathered, and enjoyed the dainty tea hospitably provided.

It was a disappointment that Dr. Fairbairn was unable to give the Inaugural Lecture on the "Management of Delayed Labour, on Physiological Lines," as announced, but a very able substitute was found in Miss M. Olive Haydon, who dealt with "Co-operation with other Health Agencies."

Miss Haydon spoke on the position of a midwife thirty or forty years ago, when there was no Authority to supervise her work, and anyone could settle down in a locality and practise as a midwife, without let or hindrance. She described the good work done by the London Obstetrical Society in establishing an examination for midwives, and then the passing of the Midwives Act in 1902, and the appointment of the Central Midwives Board. It was the duty of that Board to see that the Rules framed under the Act were carried out.

Miss Haydon then outlined the position of a midwife at the present time, and showed that, instead of being in the isolated position which she formerly held, she had to co-operate with a large number of authorities and people.

Her first duty was to notify the Local Supervising Authority (the County Council) of her intention to practise, and she would then probably have a call from the Inspector of Midwives. The Inspector stood to her in a variety of relations, but generally might be regarded as the friend and adviser of the midwife. She would, of course, co-operate with her patients during the ante-natal

period, the labour, and the puerperium. That was her first consideration. Then, as a new-comer, it was a courteous thing for her to call on the midwives in the neighbourhood, and she would get very valuable advice from them when starting a new practice. The Local Supervising Authority would probably send her a list of doctors who would be ready to come to her assistance if summoned, and with whom she would co-operate. For them she would also probably do a certain amount of maternity nursing. Miss Haydon emphasized the necessity for courtesy and tact on the part of midwives in all their relations with other people. Again, there were the Home Helps. They would find some women of considerable assistance, clean, careful, ready to carry out the directions of the midwife. If they had not these qualities she would be well advised to have very little to do with them. Again, there were their local Associations of Midwives, which sent representatives to the Midwives' Institute, which, in its turn, sent representatives to the Central Midwives' Board. The midwife also had to co-operate with the Local Sanitary Authority; she would be asked to sign the Maternity Benefit Form for her patients (thus coming into contact with the National Insurance Commission), and with the Health Visitor, the District Nurse, Maternity and other Hospitals, and special Clinics, and also with Poor Law Infirmaries and the Relieving Officer, with Sanatoria and Convalescent Homes, and with Agencies for the good of the mother and baby. It needed a woman of tact to deal skilfully with all these.

Lastly, Miss Haydon spoke of the duty of the midwife in exercising her vote both in Municipal and in Parliamentary Elections. In this way she could associate herself with the experts in her profession and endeavour to influence legislation by writing to her Member of Parliament.

At the conclusion of the lecture Sister Coni announced that the management of the Court and of the New Theatres had kindly put a number of tickets at her disposal, and invited members from the country to apply for them.

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## SUPPLEMENTARY FEEDING.

One very frequently is told by a mother that baby never seems satisfied, and always seems to want more, or that the milk does not agree with the baby. Enquiry often proves that the child is fed irregularly, when he cries, or at least two-hourly, and therefore is really having too much.

When proper instructions are given regarding the feeds the condition corrects itself very quickly.

If not, breast feeding, supplemented if necessary, by judicious hand-feeding, can often be carried on until the child is nine months old. One can begin with a small quantity after the last feed at night, and if the gain in weight at the end of a week is not sufficient, the feed after the morning bath is next supplemented, and so on, until the desired gain in weight is procured. A standardised dried milk such as Glaxo should be used.



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## EDITORIAL.

### VITAL FORMS OF PUBLIC SERVICE.

The School of Nursing of the Johns Hopkins Hospital, Baltimore, U.S.A., in issuing an Appeal for an endowment fund of 1,000,000 dollars, is, as is pointed out, taking a line of action of peculiar interest and importance, for "it marks the beginning of an effort to place the education of nurses on a suitable economic basis, and to lift, partially at least, from the hospitals of the country, a burden of responsibility for educational work for which they have neither means nor facilities, and which they are carrying on with great and increasing difficulty." No one realises this more keenly than the alumnae of the School, and they are doing a good work, not only for their own Alma Mater but for all others, in showing the need for better educational facilities and school buildings, and in endeavouring to obtain for another generation of pupils facilities which were lacking during their own training. "The School of Nursing of the Johns Hopkins Hospital," so its Appeal states, "believes that a somewhat critical period in the development of the education of nurses has been reached. It desires to place itself upon a sound, stable financial basis, and to have economic freedom to develop its work in accordance with the needs of the numerous fields in which nurses are working, and the complex demands which are made upon them.

"Since nursing is the application of scientific knowledge to the care, cure and prevention of disease; it follows that advances in science must affect methods of nursing. Continued growth and improvement in nursing depends upon the degree in which this fact is understood and applied in the education of nurses.

"The ideals of the Johns Hopkins School of Nursing would lead it—

1.—To keep pace with advances in science and to bring the results of scienti-

fic research constantly to bear upon nursing principles, ideas and methods.

2.—To look for more and better ways of passing these ideas, principles, and methods over to others.

3.—To find ways of testing its own practices and results, and of working out new and better methods.

4.—To search for more knowledge, and to encourage the spirit of investigation, and thus to aid in building up the scientific foundation of nursing, and of improving its art and practice.

5.—To build up the literature of nursing, not only in its technical phases, but in its social aspects and wider relationships.

6.—To keep the spirit of service."

The Appeal points out further that while the School has had to conduct its work with rigid economy and has been unable to make many needed and desirable developments for lack of proper means and facilities, "the whole field of nursing work has been expanding and developing in an extraordinary degree. The service of nursing to-day reaches very far beyond the bedside care of the sick in hospitals and homes. It extends into public schools, shops and factories, into crowded city blocks and scattered rural districts, and into every branch of city, state and national health service. It concerns itself with education for the prevention of disease, as well as with the care of the sick.

"This enlargement of the function of the nurse requires a distinct change in her training, for which the present system does not provide. The future value of the nurse—her power to meet the growing needs in these vital forms of public service—depends upon the ability of the School of Nursing to shape her education toward larger issues than those presented in hospitals or private service."



## OUR PRIZE COMPETITION.

WHAT ARE THE SIGNS OF PREMATUREITY IN THE NEW-BORN CHILD? WHAT ARE THE DIFFICULTIES WHICH MAY BE ENCOUNTERED IN THE MANAGEMENT OF A PREMATURE CHILD? HOW SHOULD THESE BE DEALT WITH?

We have pleasure in awarding the prize this week to Miss Florence Peyton, Registered Nurses' Society, 431, Oxford Street, London, W.1.

### PRIZE PAPER.

A premature baby may often be recognised by its feebleness and inanition. The length of its body, when measured from the crown of its head to the heel is less than twenty inches, the fingers and toe nails do not reach the end of the fingers and toes as in a full term child; the weight of the baby is oftentimes below the average seven pounds. The body is covered with a soft downy hair known as lanugo. The body is often more pink than usual, with a tendency to become jaundiced during the first week, and owing to the lack of fat, the body and especially the face, is very wrinkled.

These signs vary in degree according to the prematurity of the infant.

The difficulties to be encountered in the management of a premature infant are: difficulty in maintaining the normal body temperature; extreme feebleness of the infant; feeding, especially for the first three days, before breast milk is available.

All difficulties in the management of a premature baby are best obviated by remembering that in the usual course of events the child would still be "in utero," and by trying to produce by artificial means surroundings which have the like effect on the baby as those to which it has been accustomed before birth. To this end the baby is treated with great care and gentleness to avoid jarring and shock. Its cot must stand in a warm place, and a screen be placed around three sides of it to avoid draughts: an ordinary clothes basket placed on a small table and surrounded on three sides by a towel horse covered in at the top and on three sides by a sheet makes an admirable "tent" for the premature baby. The clothing of the baby should consist of layers of cotton wool and woollen garments which can easily be removed without lifting it from its cot. The baby should be surrounded by three covered hot water bottles, and the heat of them so arranged that only one bottle would need refilling at a time. Instead of bathing, the baby should be gently oiled over the whole of its body daily; this not only cleanses the body, but supplies warmth and food to the tissues.

The feebleness of the premature baby makes a great difficulty during the first few days of its life. It cannot afford to lose even an ounce, so that until the ideal food—breast milk—is available, it must be constantly and regularly nourished. In district practice Nestlé's condensed milk, made to the strength of 1 in 16 and given 2 drms two hourly is invaluable for the first few days. In extreme feebleness the failure of the child to suck from the smallest teat causes the nurse many anxious moments, and often a baby is fed from a pipette consisting of a sterilised fountain pen filler. One drop of milk is dropped into the mouth at the time, and the throat gently stroked to make the baby swallow. With infinite patience the child is taught to suck, and whenever breast milk is available the baby nearly always thrives at once.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. K. Dickson, Miss E. O. Walford, Mrs. Farthing, Miss M. Stevenson, Miss K. James.

Miss E. K. Dickson writes:—"In France premature and weakly infants are often fed by 'gavage,' i.e., by passing a soft rubber catheter down the throat, connected with glass funnel, into which the food is poured gently, when finished the tube being quickly removed to prevent fluid returning. In about a month or six weeks, if the child has got on well, it may be treated as an ordinary baby, but will require special care for months or even years afterwards. Of course, where the parents are able to afford it, a baby incubator solves a great difficulty."

Miss E. O. Walford suggests the following mixtures if mother's milk is not available:—

(a) Milk, 1 part, water or barley water, 3 parts (sterile).

(b) Whey and cream: whey  $\frac{3}{4}$ ss, cream and lactose each  $\frac{1}{4}$  of teaspoonful.

(c) Whey and cream diluted with water or barley water.

Increase quantity of food and interval between feeds gradually if baby takes well and thrives.

If constipated, give olive oil  $\frac{3}{4}$ ss each morning or a little Virol in each of the three feeds daily.

Baby must not be treated as normal till normal birth-weight is reached.

### QUESTION FOR NEXT WEEK.

Name some of the superficial injuries to the eye in industry; and how they are treated.



## NURSING ECHOES.

Letters have now come through from Athens from the Sisters of the Greek Unit, all of whom enjoyed the five days' journey, especially through lovely Switzerland and Greece. Such little *contretemps*, not unknown in Serbia, as the derailing of a luggage van, also an outbreak of fire on the train, and to find one's car dropped at Nisch, whilst the rest of the train, including the restaurant car, skipped away to Constantinople, made an exciting change. On arrival at Athens the Sisters were met and taken to the Royal Palace, and were given at once just the one thing they longed for—a nice hot bath! After a little rest they have all been deputed to duty. Sisters Evans and Oakley Williams are to be attached to the First Military Hospital at Smyrna—so as to be in readiness for the new offensive in Anatolia—where British, French and Italian warships are anchored outside the port, in addition to the Greek fleet. Moreover, a British squadron of four cruisers and ten destroyers are expected there from Malta, which naturally makes British nurses feel as safe as safe. The morale of the Greek soldiers is reported to be splendid—all anticipate victory—and we hope it may be theirs.

Sisters Bellamy and Dumvill are on duty at the Marasleion College Hospital, and Sisters Post and Nunn at the First Military Hospital at Athens. Everything possible is being done for the sick and wounded, but nursing comforts, including wheel chairs and artificial limbs, would add greatly to the comfort and welfare of seriously injured men, and of course the Sisters would like them provided from England right away. It always has been Britain's privilege to give generously to the sick and wounded in the world's wars, and in spite of all our troubles, we are neither so poor nor so unsympathetic that we can pass by on the other side, when brave men fighting for justice and humanity are in need. Something must be done. Do not let us forget that the Greeks, as ever, are opposing the old, old hordes of barbarism personified for the hour by Mustapha Kemal in Anatolia, where the wholesale massacre of women and children and helpless old men are of daily occurrence.

We quote the following lines from a letter from Athens, just to prove the lasting value in the estimation of the public of good

professional work, and how each member is individually responsible for the prestige and usefulness of the whole:—

“The nurses arrived safely and are quite charming. Her Majesty is delighted to have them here, and I am sure they will do good work. Two are going to work in Smyrna, and the others in two hospitals here. It does remind one so of old times to see the blue dress and aprons I know so well! I am sorry you were not able to come yourself. . . . Her Majesty has never forgotten all the interest you so kindly took in our brave soldiers, and wishes you to know that the work your splendid nurses did for Greece was highly appreciated by all, and has made a lasting impression.”

Mrs. Lancelot Dent will be “At Home,” by invitation, to meet the Principal Matron and nursing staff of the First London General Hospital at 83, Westbourne Terrace, W., on Saturday, 11th June, 3.30 to 6.30. Uniform is optional. It seems quite a long time since we had a social Territorial function. Such functions were greatly enjoyed before the war.

A vacant appointment which will have attractions for trained nurses possessing a knowledge of household management is announced in our advertisement columns, that of Assistant Bursar and Resident Nurse at King's College for Women, Campden Hill Road, W.8. The candidate appointed will be required to take up the duties, which consist in aiding the Bursar in domestic administration, in September next. The salary offered is £80 per annum. Applications for particulars should be made to the Secretary at the above address before June 15th.

The 32nd Congress and Exhibition of the Royal Sanitary Institute, W., will be held at Folkestone from June 20th to 25th, when several papers of great interest to nurses will be read and discussed. The nurse of the future has so wide a field before her in Public Health work that attendance at this Congress will be of the utmost use to her if she can spare time and money to be present. Write to the Secretary of the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W., for the programme of the meeting.

We are glad to note that the Ministry of Health has compelled the Committee of the



East Brighton Creche to carry out additions and to engage a fully trained nurse. The Committee appear somewhat aggrieved at what it terms this "fiat of the Ministry." It is high time the best-intentioned philanthropists realised that they have no right to assume responsibility for the health of babies and children without knowledge of hygiene, sanitation and scientific nursing. Goodwill is not enough where the children of others are concerned.

We note an official of a County Nursing Association congratulating the poor in a rural district that by co-operation they can enjoy the ministrations of a trained nurse when ill by subscribing a penny a week. This sounds fine for the patients. We wonder what the training consists of, and what the penny a week nurse gets by way of salary and emoluments.

### THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

We hope every trained nurse is getting ready to apply for her Application Form for State Registration. This Form will need to be very carefully filled in in the clearest handwriting possible, the consent of referees obtained, and the guinea fee forthcoming. It is probable that the Rules will be signed at an early date, and it is to be hoped that after all the careful consideration given to them by the Registration Committee and the General Nursing Council, they will be considered as just as possible according to the Act. The Registrationists, of course, much preferred the well considered provisions of the Central Committee's Bill, but we believe the best has been made of the present Act, and if the Rules are not as perfect as they might have been under the original Bill, every care has been taken in drafting them that the rights and privileges of the nurses are protected by every means in the Council's power.

The General Nursing Council's House at 12, York Place is still in the hands of the decorators, but will soon be ready for occupation. The official opening will be quite an event, and is to take place, it is hoped, at a very early date. The Council's House must be a live centre for all which concerns the educational future of the Nursing Profession, and this has been kept in mind by the Finance Committee in furnishing the establishment.

### LETTERS TO A NURSE.

The "Letters to a Nurse," by A Midland Doctor, published by John Bale, Sons & Danielsson, Ltd., 83-91, Great Titchfield Street, London, W.1., price 5s., will no doubt meet with a mixed reception for, as M. Frank G. Layton, M.R.C.S., says in an introductory paragraph, "Old Luke" is "a critic of Things As They Are. He will irritate certain Authorities, but *that won't matter.*" Nurse Barbara, in a similar paragraph, writes: "I venture to think that these letters, written to me from time to time by my Uncle, may be of interest and some assistance to other girls setting out on their adventures in the great Profession of Nursing . . . I don't know what other junior nurses will say about his criticism of the Hospital System; but I am pretty sure some of the Matrons and Sisters will be cross. I mean those who find that my Uncle's cap is a good fit. I wonder how many there will be."

Here is a quotation from Uncle Luke's first letter:—"You say you are finding the path of the new probationer in a hospital to be overplentifully beset with snares and pitfalls and nasty things in general. At least, I gather that is what you mean. Your four pages of letter are—shall we say, emotional? Also a little difficult to read. You should acquire (either by purchase, theft, or a direct appeal to me) a fountain pen with a decent gold nib, such as—but the traditions of my Profession forbid me to advertise any particular brand of pen, or, indeed, anything else—myself included.

"You tell me the Sister of your Ward is a cantankerous devil who looks for trouble where there isn't any. Your language is unbecoming. You have had the training of a lady (or at any rate, you should have had it, for I paid the bills for that sort of article), and ladies *never* describe their superiors as cantankerous devils. It isn't *done*, my dear. No doubt the Sister of your Ward is trying, but so, perhaps, are you. It is more easy to say this in a letter than across the hearthrug. If I were to tell you face to face that you are trying, I can imagine the sort of horrible time I should have. But now you wear a uniform—I suppose a thing of stripes, with an apron in front, and most of the buttons missing behind the apron—and you have got to live up to it.

"The Sister is your Commanding Officer, and it is up to you to get on with her. It is just conceivable that she is right when she finds fault, and that you, my dear, are wrong. She has had some years of painful experience, which include the years when she was a junior probationer, and you have not."

Incidentally, Uncle Luke gives Barbara a great deal of very lucid and valuable information on such subjects as germs, the pulse, the importance of accurate observation, the working of the body in health, the anatomy of the lungs and kidneys and heart, and the effect of disease on



these organs, the nervous system and its diseases, diphtheria, influenzal pneumonia, typhus, trench fever, malaria.

Barbara, in common with most new probationers, was photographed at the earliest possible moment, so we have Uncle Luke's letter:—

"Thanks for the photograph. I agree. The pattern of cap adopted by the authorities of your hospital is most becoming. By the way, do you realise that you have to thank St. Paul for it? It was he who laid it down that a woman must never have her head uncovered in the congregation, or whatever it was. In olden times a hospital was a 'religious' institution—a sort of nunnery; and as a result of St. Paul, no woman was allowed to be about the place without a covering to her head. In theory, you are a sort of nun; a woman dedicated to a religious life; and, in practice, if you are a *good* nurse, you are so dedicated. A conscientious nurse lives a highly religious life, even if, like you, she smokes far too many cigarettes, and seldom goes to church.

"That 'religious atmosphere' has disadvantages to be sure (of course by 'religious' I mean conventual). It is the cause of the very archaic rules of discipline that are prevailing in hospital, and against which, if I were a nurse, I should kick. You have discovered already, I have no doubt, that the Matron is a solitary person who leads the sort of life one would expect a minor goddess to live. She is the modern equivalent of the mediæval Abbess or Prioress, and, as a rule, she is exceedingly terrifying. I have never been able to discover how people become Matrons of Hospitals. It is difficult to believe they began as junior probationers and worked their way up. Yet how else do people become Matrons? You ought to enquire of your present Matron; but I don't advise it. Matrons do not, I understand, encourage junior probationers to ask flippant questions. Probably you would be excommunicated, or laid under an interdict, or subjected to something else equally disconcerting. Assuredly your punishment would be ecclesiastical in character, and, consequently, exceedingly unpleasant. The Church always did understand the art of dealing severely with the impious."

Here are some words of wise advice to Barbara from "Uncle Luke":—

"Don't be scornful of the out-patient mother. She often is a rather rough customer, but she is 'all right inside,' as she would put it if asked to do so. Treat her kindly and you will find that under her rugged shell is a very charming and very satisfying kernel. Yes, I mean that. I have received more real kindness from rough ladies of the slums than I can ever hope to repay.

"Don't waste your time in the Out-Patient Department. The illnesses and the injuries presented to you there are interesting even though many of them are trivial. The men, women and children—particularly the women and children—

are much more than merely interesting. They are absolutely vital to you in your training. It is now that you have a chance of getting right close up against human nature in the rough. Don't throw your chance away. Later on, when you are a Ward Sister or a District Nurse, or, still more, a nurse in private practice, you will succeed or fail just as you have, or have not, real sympathy with other people."

"If you don't cut the word 'neurotic' out of your vocabulary you will never become a really good nurse. I gather that there are a number of people in your ward suffering from 'nerves,' and that you and your fellow-nurses are fed up, and inclined to be scornful.

"Now look here. . . . At present you know just nothing of the working of the human mind and the human body, but you *think* you know a lot. Yet you . . . imagine when you have labelled some unfortunate 'neurotic' you have fixed him, and can set out to make his life miserable with easy consciences. It won't do. It very much won't do. The 'neurotic' is an ill person, and he needs, very badly, skilful and sympathetic treatment. You nurses put him in the same class as the malingerer. You say to him that he can become quite normal whenever he pleases. He can't. He very much can't. That is his trouble."

"There are plenty of matrons and plenty of sisters who are the salt of the earth; women who spend themselves in caring for their patients, and in striving to persuade their probationers to be even as they are. They make their presence felt by their goodness. Always are they unselfish. Never are they egotistical. And they are very keen on discipline. Their hospitals and their wards run smoothly, like those bicycles which are supplied with 'the little oil-bath.'"

Uncle Luke writes much more which is worth reading. Read it. M. B.

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## FRESH AIR.

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Sheila was aged five, and looked with surprise and wonder at the hospital nurse who had arrived suddenly because mummie was ill.

Sheila soon discovered that the nurse was able to smile often, and so a friendship sprang up between the two. It was Sheila's own idea that her new friend was to be "Auntie" Nurse, just to differentiate between this and her own nurse.

One day Sheila saw the windows being opened and, of course, said, "Why do you open the windows, Auntie Nurse?" receiving the practical reply: "To let the fresh air in, my dear child." That same evening Sheila was allowed to go with Daddie into the garden, and soon tiring of watching him at work with his roses, ran to open the gate. However, Daddie said "No," and then, in her most coaxing voice the little maid said: "But, Daddie dear, I *must* open the gate to let the fresh air in."

"EVA."



# Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

**THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.**

## THE ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK.

### DINNER AT 194, QUEEN'S GATE.

The first social gathering to be held at the new Club was the dinner of the Association of Trained Nurses in Public Health Work on May 28th last. It appears that the members of the Committee of this very youthful society had made up their minds some weeks ago that it was going to "lead off" in the arrangements for such functions, and are now congratulating themselves on having carried through the first very successfully indeed. Miss Cutler had arranged for an excellent dinner to be provided and the guests round the various tables seemed to find many interests in common.

When dinner was over, the toasts of "The King" and "The Princess Christian" were proposed by the Chairman and the Acting Hon. Secretary respectively.

Dr. King Brown, D.P.H., Medical Officer of Health for Bermondsey, in proposing the toast of "The Association of Trained Nurses in Public Health Work," said that he considered that there was no qualification of so much value, when choosing Health Visitors and other Public Health Workers, as the certificate of three years' training in hospital. He caused considerable amusement when he reminded the nurses that their Association came under the Maternity and Child Welfare Act, as it was not five years old; he, therefore, held that it should be "well visited," and that the nurses should unite in helping it through the critical years of early life to a strong and useful maturity. Dr. King Brown gave some particulars regarding Health Work in his own borough, and his description of this as the paradise of health visitors did not seem wide of the mark when he quoted the salaries given there. He coupled his toast with the name of Miss Florence Wise, Chairman of the Association.

In responding to the toast, Miss Wise emphasised the need for Trained Nurses in Public Health to join their own Society and thereby to strengthen its efforts to safeguard their interests. It had done most useful work in this respect, and that its work was appreciated was evidenced by the

fact that it had now members in Australia, America and Newfoundland.

Mrs. Earp, Superintendent of Welfare Centres in Hampstead, proposed the toast of "The Guests." This, she said, might be regarded as the first birthday party of the Association of Trained Nurses in Public Health Work. It gave her particular pleasure to see so many members of the medical profession in the room that evening. Dr. Stark Currie, in replying, made one of the very humorous speeches for which he is famous; The Club was a glorious home for the nurses. It had given him immense pleasure during the last few days to inform all the friends he met that he was to be dining in that very aristocratic quarter (Queen's Gate) on Saturday, and he, for one, would have very great pleasure in attending all the birthday parties of the Association of Trained Nurses in Public Health Work. Dr. Currie closed with the words of the old Scotch toast: "Here's to you and yours, for a' (all) the guid (good) that you and yours has done to us and oors (ours), and if ever you and yours comes the way of us and oors, us and oors will dae (do) as muckle for you and yours as ever you and yours wud for us and oors."

The toast of "The Royal British Nurses' Association's Club" was proposed by Miss Le Geyt in one of her most sparkling speeches. She referred those present to a gem of a recent editorial in THE BRITISH JOURNAL OF NURSING, showing how wide were the opportunities which the new Club opened up for the profession; in the matter of hospitality and attractiveness it came second to none, and she knew that it would play a great part in the future history of nursing. She hoped that she might be forgiven for repeating a story which a little bird brought to her ears one day. The Royal President of the Chartered Association of Nurses had remarked to one of its members recently that her Association "always came out on top," and this member had immediately replied, "and, may it please your Royal Highness, this time it is coming out tip top." That, said Miss Le Geyt, is what everyone feels to-night. All success to the Royal British Nurses' Association's Club!

Mr. Herbert Paterson proposed the toast of "the Nurses," and when replying to this, Miss Breay congratulated the Public Health Nurses



on the splendid field of work which lay before them and said that, could she begin her nursing career again, the branch she would certainly choose would be Public Health Work.

Miss MacCallum, Hon. Secretary of the Professional Union of Trained Nurses proposed the toast of the Secretary of the Royal British Nurses' Association who, in replying said that the members of the R.B.N.A. had always made it a great happiness to her to work among them.

A message was received from Mrs. Bedford Fenwick wishing success to the first social gathering in the Nurses' Own Club, and messages were also received from Miss Aughton and Miss

ment for, not only is he an accomplished elocutionist and singer, but he is an adept also in the difficult art of accompanying strangers. No one had been specially asked to bring music and, although there was no written music, a long and delightful musical evening was enjoyed, for to Mr. MacCallum it is an easy task to improvise an accompaniment for any song he has heard once.

Thus the first Social function at the Club scored an immense success.

#### GIFTS TO THE CLUB.

The House Committee acknowledge with sincere thanks from Sir Alfred and Lady Mond flowers ;

Lady Bowden Smith, Box for Albert Hall Concert ; Miss Codrington, seats at theatre ; Miss Cranfield, cut flowers ; Mrs. Cunningham, cut flowers ; Mrs. Hayes Palmer, plant, cake, home-made jam, tickets for Botanical Gardens, illustrated papers ; Mrs. Platt, cut flowers ; Miss B. Syme, cut flowers ; from the Registered Nurses' Parliamentary Council, cut flowers ; Registered Nurses' Society, cut flowers ; Nurses' Settlement, flowers ; and from the following Members of the Association, Miss M. Breay, cut flowers ; Mrs. Bridges, cut



A CORNER OF THE DRAWING-ROOM, 194, QUEEN'S GATE.  
(The Princess Christian Salon.)

Cattell wishing prosperity to the Association of Trained Nurses in Public Health Work.

In the drawing room later, Councillor Frances Reidy charmed every one present when she sang "Annie Laurie" and "The Mountains of Moran." Mr. Czilinski read a poem which he had dedicated to the Royal British Nurses' Association's Club, and also recited two other pieces which were received with much applause. Rarely have we listened to a finer rendering of Irish songs than that of Dr. King Brown ; he sang "Father O'Flynn" and a drinking song with all the gay zest and humour of a true son of Erin. "Shure it's the dochter himself that has a wonderful way with the singing of the songs," said one little Irish nurse. The versatility of Mr. MacCallum provided the key note of the evening's entertain-

ment for, not only is he an accomplished elocutionist and singer, but he is an adept also in the difficult art of accompanying strangers. No one had been specially asked to bring music and, although there was no written music, a long and delightful musical evening was enjoyed, for to Mr. MacCallum it is an easy task to improvise an accompaniment for any song he has heard once.

flowers ; Miss Brown, cut flowers ; Miss A. Cattell, cut flowers, plants, and cakes ; Miss Coles, plant and flowers ; Misses Donaldson and Graham, cut flowers ; Miss Holmes, menu cards and bridge scorer ; Miss M. Ker, eggs, flowers and picture ; Mrs. Lambert, flowers ; Miss Lancaster, plants and flowers ; Miss Liddiatt, flowers and cedar mop ; Miss Milne, plants ; Miss Nicholson, flowers ; Miss Pinchbeck, books ; Miss Strahan, Misses Smith, Sutton and Gordon Wright, flowers.

#### TO THE NURSES AT THE SETTLEMENT HOME.

The House Committee return warm thanks to the Nurses at the Settlement Home for the lovely roses sent up by them for the decoration of the Club on the opening day. The working nurses very greatly appreciated such a charming message of



goodwill from these early Members of the R.B.N.A., especially as the former realise that to have sent such choice roses must have involved much personal sacrifice on the part of their fellow-members at the Settlement Home. Such kindness serves to strengthen the feelings of goodwill existing between the Settlement Home at Clapton Square and the Club at Queen's Gate.

#### ACTIVITIES AT THE CLUB.

A misapprehension has apparently arisen as to how far Members of the Club, who are not in residence, may make use of it; several have told us that they had believed that they could only come to the Club during the ordinary office hours. We wish to make it quite plain that the Members of the Club may come to it at any time during the day from 9 a.m. to 10 p.m. while Members coming from a distance to reside at the Club may of course arrive at any hour which their train service makes convenient.

Members are reminded that we shall be pleased if they can come to 194, Queen's Gate on Saturday afternoon, June 4th, at 4 p.m., to meet the Members of the Settlement, and the Trained Nurses' Annuity Fund.

There will be a Bridge Drive at 194, Queen's Gate on Saturday, 11th instant, at 7.30 p.m., coffee at 8 p.m. The tickets will be 1s. 6d. each, and any surplus arising from the sale of them will be used for the benefit of the Sale of Work which is to be held for the Trained Nurses' Annuity Fund in the Autumn. We are holding this Bridge Drive at the request of a number of Members who are not in residence at the Club, and we trust that they will make a point of attending; we shall be pleased if any care to bring friends. For tickets apply to the Secretary.

#### NOTICE TO THE MEMBERS.

The Annual Meeting of the Association will be held at 194, Queen's Gate, S.W. 7, on Saturday, June 25th, at 3.30 p.m. Tea will be served at 4 p.m.

#### MOVEMENTS OF MEMBERS.

Miss Eleanor Watt has been appointed Matron of the Royal Hospital, Richmond. She was trained at the Prince of Wales' Hospital, Tottenham. Miss Ida Meldrum has been appointed Sister at the Royal Infirmary, Dundee.

#### WEDDINGS.

We have to report the marriage of Miss Lucy De P. Mote to Dr. Kaufman, of 4, Chandos Street, and that of Miss Blanche Baskerville Smith to Mr. Pennington, of Alberta, Canada. We offer them all our good wishes.

#### DONATIONS.

The Hon. Treasurer acknowledges with thanks the following donations:—

##### HELENA BENEVOLENT FUND.

Miss Page Henderson, 2s.; Miss Bartlett, 1s.

##### ISABEL MACDONALD,

Secretary to the Corporation.

194, Queen's Gate, S.W.

#### NATIONAL BABY WEEK COUNCIL.

By the kind permission of the National Institute for the Blind, a meeting of the above Council was held in the Armitage Hall, 224, Great Portland Street, on Tuesday, May 24th. "The Economics of the Infant Welfare Movement" was the general subject for consideration. Four speakers dealt very ably with as many aspects of this important subject. The Chairman of the Executive Committee, Dr. Eric Pritchard, opened the proceedings by reading a letter from H.M. the Queen, in which she sent cordial greetings and good wishes for the success of the work. In reviewing the events and work of the year, he referred to the deaths of Lady Henry Somerset and Dr. Murray Leslie, as their valued services and sympathy would be greatly missed by the Council. There is a hope this year—the fifth anniversary of Baby Week—that the "Baby Week" Council and "Health Week" authorities will co-operate in their activities.

The story of Infant Welfare work in the City of Worcester was told by Dr. Mabyn Read, and was of exceptional interest, owing to the low rate of infant mortality. To hear that there had been a steady drop from 208 per thousand in 1891 to 67 in 1920 elicited a sort of joyful acclaim from the audience, also when he announced that public opinion among the mothers had been so well educated, that it is now considered to be a disgrace to have an unhealthy infant. There is also splendid harmony among all the workers.

"Economy in Efficiency" was Miss Eleanor Rathbone's theme, handled with her usual eloquence and ability. In view of the fact that there are in the present day many and various disturbances of trade and they all fall on the children, it is essential that some definite economic provision should be made for them. Equally important and interesting was Dr. Leonard Hill's address on "Economy in Health." Holding undoubtedly exactly the same views as Dr. Saleeby, on the dangers and waste involved by coal smoke, he represented that coal—so valuable in itself—should not be used to poison the air and obscure the sun, but as valuable raw material to produce gas for light and warmth, and ammonia sulphate, tar, and other valuable products, should be extracted from it. Professor Edgar Collis gave the last of the interesting addresses on "Economy in Health and Industrial Hygiene," after which the meeting was thrown open to discussion. The usual votes of thanks terminated a very inspiring and encouraging meeting.

B. K.

#### A GREAT SOCIAL EVENT.

Queen Alexandra, the Prince of Wales, the Duke of York, and Princess Mary have given their immediate patronage to the Lansdowne House Ball, organised by Countess Curzon of Kedleston in aid of Queen Victoria's Jubilee Institute for Nurses. It will take place on June 22nd, and is to be a great social event.



## THE PROFESSIONAL UNION OF TRAINED NURSES.

### BRENTFORD NURSES' DISPUTE.

A rumour is current to the effect that the campaign of the Brentford Nurses has been dropped. So far from this being the case, writs were issued last week in the name of the Nurses, and served upon the Brentford Guardians. The matter is now, therefore, *sub judice*.

The action will be tried in the High Court of Justice, and the cost will be round and about £1,000. This responsibility has been shouldered by the Poor Law Workers' Trade Union, but it is to be hoped that Nurses will no longer stand aside and let others work, and, incidentally, pay for them.

May I appeal, through your Journal, to every nurse who remembers her own Probationer days, to send a subscription, no matter how small, to help this Fund?

It must not be said that nurses always allow other people to make sacrifices for them.

Subscriptions may be sent to 17, Evelyn House, 62, Oxford Street, W. 1.

MAUDE MACCALLUM,  
*Hon. Secretary.*

## NURSING REFORM IN WALES.

Dealing with the public health services in the county of Carmarthen, Dr. D. Arthur Hughes, D.P.H., county medical officer of health for Carmarthenshire, in a lengthy report to the County Public Health Committee, states that the department that should receive the first whole-hearted consideration of the committee is that of nurses and nursing, and he advocates the formation of a County Nursing Association. He points out that whilst the 1918 Midwives Act appreciably helped the 1902 Act in putting a stop to the practice of midwifery by uncertified persons, women now were frequently obliged to put up with any casual help of women who had no experience whatever. The distribution of nurses throughout the county was irregular and uneven, and forty to fifty of the schools had no nurses assigned to them.

### QUEEN VICTORIA NURSES.

Dr. Hughes deprecates the existence of two controlling authorities—the South Wales Nursing Association and the County Council—and states that the South Wales Nursing Association arose from the Queen Victoria Jubilee Institute for Nurses, and represented that body in Wales to provide medical and surgical (hospital trained) nurses for the sick poor, but the type and standard, he alleges, has been completely altered, and their curriculum reduced to simply obtaining the Central Midwives Board certificate, and these nurses were detailed under the existing scheme to do village

nursing (requiring medical and surgical technical training), health visitation, and school "following up," for which work the great majority of the nurses were unqualified.

He maintained that for the money expended (22 nurses at £60 each—£1,326 a year) the county did not get a proper return.

The South Wales Nursing Association appeared to be undergoing a partial dissolution, and he suggests at this juncture that they should confine their energies towards the establishment of an institution for training nurses in order to raise very considerably the prevailing standard.

### SCHEME FOR COUNTY.

The County Council should make grants to the Association for the training of nurses. Dr. Hughes submits a draft scheme for the provision of a service of nurses throughout the county, and suggests the employment of fifty nurses at a cost of £3,750, half of which (£1,875) would come from the Treasury in grants. For an additional £1,125 they would be able to enlist 50 fully trained hospital nurses, "as against the South Wales Nursing Association's 25 inefficient nurses."

## THE HOSPITAL WORLD.

The Crewe House Bazaar in aid of the Great Northern Hospital, is the great metropolitan hospital event of the week, and it is evident from the enthusiastic support given to it that the hospital will benefit by a very substantial sum.

Her Royal Highness Princess Alice Countess of Athlone presided at a meeting at Middlesex Hospital last week, when it was decided to form a Ladies' Association, the object being to band together ladies who are interested in the hospital. Lady Maureen Stanley was elected a member of the Weekly Board of the hospital. It is hoped the payment of patients will bring in an income of £10,000.

Mr. R. Fleming, of Joyce Grove, Nettlebed (South Oxon), has contributed £1,000 to the Royal Berkshire Hospital.

The late Mrs. Julia Norman, of Brunswick Terrace, Hove, who left £36,000, directed that after the payment of other legacies the remainder of her property, about £25,000, should be divided between the Putney Hospital and the Royal Hospital for Incurables, Putney Heath.

It is hoped to make the tenth "Alexandra Day" as far as possible a silver one, as the hospitals can do with all the cash they can get.

Nottingham has this year had a splendid result to its Saturday and Sunday Funds, no less than £25,795 11s. 3d., including a Flag Day collection, having been given by the Saturday Fund, and



£2,000 by Hospital Sunday collections. The President for the current year is Sir John Robinson.

Old and young Londoners will grieve to know that the London Hospital has closed 200 beds in Crossman, Yarrow, Rachel, Gurney, Currie, Hanbury and Richmond, owing to the present excessive cost of upkeep. We can imagine the sadness of Sisters and Nurses stripping and tabulating the contents of their wards, and making the inventory, and we sympathise with Lord Knutsford in that the work at the London—as at other big London Hospitals—has had to be curtailed. The whole question of voluntary hospital upkeep is a burning one, and can only be continued if each individual of the community will consider it a duty to subscribe for the care of the sick who have not the means to pay the whole cost of hospital treatment. We have only to look around and note the extravagance of the people—to mention only two items, the flappers' silk stockings, and the huge consumption of sweets—to realise that with a little self denial not a ward need be closed. Who is going to awaken the conscience of the present selfish generation? We need another Peter the Hermit, indeed!

It is not generally known, says the *Church Times*, how much leprosy has spread in England, and particularly in London since the Armistice. A small home for English lepers has been established in Essex, and is under the charge of the Society of the Divine Compassion, though the practical founder of the home is a distinguished physician. The outbreak of disease is a common sequel to war, but in this matter we think the authorities will do well to consider whether the spread of leprosy may not be due, to some extent at least, to the large influx of Japanese into London during the last two or three years. One of the biggest firms of importers of Japanese silks has for some time taken elaborate precautions to sterilise its Japanese goods before submitting them for sale.

### REGISTERED UNIFORM URGENT.

The uniform of the hospital nurse is utilised, we know, to cover a multitude of sins, but a new use has recently been found for it in Liverpool. A police constable noticed three men and a person in hospital nurse's uniform get out of a motor car about 2 a.m. The "nurse" was carrying a heavy portmanteau, and judging from her gait he suspected that she was a man. Half an hour later, on coming on members of the party outside a house he challenged them, and was fired upon by four men with revolvers. Happily he was not hit, but was knocked about and left in a fainting condition. It appears that the house was occupied by a relative of a member of the R.I.C. who had been threatened, and it is assumed, a contemporary reports, that the "nurse" carried inflammable material in her portmanteau which, but for the timely arrival of the policeman would have been employed in setting fire to the house.

### DISPOSAL OF GOVERNMENT SURPLUS MEDICAL STORES.

On May 30th, by the courtesy of Sir Howard Frank, Bart., K.C.B., Commissioner of the Disposal Board, an invitation was given to representatives of the Press to attend a preliminary private inspection of the Government Surplus Medical Stores. The representative of this Journal, following instructions, joined the party in St. James' Square, whence two large motor charabancs took them to the Central Medical Depot, Wood Lane, Shepherds Bush. There, under a huge corrugated iron shed, the surplus stores of the Army, Navy and Air Services, are carefully housed, having been collected from the various sub-depots all over the country. The Disposal Board has made arrangements whereby all surplus medical stores will be disposed of through the agency of the Joint Council of the Order of St. John and the British Red Cross Society. These stores have been carefully examined, and graded into two categories:—The absolutely new, and the used or part-worn. All obsolete medical stores have been excluded. The total value of the stores collected is approximately one million sterling. All articles are to be greatly reduced. The Depot will be opened for the goods to be inspected on June 14th, and will continue open each week day, except Saturdays, until further notice. The Depot is available in the first instance for hospital and nursing authorities who will thus have the first opportunity of satisfying their requirements. No one will be admitted to the Depot without an official permit. Such permits will be issued by the Joint Council of the Order of St. John and the British Red Cross Society, 19, Berkeley Street, W. In order that every hospital shall have an equal opportunity of viewing the stores, it is proposed that permits shall be issued to 100 hospitals each day (every hospital to be represented by two persons), but that no sales shall take place until all desiring to inspect, have done so. The following figures will indicate the extent of the sale:—Over half a million surgical instruments. A large volume and wide range of variety of dental appliances, X-Ray apparatus, laboratory apparatus of all kinds. Also a number of microscopes, operating room furniture, operating tables, instruments' cabinets, new air and water beds and pillows. Approximately 50 tons of drugs of every variety in general use in hospitals; 130 million tablets are available, of 120 varieties, including 5 million of the famous "No. 9."

There will also be on view hospital ward and kitchen furniture, hospital clothing, &c. After a very interesting inspection conducted by Captain Ritchie, Sales Manager for the British Red Cross, the party were most hospitably entertained to lunch at the Royal Automobile Club, Pall Mall, S.W., by the Disposal Board. Those present included Sir Howard Frank, Bart., K.C.B. (Chairman), Commissioner of Disposal Board, the Hon. Sir Arthur Stanley, G.B.E., C.B., M.V.O., Chair-



man, and Sir Napier Burnett, K.C.B., M.D., Chief Executive Officer to the Joint Council of the Order of St. John and the British Red Cross Society, and many others.

A unique opportunity will thus be open to those requiring these excellent stores, on June 14th and following days, of which abundant advantage is certain to be taken.

B. K.

### NIGHTINGALE SCHOLARSHIPS.

The Nightingale Fund offers three Scholarships tenable for one year at King's College for Women, Campden Hill, London, beginning in October next.

The Scholarships, including board and residence at the College, will be of the value of one hundred and twenty-eight guineas each, and a further payment of £30 towards expenses will be made to each of the Scholars.

The intention of these Scholarships is to assist their holders in qualifying for higher posts in the nursing profession.

The Scholarships are open to any nurse trained in the Nightingale School, who possesses its Certificate.

Intending Candidates must send in their names to the Matron, St. Thomas's Hospital on or before the 30th June, 1921, and all applications must state the age of the candidate, the date of the Certificate held, together with a statement of the nature of the work the applicant has been engaged in since the date of the Certificate.

### MAISON DE SANTÉ PROTESTANTE DE BORDEAUX.

Fondée en 1863.

RECONNUE D'UTILITÉ PUBLIQUE EN 1867.

ÉCOLE FLORENCE NIGHTINGALE.

The following invitation has been sent to well-known English friends of the new Nightingale College of Nursing, to be founded at Bagatelle, Bordeaux:—

Le Conseil d'Administration de la Maison de Santé Protestante de Bordeaux vous prie de bien vouloir lui faire l'honneur d'assister à la pose de la première pierre de l'Internat des Gardes-Malades au Domaine de Bagatelle.

Ce monument est offert par les Nurses des Etats-Unis à la Maison de Santé en mémoire de leurs compagnes de l'Armée et de la Marine tombées en activité de service, pendant la Grande Guerre.

Cette cérémonie aura lieu le *Dimanche 5 Juin prochain*, à 3 h.  $\frac{1}{2}$  de l'après-midi, 162, rue Robespierre, sur la route de Toulouse.

Buffet: 3 heures  $\frac{1}{2}$ . Cérémonie: 4 heures  $\frac{1}{2}$ . Le Conseil d'Administration prie,

Mrs. Bedford Fenwick.

de vouloir bien lui faire le plaisir de souper et de passer la soirée à Bagatelle, le *Dimanche 5 Juin*.—R.S.V.P.

### APPOINTMENTS.

#### MATRON.

**Totnes District Cottage Hospital, Totnes.**—Miss Isabel Carmichael has been appointed Matron. She was trained at the Great Northern Central Hospital, Holloway Road, N., and subsequently worked for a year at Netley House Nursing Home. Since 1907 she has been a member of the Staff of the Registered Nurses' Society, 431, Oxford Street, London, W., and during the war did good work for the French wounded as a member of the French Flag Nursing Corps.

**The Hospital, Forres, Morayshire.**—Miss E. F. Fridge Riach has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and at the Maternity Hospital, Glasgow. From 1910 to 1916 she was a member of the staff of the Registered Nurses' Society, 431, Oxford Street, London, W., and resigned for military service.

#### ASSISTANT MATRON.

**Royal Infirmary, Gloucester.**—Miss A. J. Durward has been appointed Assistant Matron. She was trained at the Royal Infirmary, Sheffield, and has been Staff Nurse at the Sheffield Fever Hospital; Sister at Queen Mary's Military Hospital, Whalley, and Night Sister at the Royal Infirmary, Sheffield.

#### WELFARE SUPERINTENDENT.

**Bluepits Mill, Castleton, Lancashire.**—Miss J. Simpson has been appointed Welfare Superintendent. She was trained at the Royal Hospital, Salford, and has been Staff Nurse at the Vryheid Hospital, Natal; Sister at the District Hospital, West Bromwich, and at the Baguley Sanatorium; Night Sister at the Jenny Lind Hospital, Norwich, and Sister-in-Charge of the Red Cross Hospital, Hale. She has also done private nursing.

#### NIGHT SISTER.

**Mount Vernon Hospital, Northwood, Middlesex.**—Miss Ada Catherine Knight has been appointed Night Sister. She was trained at St. Bartholomew's Hospital, London, and has been Night Sister at the North Eastern Fever Hospital, Tottenham.

#### SISTER.

**Borough Isolation Hospital, Muswell Hill.**—Miss Florence Banks has been appointed Sister. She was trained at the Wandsworth Infirmary, and has been Sister at the Children's Infirmary, Cleveland Street; Senior Sister and Deputy Matron at Eastbourne Sanatorium, and Senior Sister at Hove.

#### COLONIAL SERVICE.

The following appointment to the Colonial Service has been made by the Secretary of State for the Colonies:—

**WINDWARD ISLANDS.**—Miss M. Jacombs, to Nurse-Matron, Colonial Hospital, St. Vincent.

### PRESENTATION.

Miss Winifred A. Todd, late Matron of the Wellhouse Hospital, Barnet, who resigned the appointment in view of her approaching marriage with the Rev. J. K. Wood, has been presented by the nursing staff of the hospital with an electric reading lamp; by the domestic staff with a brass toasting fork, cushion cover, and d'oyleys; by the wardmaids with a butter-dish; and by the patients with an afternoon tea cloth.

Miss Todd takes with her many good wishes for her happiness in the future, for, during the time she has been at Barnet, she has, by her unflinching sympathy and courtesy, won the affections of all with whom she came in contact.



## OUTSIDE THE GATES.

Miss E. Almaz Stout, a professional journalist has been elected President of the Society of Women Journalists. This is as it should be. That societies of professional women should run around and elect society women to their leading Executive positions always appears to us a sign of great weakness—or inefficiency. We have plenty women journalists in these days to whom honour is due.

Miss Olive Catherine Clapham, of the Middle Temple, has passed the final Bar examination. She is the first woman to do so.

### VERSE.

Here, where my window taketh in  
The sweet of night, that doth begin,  
Not difficult to me it seems  
To shut my eyes and look for dreams.  
And when the sun doth shine instead  
On the white linen of my bed,  
To rise and wash, to pray, to dress,  
Do seem a daily blessedness.  
And all day long, as I about  
The loved house go in and out,  
The streams, the grass, the sweet daylight,  
Do take my hearing and my sight.  
Thus do our days, not always, go:  
O too much happy, were it so!

*From "Terpsichore, and Other Poems,"  
by H. T. Wade-Gery.*

### COMING EVENTS.

*June 4th.*—Royal British Nurses' Association "At-Home" to the members of the Trained Nurses' Annuity Fund, and Residents at the Settlement. Tea. 194, Queen's Gate, S.W.

*June 4th.*—League of St. Bartholomew's Hospital Nurses. A General Meeting of the League will be held in the Clinical Theatre, St. Bartholomew's Hospital, on Saturday, June 4th, at 3 p.m.

At 3.45 the Meeting will resolve itself into a Social Gathering in the Great Hall, with music by members of the Nursing Staff, arranged by Miss Eyre. At 4.30, Mr. Allen Walker will give a short introductory lecture as a prelude to a series of six Lantern Lectures on "Old London and its Story," to be given in the Autumn.

*June 5th.*—American Nurses' Memorial at Bordeaux.—Laying of Corner Stone of New Florence Nightingale College and Home for Nurses, Bagatelle, Bordeaux, by Miss Helen Scott Hay, Chief Nurse, American Red Cross Commission to Europe, 3.30 p.m.

*June 11th to 25th.*—Nurses' Missionary League Summer Camp, Sandsend, Yorkshire.

*June 25th.*—Royal British Nurses' Association. Annual Meeting, 3.30 p.m., 194, Queen's Gate, S. W.

## 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.*

### CARE AND DISINFECTION OF BEDPANS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—*Re* Care and Disinfection of Bed-pans. At my training school, Union Infirmary, Edmonton, N., now the North Middlesex Hospital, N., a deep sink was provided near each sluice, where once every day the junior nurse of each ward had to thoroughly cleanse with soap and water, all the bed pans. Cyllin and carbolic were obtained by applying to Sister.

The bed pan cupboards are built into the outside walls and are thoroughly ventilated, having perforated zinc walls. Clean pan covers were supplied as often as required. We were supposed to keep four forward at a time.

Yours faithfully,

H. TONG.

Brighton Terrace,  
Blackpool.

### MORE SPACIOUS SPHERES FOR THOUGHT REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your issue of the 28th ult., under the heading "Nurses and Trade Unionism," you state that "thousands of nurses have been influenced and some compelled to join the College of Nursing (Limited) by their Matrons."

From my personal experience, I can fully endorse what you say. Not only are nurses compelled to join the College of Nursing by their Matrons, but they have also been compelled against their will, to resign from their Unions.

The Professional Union of Trained Nurses intends, whenever possible, to make public these cases, as it is manifestly unfair for any Matron, because she is a "College" member, to influence nurses one way or the other.

A case in point: it was suggested some little time ago to a member of our Union (who had become a temporary prison official), by the Lady Superintendent of the hospital of the prison in which she worked, that she should resign from this Union. As there was no other course open to her, under the circumstances, she resigned under protest. When the matter was reported to the P.U.T.N., the Prison Commissioners were approached, and we have recently received a letter stating "that there is no reason why nurses employed in the Prison Service should not retain membership of their Professional Union, and the Commissioners regret that through a misunderstanding, the Hospital Lady Superintendent suggested to ——— that she should resign from her Union." I publish this, as I hope it will do away with a great deal of misunderstanding,



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and help members to realise that if they are threatened or coerced in any way, the matter can be brought before the proper Authorities by their Union, and they can be protected.

The P.U.T.N. stands for *freedom* for Nurses, and as far as possible, it is its policy to make public any injustices that are brought before it.

A few years ago, before the Professional Trade Unions were formed, there were not the same facilities for making these matters known. Now, however, things are altered, and for the better.

Yours faithfully,

MAUDE MAC CALLUM.

*Hon. Secretary, P.U.T.N.*

[We claim that all nurses should have freedom of action in joining professional organisations, and we are of opinion that many employers and matrons fear trade unions unduly. It was the same with Registration—thirty years of stupid opposition to a reform, which the majority of hospital managers and matrons now realise will, in the future, result in co-operation between all classes responsible for standards of nursing efficiency. We are tired of narrow outlooks, and reactionary methods; we need more spacious spheres for thought and action. Why for ever attempt to dam up outlets?—Ed.]

#### REGISTERED NURSES.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM EDITOR,—I gather from the College of Nursing Voting Paper, that the General Nursing Council has already started its Register, as "Registered Nurses" have proposed and seconded members for election on the College Council.

Would you let us know in the next issue of your valuable paper, how to become registered?

Yours, etc.,

A COLLEGE MEMBER.

[In referring to the above mentioned Voting Paper of the College of Nursing, Ltd., we find it states:—

"The following candidates have been duly proposed and seconded by Registered Nurses for election to the Council."

This statement is calculated to mislead the nursing profession into the belief that the General Nursing Council for England and Wales has opened its Register—as the Act specifically reserves the title "registered" to those nurses admitted to the Register compiled under Statutory authority by the General Nursing Council, so that it is very inadvisable for the College Council to describe its members as "Registered Nurses." The Act provides, Section 8 (1) that any person who, (a), not being a person duly registered under this Act, at any time after the expiration of three months from the date on which the Minister of Health gives public notice that a register of nurses has been compiled under this Act, takes or uses the name or title of registered nurse, either alone or in combination with any other words or letters, or any name,

title, addition, description, uniform or badge, implying that he is registered under this Act, or is recognised by law as a registered nurse; . . . shall be liable on summary conviction to a fine not exceeding, in the case of a first offence, ten pounds; and in the case of a second or any subsequent offence, fifty pounds.

We therefore advise members of the College of Nursing to be very careful in the future not to inadvertently lay themselves open to prosecution, by using a title to which they have no right, unless registered by the General Nursing Council. No doubt whoever compiled the College Voting Paper did so in ignorance of the provisions of the Nursing Acts, and will be more careful in the future when the State Register is in operation.—Ed.]

#### VENEREAL DISEASE CONFERENCE.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—A North European Conference on Venereal Diseases is to be held at Copenhagen, convened by the Danish Red Cross Society, and there is naturally indignation amongst the progressive section of medical men that the British Red Cross has appointed as representatives three members of the National Council for Combating Venereal Diseases—one of whom is a lay woman, whilst excluding the Society for the Prevention of Venereal Disease from any representation. This means that the views of only one section will be heard, and the advocates for immediate self-disinfection as a means of prevention will be excluded.

This is the result of lay interference in medical and scientific questions—and only a beginning of the fatal injury likely to result from the domination of the British Red Cross in hospital management and medical and nursing affairs.

The huge annual subsidy by the Ministry of Health to the National Council for Combating Venereal Diseases should be made public; also how much we taxpayers had to pay through the Colonial Office for sending its two laywomen secretaries with one medical man on an expensive round world trip on this professional question. By what right do these ladies express opinions on the value of medical treatment of which they know nothing? As a trained Nurse I strongly object to being taxed for it.

Yours truly,

A VENEREAL SISTER.

#### KERNELS FROM CORRESPONDENCE.

*An Ardent Registrationist.*—"May I venture to suggest that if the Rules are not signed soon we kidnap Sir Alfred Mond and tether him at Runnymede until the deed is done!"

#### PRIZE COMPETITION QUESTIONS.

*June 11th.*—Name some of the superficial injuries to the eye in industry; and how they are treated.

*June 18th.*—Give twelve rules, with reasons, for securing health.



# The Midwife.

## POST-GRADUATE WEEK AT YORK ROAD.

Last week we gave an account of the opening session of the Post-Graduate Week at the General Lying-in Hospital, York Road, Lambeth, on Monday, May 23rd.

Throughout the week, the mornings were devoted to clinics in hospital, and the ante-natal department was also open each morning to a limited number.

### TUESDAY, MAY 24TH.

On Tuesday morning, Mr. Richardson gave a very interesting clinic on abnormal cases, and had an excellent attendance. The afternoon was given up to visits. One party attended the Burroughs Wellcome Museum in Wigmore Street, and found much that was quaint and interesting; a small party attended the York Road Infants' Clinic; and a third visited the Babies of the Empire Mothercraft Training Centre, 29, Trebovir Road, Earl's Court, where they were much impressed with the happy mothers and babies. Miss Liddiatt, the Matron, received them very kindly, and gave a delightful summary of the aims and methods employed in the Centre. They found all the babies on the balcony enjoying the fresh air and sunshine, as babies should do on a summer's day. At 6 p.m., Dr. Jewesbury gave a most interesting and exhaustive lecture on the management of breast-feeding and the difficulties met with. He considered active tuberculosis practically the only cause for not breast-feeding a baby, and that on account of the risk of infection from the mother's breath. He emphasised the importance of ante-natal care in improving the shape and condition of the nipples, and in promoting a good milk supply by stimulation of the breasts both before and after the birth of the baby. Variety in the diet of the nursing mother was important, and it should include an abundance of fluids—water in particular; but the diet need not be excessive.

Dr. Jewesbury exhibited some wonderful charts in which the babies' weight shewed an increase in direct relation to the establishment of the breast milk. In one specially interesting case the child had been weaned for seven weeks, but lactation was successfully re-established in the Home at Trebovir Road. Thereafter, the mother entirely breast-fed the child for nine months. Another fascinating case was that of a mother with an abundant milk supply, who had fed her own baby, and also given a good start to fifteen others.

### WEDNESDAY, MAY 25TH.

The eleven o'clock clinics were devoted to the baby, and drew large and interested classes. Professor McIlroy in the afternoon gave a most interesting lecture touching some of the problems closely connected with midwifery, and at present

agitating the medical world and the lay public. She gave her own experience of the use of morphia in labour at Constantinople. She had no maternal or foetal deaths and no sepsis. Both her manner of delivery and her charming personality delighted her audience.

At six p.m., Dr. Fairbairn gave his postponed lecture on "The Management of Delayed Labour on Physiological Lines" in his usual happy manner, and remarked he had no wish to prophesy but he foresaw the time when normal labours would be left entirely in the hands of midwives who would call in medical aid when necessary. He emphasised the emotional factor as a cause of delay and the importance of the ability of the midwife to inspire confidence in her patient. Fatigue also played an important part as an inhibitor of good uterine action and the right use of sedatives needed to be understood. The rare causes of delay, abnormal lies, misfits, &c., were in a great measure weeded out by good ante-natal work, and, in any case, should be diagnosed early and medical assistance obtained.

### THURSDAY, MAY 26TH.

On Thursday morning, the Post-Graduates attended and enjoyed Dr. Roy's weekly clinic for pupil midwives. In the afternoon one party visited the City Road Maternity Hospital where they were welcomed by the Matron, shown round the hospital, and afterwards attended Dr. Owen's Clinic.

Another party attended Dr. Eric Pritchard's Clinic in Marylebone and spent an interesting and profitable afternoon.

The third party visited the British Mothers' and Babies' Hospital at Woolwich. They were warmly welcomed by Mrs. Parnell, the Matron and the Sisters, and like all visitors, were impressed by the delightful atmosphere of the hospital. In the course of an interesting tour round the wards and out-patient department the visitors saw the system of teaching demonstrated. They were then taken to the new Home, in process of erection.

Tea was most hospitably provided at each of these visits and warm thanks accorded to the hosts and hostesses for a most pleasant time.

In the evening a large number attended Mr. Richardson's lecture on "Ante-Natal and Intra-Natal Death of the Fœtus." A very clear and thoughtful analysis was made of the causes under both headings and Mr. Richardson pointed out how many of these were avoidable with good ante-natal care.

### FRIDAY, MAY 27TH.

The last day of the session arrived too quickly for many of the visitors. They turned up with undiminished vigour at all the clinics. In the afternoon a large number attended Dr. Stebbings' interesting clinical lecture at Lambeth Infirmary.



Dr. Hedley's lectures to pupil-midwives were open to the Post-Graduates, and several attended them. Dr. Willett's lecture at the Midwives' Institute was well attended and proved a fitting close to a very enjoyable week.

#### TEST PAPER.

The Optional Test Paper was taken by eight Post-Graduates. The following questions were set and one hour allowed:—(1) What are the most important difficulties that may be met with in breast-feeding and how would you deal with them? (2) what are the most important causes of ante-natal and intra-natal deaths of the foetus? which of these may be prevented by good ante-natal care? (3) what are the principal factors to be considered in delayed labour? Give the appropriate treatment in each case.

#### PRIZE-WINNERS.

The following were the prize-winners:—

*First Prize* (10s.)—Miss Constance Taylor, Lower Kennington Lane, S.E.11.

*Second Prize* (5s.)—Miss Eleanor Insley, Westbourne Square, W.2.

The standard of the papers was good. Particularly good answers were given to the question on breast feeding.

Both the Matron of the Hospital (Miss Tunbridge) and Sister Coni, who organized the course so successfully are greatly to be congratulated, and the warm thanks of the Post-Graduates were accorded to them.

In addition to the management of the Court and the New Theatres, that of the Alhambra also kindly gave seats for performances.

#### THE CENTRAL MIDWIVES' BOARD.

At a special meeting of the Central Midwives Board, held at 1, Queen Anne's Gate Buildings, Westminster, on Thursday, May 19th, charges alleged against five women were heard with the following results.

*Struck off the Roll and Certificate Cancelled.*—Midwives Charlotte Haynes (No. 14,530), Anne Roden (No. 7,931), and Mary Westwood (No. 4,227). They were also prohibited from attending on maternity cases in any capacity.

In two other cases the Board found the charges proved but sentence was postponed, and a report asked for in each case from the Local Supervising Authority in three and six months' time.

#### THE WEANLING.

Dr. W. E. Nickolls Dunn, writing in the *Lancet* on the subject of "The Weanling," says that the babies of the poor country Arabs in Upper Egypt have no intermediate stage. They receive a slab of coarse wholemeal bread while they are still on the breast, and when weaned many of them get little or no milk because of their parents' poverty.

These children, fed chiefly on the real staff of life—water, raw fruits, and raw vegetables—also with lentil soup, grow into fine men and women with good teeth and powerful jaws. In fourteen years no case of appendicitis, no case of gastric ulcer, no case of cancer either of breast or stomach was seen at the hospital. Dr. Dunn adds: "The Egyptian surgeons inform me that they see a fair number of cases of appendicitis among the children of the rich in Cairo. The country native if promoted to be the servant of a house in Cairo loses his good teeth, though I think that the large amount of raw fruit he still eats tends to prevent their decay. The poor native takes his sugar only in the form of the fibrous cane or in other fruits. What I should like to know is this: How many cases of appendicitis, gastric or duodenal ulcer, and cancer of the stomach arise in those favoured few of our population who have never suffered from dental caries? Surely the first thing is to concentrate on the prevention of dental caries. At any rate it is my firm belief that with the return of sound teeth the diseases above-mentioned will almost disappear." If this is the case there is scope indeed for fine preventive work on the part of nurses and midwives.

#### THE SALVATION ARMY MOTHERS' HOSPITAL.

The Queen is opening the new Nurses' Home of the Salvation Army Mothers' Hospital, at Clapton, on the afternoon of Thursday, June 2nd. The Hospital is a very busy one, some 1,000 babies being born in its wards each year. The accommodation for patients is at present insufficient and the nurses' quarters quite inadequate. Donations from those wishing to assist the Building Fund should be sent to General Booth, Salvation Army Headquarters, 101, Queen Victoria Street, E.C.4.

#### CHILD ADOPTION.

The Report of the Committee on Child Adoption appointed by the Home Secretary on August 3rd, 1920, of which Sir Alfred Hopkinson was Chairman, has now been presented to Parliament and published. The Committee were appointed to consider:—

(1) Whether it is desirable to make legal provision for the adoption of children in this country; and (2) if so, what form such provision should take.

The evidence taken by the Committee is grouped under three heads: (1) As to the laws of other countries in which a system of adoption is recognised. (2) As to the conditions now existing in this country, the reasons for a change in the law, the difficulties involved, and the remedies proposed. (3) As to the character and working of judicial tribunals or public authorities which might have to deal with a legal system of adoption if established here.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE HEADQUARTERS OF THE GENERAL NURSING COUNCIL.

On Friday, June 10th, the Headquarters of the General Nursing Council for England and Wales at 12, York Gate, N.W., was opened by H.R.H. Princess Christian, and hereafter the Nursing Profession in this country will have a Professional Centre whose significance, we hope, will be appreciated by every nurse, not only in the kingdom but throughout the Empire.

This Statutory Council House in London, where all matters concerning the education and discipline of the Nursing Profession will be dealt with, is one with which nurses who have been permitted by Parliament to finance their own Council, and thus maintain their professional independence, should speedily become familiar.

The senior officials of the Council are highly qualified nurses, and are therefore capable of helping their colleagues where professional information is sought. The clerical staff, also, are all women, and we feel sure that the policy of the furnishing Committee in introducing bright and pleasant surroundings in the Council's House will commend itself to a sex which does its work best when its environment is congenial.

Women, and particularly nurses, are essentially home makers, and to spend one's days in a dull office, with dubiously clean windows, and no touch of beauty or homeliness about it, is naturally repugnant to them. British nurses have shown to the world in hospital wards not only the beauty of cleanliness, which they share with nurses of other nations, but how a sense of comfort and home can be made to pervade them which is essentially a

characteristic of British hospitals. We hope that at the Headquarters of the Profession in London its members will also give a demonstration of the domestic arts, and prove that a profession concerned with health believes that its foundation is exquisite cleanliness; that an office can be thoroughly equipped for business, and business can be conducted in a place harmoniously decorated and furnished, and kept sweet and fresh with soap and polish. Moreover, that this can be accomplished at no greater cost than that of the ordinary office, the result being achieved not by excessive expenditure, but by personal painstaking, carefulness and good taste.

We hope and believe, therefore, that the Nursing Profession are going to touch a new note in official life. They have come into their own, and will know how to find a means of self-expression in a House which they will be proud shall represent them, and their aspirations, to whoever may visit it from at home or abroad.

In our next issue we shall give a full report of the proceedings on Friday, June 10th, when the press will have had an opportunity of inspecting the House.

All good things come to those who wait, and those nurses who for the last thirty years have determined that their profession should be built on a sound and sure foundation, and preferred to wait rather than concede any vital principle, will realise with thankfulness that this foundation is well and truly laid. It remains for coming generations of nurses to build securely thereon, so that their efficiency may be increased, and their profession honoured throughout the world. They are the inheritors of great traditions. We have faith that they will deal with the problems of their own day in the spirit which such traditions inspire.



## OUR PRIZE COMPETITION.

### NAME SOME OF THE SUPERFICIAL INJURIES TO THE EYE IN INDUSTRY; AND HOW THEY ARE TREATED.

We have pleasure in awarding the prize this week to Miss E. H. Hooker, Nursing Home, 26, Cathcart Road, Redcliffe Gardens, S.W.

#### PRIZE PAPER.

Some of the superficial injuries to the eye in industry are as follows:—1. Epiphora; 2. Stye; 3. Paralysis; 4. Nystagmus; 5. Conjunctivitis; 6. Blepharitis; 7. Trachoma; 8. Panophthalmitis; 9. Corneal Ulcer; 10. Lime in the eye; 11. Steel in the eye.

1. *Epiphora or tearful eye* is prevalent in both agricultural and mining industries, or produced by a collection of dust, blocking up the tear duct, thereby giving rise to "Lacrymo-Cystitis."

Keep the eye well washed with boracic lotion, and if persistent, resort to, or consult, a surgeon, who will probe the lachrymal duct, or make a slit with a fine probe-pointed bistoury to enable the fluid to drain through the nose.

2. *Stye* is prevalent chiefly in manufacturing towns and low-lying places, the chief causes being *constipation*, brought about by drinking hard waters impregnated with minerals, *anæmia*, *inanition* and *bad sanitation*. The latter three are brought about by such things as strikes, and eating tinned foods.

They should be treated with hot, moist applications, frequent cleansing, tonics, fresh air and plain, wholesome food.

3. *Paralysis (Ptosis)*, producing squinting, brought about by a knock on the head, or continual staring in cotton mills or at printing.

Open-air treatment in a restful, peaceful atmosphere for a time is recommended. Sometimes an optician may order rimless glasses.

4. *Nystagmus*.—A peculiar twitching, nervous trouble, chiefly found amongst miners, gravediggers and labourers, through frequent collision of the upper and lower lids. It is also a predominant symptom in syphilis, which is prevalent in all industrial centres.

5. *Conjunctivitis*.—Inflammation of the covering of the eye-ball and the lining of the lids. Chiefly prevalent in towns. Carefully cleanse and shade from the light. Keep everything for same separate.

6. *Blepharitis* or scabby eye is a complication infection produced in bad hygienic surroundings in sweated industrial centres.

Carefully cleanse with boracic lotion or cold tea. Before retiring treat the lids with golden ointment. Patient should use separate towels and sleep alone. Use shade for eye to protect from winds.

7. *Trachoma*.—Little granules, like sago

grains, under the lid. Prevalent in our crowded industrial centres and smoky atmospheres.

A convalescent home in the country, where patient can receive strict treatment from a surgeon, such as painting of lids with nitrate of silver, is indicated; five minutes after the eyes should be irrigated with a weak saline solution, then castor oil dropped in.

If neglected, corneal ulcers appear through the frequent-rubbing of the eyelid over the cornea.

For a piece of steel embedded in the eye.—If visible, pick out with fine pair of forceps, afterwards irrigate eye with saline and drop sterilised olive oil. To rest for a few days. Some surgeons will use an electric magnet to extricate a deeply embedded piece of steel.

In a lime kiln have at hand olive oil. If the eye is splashed, drop in olive oil immediately, afterwards thoroughly cleansing with boracic acid.

If an acid enters the eye use soda-bicarb. lotion.

N.B.—In all our industries, chiefly in large cities, syphilis is prevalent, and produces many injuries to the eye. Therefore medical treatment must be obtained in such cases.

For grit in the eye, stand behind the person injured, he being seated, order him to close the eyelids, looking downwards. Administer left index finger (human probe) over upper lid. With right forefinger and thumb draw down eyelashes and turn back the lid over left index finger, cleansing with a sterilised swab or corner of clean handkerchief. Now replace the lid to normal position. This, if done quickly and gently, is an art in itself, which should be known by all in the Nursing Profession so that they may render "First Aid."

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Turner, Miss James, Miss P. Thomson, Miss T. Miller.

Mr. Ernest F. Hoyer mentions in the *American Journal of Nursing* "Electric Ophthalmia," and says that "almost all great industries use electric welding in these days. The men doing the work occasionally suffer from ophthalmia. They show no symptoms for eight or nine hours, but suddenly have a severe pain in both eyes, the eyelids swell, a burning sensation like a sunburn appears, and their tear-ducts work overtime. The treatment consists of washing the eyes with a saline solution and giving relief with a 2 per cent. cocaine solution. Coloured glasses should be worn for a time, as the patients are very susceptible to any bright light."

#### QUESTION FOR NEXT WEEK.

Give twelve rules, with reasons, for securing health.



## NURSING ECHOES.

We fear, owing to the short notice of opening the new Headquarters of the General Nursing Council, many old friends of the Registration Cause will not know of the event until it has passed; if, however, this announcement meets their eye, may we notify them that the Editor and others will be at 12, York Gate, N.W. (opposite St. Marylebone Church), on Friday morning, June 10th, at 11 a.m., and will be very grateful for gifts of plants and cut flowers for decorating the house, should kind friends be good enough to supply them?

The Report for 1920 of the Ranyard Nurses, who have their office and Hostel at Ranyard House, 25, Russell Square, W.C.1, shows that the number of nurses on the staff is 84—the same as the previous year. Of these twelve are working at the London County Council Minor Ailment Centres, and two are working at Messrs. Pascall's factories in Blackfriars Road and Mitcham, the firm supplying the full cost. It is, however, along the lines of district work in the homes the Committee is most anxious to extend, and extension is curtailed chiefly through lack of fresh recruits. The hope is expressed that the hospitals will in the future bring the claims of district work much more adequately before those in training. "The work is not," it is stated, "for those who enter hospital with the idea of serving rich private patients and having a good time in motors and as luxurious a life as possible, but it is for those who have a great desire to aid in building up a better England."

We are glad to note that the financial position has improved slightly during the year, for though the expenditure has increased by £1,316, the income shows an advance of over £2,060. There was still, however, a deficit of over £2,000 on the year's working, which had to be met out of the general funds of the Mission. The nurses are doing such excellent work that those desiring and able to support a good cause would find it difficult to find one more worthy of financial help. The equipment and maintenance of a nurse costs, roughly, £175 a year.

We are glad to note that the sum of money granted by the United Services Fund for the benefit of ex-Service Nurses in need is not to be used—as thousands of Red Cross money has been—in aid of training for professions, starting businesses and similar projects, but

for nurses who have suffered disability as a result of war service.

It is to be hoped that the Nurses' Club movement will not be overdone. The following announcement appears in the press:— "The Joint Nursing and V.A.D. Services Committee of the United Services Fund is faced with great difficulty in obtaining a suitable house which they could buy and equip as a residential club for nurses and V.A.D.s who are working in, or passing through, London. Anyone willing to sell a suitable house to the committee is asked to communicate with the Secretary, at 19, Berkeley Street, W.1."

Major-General Seely, presiding at a meeting of the Isle of Wight County Nursing Association, supported the adoption of a resolution, proposed by Lady Baring, sanctioning the temporary acceptance of the scheme agreed to by the Queen Victoria Jubilee Institute for Nurses and the chief approved societies, for the nursing of insured persons by district nurses on payment by the approved societies concerned of 3s. 3d. for the first three visits of the nurse to a patient, 1s. 3d. per visit up to 33 visits, and thereafter 5s. a week. General Seely, replying to objectors, pointed out that the nursing societies already nursed insured persons without receiving payment in respect of them.

The Executive Committee of the Middlesbrough District Nursing Association have wisely, owing to great cost, not issued a detailed Report this year, but find space to record its indebtedness to Miss Purvis, the Lady Superintendent, and her staff, for their services. "During the year 1920," we learn, "there were several vacancies on the staff, but the Committee believe that, notwithstanding this serious drawback, nothing has been overlooked or neglected, and they tender their warmest thanks to the Lady Superintendent, Miss Purvis, and the District Nursing Staff. This year the Association began the work under happier auspices; the services of three nurses having been secured. Nurse Greener, Nurse Conway, and Nurse Hopper have, after a month's trial, proved very satisfactory, and as they report themselves happy and contented in their work, it is hoped they will long continue on the staff.

The late Colonel Ernest Villiers, A.D.C. to the King, left £3,000, free of death duty, to



his nurse, Miss Mary Dempster, in recognition of her care and devotion during the last years of his life. Miss Dempster, when a member of the Registered Nurses' Society, was selected to attend Colonel Villiers, and remained with him for many years until his death, which is most deeply lamented by all who knew him.

At the Annual Council and General Meeting of the National Poor Law Officers' Association the following resolution was received from the South Yorkshire Branch, viz.:—"That this Branch views with great concern the practice in some Unions of appointing Matrons in charge of Institutions, and requests the National Executive to urge the Minister of Health to refuse to sanction such arrangements, on the ground that it debarb male officers from legitimate promotion, and tends to increase the present state of unemployment in the country."

The President said this matter had been referred to the Indoor Officers Committee.

There is a very growing determination amongst male officials to exclude women from positions they consider themselves qualified to fill. The special qualifications of women and their right to work and preferment must be kept in view by public bodies—at the same time we are entirely in sympathy with eliminating without mercy the "pocket money" woman who infests many offices—and is paid a high salary for work which could be better done by real wage-earners.

The District Committees of the county, and the Forfarshire Education Authority are to cooperate in the matter of nursing services. The Authority's school nurses are to act as health visitors under the District Committee, the Authority to appoint a minimum of four nurses, to be allocated to areas to be arranged. The Education Authority are to pay three-fifths of their salaries, and the County Council two-fifths.

Princess Mary paid a visit to Birmingham on Monday last, where she attended a great rally of Girl Guides, paid a visit to the Government Instructional Factory, the Infant Welfare Centre, and the Scenic Fair being held in Bingley Hall in support of the Three Counties Local Centre of the College of Nursing, Ltd. A number of hospital Matrons were presented and a tour made of the stalls, and purses presented by thirty children.

## THE HISTORY OF ANTISEPTICS, AND THE LESSON TO BE LEARNT.

Dr. Abernethy Willett gave the final lecture of the Post-graduate Course for Midwives, arranged by the General Lying-in Hospital, at the Midwives' Institute on the evening of May 27th, and told the story of their discovery—which, even to those who know it well, is always full of interest—in a charming and graphic manner. He impressed upon his hearers that they should be able to give the reason for their use of antiseptics in their practice. It would not do to say "Because I was told to." That was all very well for undergraduates, but not for graduates, who must be ready to meet cranks and sceptics with logical grounds for their belief.

Similar causes produced similar results, and they should be able to state what happened before the discovery of antiseptics, and what happened after. There were three stages in any great discovery. Firstly, someone began to question whether the present procedure was right; secondly, someone began to prove that it was not right; thirdly, the new theory was put to the test by experience, and there was the crucial experiment which proved or disproved it.

That was what happened in regard to antiseptics. Before about 1850 there was a kind of hopelessness of public feeling. The cause of illnesses was not understood, and all illness was looked upon as "an Act of God." If people lived in the marsh they were likely to have malaria. If a woman had a baby she was likely to have puerperal fever.

In 1845, Dr. Oliver Wendell Holmes, of Boston, began to question the theory, then generally accepted, that puerperal fever was an infectious disease, spread as scarlet fever and small-pox were spread. He pointed out that infectious diseases started from a centre, spread round and round. He argued that if puerperal fever had a similar origin it should spread in the same way. Yet he found it did not do so. Then he made a map of a locality, and found that in certain streets there was case after case of puerperal fever, while other streets were free. Then he ascertained what doctors and nurses attended these lying-in cases, and found that the cases of puerperal fever were confined to the practice of certain doctors and nurses, while cases attended by others remained free from infection.

He therefore argued, "You may say you are satisfied that puerperal fever is an ordinary infectious disease. It isn't. There is quite sufficient evidence to make you hesitate to accept that theory." And he was very clear in proving that puerperal fever had a different origin.

The next stage was when Semmelweiss (in 1846-1847) demonstrated in Vienna that the accepted theory was untenable. Against his theories it may be urged that Semmelweiss was an eccentric genius who died in a lunatic asylum, and that his teaching, therefore, could not carry the same



weight as that of a more level-headed man. And Semmelweiss's views were not accepted. (It is credibly supposed that grief at this fact was largely responsible for his insanity.—Ed.)

The conditions which he found in the lying-in hospital in Vienna were that there were two blocks. In one the deliveries were made by doctors and students, and the results in the midwives' block were considerably better than in the doctors', partly, no doubt, because the more difficult cases were naturally sent to the doctors' block, but also because antiseptics were then entirely unknown.

There was an instance, which would now be incredible, of a woman suffering from cancer of the womb, who was examined by students, who then went to the lying-in wards and examined eight patients, seven of whom subsequently died. Again, a septic knee-joint in the surgical block (and joint infections are usually very virulent) was attended by doctors, who subsequently examined eight women in the lying-in block. Every one of the eight died.

Then Semmelweiss attended a colleague who had pricked his finger at a post-mortem examination, and found that his symptoms were the same as those of patients suffering from puerperal fever in the maternity block, and he argued that these symptoms were due to a dirty instrument; then puerperal fever must be due to something introduced into the body of the woman from outside.

That was the inspiration of Semmelweiss. He was cute enough to put two and two together, and holding that theory, he insisted that all his midwifery students should dabble their hands in a solution of chloride of lime before touching their patients. The result was to bring down the death-rate in the Vienna Maternity Hospital from 40 to 10 per thousand. Semmelweiss achieved this result because he had got an inkling that the usually accepted view as to the spread of infection of puerperal fever was incorrect, but directly he died the use of chloride of lime was discontinued. If his advice had been acted upon, obstetrics, and not surgery, would have had the honour of giving to the world the antiseptic method of treatment.

The third stage, that of experiment, was demonstrated by Mr. (afterwards Lord) Lister. About 1860 he became very interested in Pasteur's theory of fermentation, and arrived at the conclusion that the fermentation which took place in wounds was due to their exposure to the air. He accepted the theory that microbes are present in the air, hence his use of the carbolic spray. He realised, however, that that precaution was insufficient if his instruments were exposed to the air, so he covered them with 1 in 20 carbolic, and he kept his hands, and those of his assistants, wet with 1 in 20 carbolic while operating. Very few people knew that the late Queen Victoria was one of the first to have a small operation performed under these conditions.

Lord Lister at first kept his wounds air-tight by covering them with putty. He was, however, not quite satisfied, and impregnated his dressings with an antiseptic. Anybody could go round Mr.

Lister's wards at King's College Hospital and see the results of this treatment, and the experience of the method was complete. If you did not use antiseptics, fever usually ensued. If you did use antiseptics, wounds healed by first intention.

For some time, however, Mr. Lister's colleagues could not see the importance of his methods, or be persuaded to carry them out.

Mr. Willett mentioned the interesting fact that his father performed the first successful ovariectomy at St. Bartholomew's Hospital. The pedicle was tied with waxed whipcord obtained from a cobbler. Reviewing the case years afterwards, he said that he thought perhaps he was a little cleaner than most people. He always washed his hands before touching a patient, as he disliked being touched with dirty hands himself, and thought that probably his patients felt the same, but his coat was as dirty and as stiff with blood as anybody's. He was careful of his instruments, and the case was an easy one, so that he did not have to handle the abdominal viscera much, but no one was more amazed than he was when the patient recovered.

Eventually Lord Lister issued a challenge to his colleagues. At the time there were two courses of treatment with regard to compound fractures: (1) The injured limb was amputated, and some patients recovered; (2) The limb was not amputated, and all died. Lord Lister said: "If I can get recoveries without amputation, will you accept my teaching as to the importance of the use of antiseptics?" The challenge was taken up, and 15 cases treated by him at King's College Hospital actually recovered without amputation, while similar cases were dying in other London hospitals.

But while surgery was thus triumphing, the midwifery death-rate was 40 per 1,000, and the words, "All hope abandon ye who enter here," were actually quoted in relation to a London lying-in hospital. The best chance of recovery was for a patient to have her baby on the doorstep.

Mr. Willett prayed his hearers to remember the value of antiseptic methods, if a sepsis could not be strictly carried out in district midwifery. He concluded by impressing on them the importance of observation. One could only honestly accept what one had oneself observed. One should make deductions from observation, and from experiments based on observation. One would then be able to answer cranks and misguided people who did not realise the importance of antiseptics in midwifery by proving why the maternal death-rate, which in 1850 was 40 per thousand, is now 2 per thousand.

He urged the avoidance of the use of lubricants in tubes, as there was no means of knowing who put them up, or what the inside of the tube was like when they were put there.

It is a warning midwives will do well to note.  
M. B.

An anonymous couple promise £5,000 to the London Hospital if four others will do the same. Viscount Knutsford has received £5,000 anonymously, so that three more such donations are needed to secure the gift for the hospital.



## GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Fifteenth Meeting of the General Nursing Council for England and Wales was held at the Ministry of Health, Whitehall, S.W., on Friday, June 3rd, at 2 p.m. Mr. J. C. Priestley, K.C., Chairman of the Council, presided.

The minutes of the last meeting, which were in the hands of the Council, were taken as read, and, with one alteration, confirmed.

### Correspondence.

#### RESIGNATION OF MISS TUKE.

Under the heading of correspondence a letter was read from Miss Tuke, Principal of Bedford College (nominee of the Board of Education), stating that she found that College business prevented her from attending business Committees of the General Nursing Council, and she was therefore writing to Sir Amherst Selby-Bigge to tender her resignation of her seat. The year's business on the Council had been deeply interesting to her, although she feared she had not been of much use.

It was agreed to thank Miss Tuke, whose resignation was received with regret, for her services, and to communicate with the Board of Education in regard to the vacancy which had thus arisen.

#### NATIONAL UNION OF TRAINED NURSES SUPPORT STANDARD OF GENERAL TRAINING.

A letter was also received from the National Union of Trained Nurses enclosing a Resolution giving its support to the General Nursing Council in maintaining the standard of training, and insisting upon a term of general training for all nurses to be admitted on to the General Register. The letter was acknowledged.

#### SUPPLEMENTARY REGISTER OF ORTHOPÆDIC NURSES PROPOSED AND REJECTED.

A letter was received from the Central Council for Infant and Child Welfare, asking the General Nursing Council to further the work of the Central Council, the Hon. Secretary of which was Dr. G. R. Girdlestone, in its care of cripples, by forming a Supplementary Register of Orthopædic Nurses. It stated that a Sub-Committee had circularised the Orthopædic Hospitals, and submitted the following questions: (1) Do you consider that nurses trained in Orthopædic Hospitals should be granted a certificate as Orthopædic Nurses? (2) Do you consider that Orthopædic Nurses should have a shortened period of training?

An enthusiastic opinion had been expressed by the authorities of these hospitals as to the recognition of Orthopædic Nurses as such.

MRS. BEDFORD FENWICK said there was a strong feeling on the part of the Council against any further depreciation of the value of general training. She objected strongly to the proposal of instituting any further supplementary registers

of specialists. If they were to open a register for orthopædic nurses why not for nurses of every kind of ailment? This request was one more attempt to meet the economic demands of nursing in special hospitals. Orthopædic nursing should in the future have its place in the general scheme through co-operative training.

MISS SPARSHOTT, MISS LLOYD STILL, DR. GOODALL, and MISS MACCALLUM expressed agreement with Mrs. Fenwick's views, Miss MacCallum saying that orthopædic surgeons did not have a special register, why then should orthopædic nurses?

### The Headquarters of the Council.

The CHAIRMAN then made the happy announcement that the Council hoped to get into its new premises at 12, York Gate, Regent's Park, during the following week, and that Her Royal Highness Princess Christian had been invited, and had consented, to open these Headquarters on Friday, June 10th, at 3.30 p.m. He proposed that they should issue invitations to the chairmen and matrons of the London Hospitals with medical schools attached, to the heads of other institutions, and public bodies concerned in the training of nurses, and other representative persons, whose names were detailed, including Lords Ampthill and Novar, Major Chapple, and Major Barnett, M.P., who had charge of the Registration Bills in the Houses of Lords and Commons, as well as to the officers of the Nurses' Organisations which had been so much interested in promoting State Registration of Nurses.

It was further agreed that the Archdeacon of London should be invited to offer prayers as a part of the opening ceremony.

### Report of the Registration Committee.

MRS. BEDFORD FENWICK (Chairman) presented the Report of the Registration Committee, and moved that it be received and approved.

(1) New Rule 4 (b) providing that after the two years' term of grace the fee for Registration for Intermediate Nurses, in conformity with the previous decision of the Council, should be £2 2s, and £1 1s. in respect of admission to any subsequent part of the Register.

This was agreed.

(2) Rule 13 (now 16) had been re-drafted and sent to the General Nursing Councils for Scotland and Ireland for their opinion. This Rule, which provided for the Registration of Nurses registered in Scotland and Ireland, had originally required evidence of "equivalent standards." The Health Departments of the three parts of the Kingdom had apparently come to the conclusion that this was not in accordance with the provisions of the Acts, although it was a fundamental principle incorporated in the 56 Registration Acts passed in all parts of the world. The Ministry were upheld by their legal adviser and upon reference by the Law Officers of the Crown. Although not agreeing with this interpretation of sections of the Act, which apparently granted discretion in this



particular, the Registration Committee had fallen back on its second line of defence, as provided in Section 6 (3), Parliament having urged that a "uniform standard of qualification in all parts of the Kingdom" should be secured before making Rules enabling persons registered in Scotland and Ireland to obtain admission to the English Register. As redrafted, Rule 16 secured that the Rule should protect the interests of English Nurses in this particular, and on uniform Rules reciprocal registration should take place in the appropriate parts of the Register. Practical unanimity had been arrived at with Ireland, but the Scottish Council having drafted a Rule, at the dictation of the Scottish Board of Health, that nurses trained in fever hospitals and certificated by it, should be placed in the General Register, the Scottish Council stated they were not prepared in any way for provision being made in the Rules under which the English Council could refuse to register such specialists in its General Register. To this the Registration Committee absolutely refused to agree, or to recommend to the Council that nurses only trained in fever hospitals should be guaranteed to the public as general nurses. It was agreed that Rule 16, as now drafted, be adopted.

MRS. FENWICK then moved that item IV on the Report be received: "That the Minister of Health be asked to sanction the opening of the Register in conjunction with that of Ireland." This was seconded by Sir Jenner Verrall and carried.

MRS. FENWICK then moved, and it was seconded by LADY HOBHOUSE, that this part of the Report be approved and adopted.

This was agreed.

Power was then taken to print the Draft Rules and the form was approved.

It was agreed to summon the Council should it become necessary to further discuss the situation *re* reciprocal registration with the General Nursing Council for Scotland.

#### Report of the Education and Examination Committee.

MISS LLOYD STILL, Chairman, then presented the Report of the Education and Examination Committee, and moved that it be received. This was seconded by MISS COX DAVIES. She then moved the items *seriatim*.

She reported (1) that the informal Conference held at No. 1, Wimpole Street, W., on April 28th, had been attended by over 300 Matrons, Superintendent Nurses, and Tutor-Sisters; (2) that after consideration of the criticisms the Committee recommended to insert on page 2, para. 5, of the Draft Syllabus the words "with District Nursing" before the words "Public Sanitation," and in column 4, Section III (3 and 8) to insert the words "preparation for" before the words "Rectal Examination," etc.

(3) The Committee recommended:—

"That a Scheme of Central Preliminary Training Schools for Nurses, as part of the pre-

scribed training for admission to the Register for future nurses, is recommended, and that it be an instruction to the Education Committee to construct a scheme to carry this out."

This was moved by MISS LLOYD STILL, seconded by MISS DOWBIGGIN, and agreed.

(4) MISS LLOYD STILL next moved and MRS. BEDFORD FENWICK seconded, the recommendation:

"That the Committee compile a list of approved Hospitals to be recognised by the Council."

Agreed.

(5) Further, the Chairman of the Education and Examination Committee reported that a letter had been circulated to the Chairmen of General Hospitals and the Clerks to the Guardians of Poor Law Infirmarys, in view of the fact that there was great uncertainty as to whether Hospitals were obliged to teach on the Syllabus, or if it were sufficient if candidates satisfied the examiners, defining the requirements of the General Nursing Council.

The letter stated:—

"The Council proposes to require as a condition of the admission of any person to the Register that that person shall have undergone the training prescribed in the Syllabus issued by the General Nursing Council, and, as evidence that such person possesses the prescribed experience in the nursing of the sick, that she shall produce to the Council certified statements that she has been trained in the subjects laid down in the Syllabus, and shall have been able to pass the examination of the Council which will take place from time to time."

The Committee further recommended:—

"That, in order to show that the prescribed training has been given, a system should be adopted similar to that of Medical Schools, and the information conveyed to the Council by means of certificates certifying that the candidate has received training in the subjects laid down by the Council in the Syllabus."

MISS LLOYD STILL then moved and MISS SPARSHOTT seconded that the Report be approved, and this was agreed.

#### Report of the Finance Committee.

SIR JENNER VERRALL, Chairman, moved that the report of the Finance Committee be received. and this was seconded by MISS MACCALLUM.

The Claims presented included those for furnishing the Headquarters of the Council at York Gate. These, Sir Jenner said, amounted to the present to £1,425 10s. 11d. There were still some additional items and the total expenditure might go a little beyond the £1,500 originally mentioned, but if, with present prices, the expenditure worked out at anything like that they owed a debt of gratitude to the ladies on the furnishing sub-committee for their work, and had reason to be very satisfied. He moved that it be accorded. This was seconded by MISS COULTON.

THE CHAIRMAN said he had not yet seen the house; he would wait for its full glory to burst



upon him. He knew that the ladies had not spared themselves in their task, and he would thank them in advance.

#### APPOINTMENT OF CLERICAL STAFF.

SIR JENNER VERRALL then recommended the appointment of three members of the clerical staff as shorthand writers and typists—senior, Miss G. Harrison; second, Miss Gertrude Bates; third, Miss Kate King. These ladies had been interviewed by the Finance Committee. Miss Harrison was already known to them, as she had done work for them at the Ministry.

MISS COULTON seconded the recommendation that the three ladies should be appointed and it was carried.

SIR JENNER then proposed that the Sub-Committee and Finance Committee should be empowered to appoint a Lady Accountant on probation, and this was seconded by Miss Swiss, and agreed.

The housekeeper and assistant housekeeper were also provisionally appointed.

On the proposition of DR. GOODALL—with which SIR JENNER VERRALL agreed—it was decided that the recommendations of the Finance Committee should in the future be previously circulated to the Council.

The Chairman was empowered to open an account with the branch of the London City and Midland Bank nearest to the Headquarters of the Council.

The Report was then agreed and this terminated the business of the meeting.

#### New Address of the General Nursing Council of England and Wales.

The official Headquarters of the General Nursing Council for England and Wales is now 12, York Gate, Regent's Park, London, N.W., to which all communications should be addressed.

### GENERAL NURSING COUNCIL FOR SCOTLAND.

NOTE OF PROCEEDINGS AT MEETING OF THE GENERAL NURSING COUNCIL FOR SCOTLAND HELD AT 13, MELVILLE STREET, EDINBURGH, ON WEDNESDAY, JUNE 1ST, AT 12.10 P.M.

The Registrar submitted correspondence passing between him and the Registrar of the English Council. This was considered, and the Registrar was instructed to point out to the English Council that the Scottish Council were as strongly opposed as the English Council to the proposal of the Scottish Board of Health to certify for registration in the General Part of the Register existing nurses on the Board's Fever Register, and that the delay in having the Scottish Council's Rules approved by the Board was due to their objections to this proposal.

A remit was made to the Syllabus Committee to prepare a short Examination Syllabus suitable for distribution to intending probationers.

The remaining business was formal.

### GENERAL NURSING COUNCIL FOR IRELAND.

#### REGISTRATION OF NURSES.

An important meeting of the Registration Committee of the General Nursing Council for Ireland was held on Thursday, June 2nd, at the offices of the Irish Public Health Council, 33, St. Stephen's Green, Dublin, to deal with the numerous applications received for admission to the Irish Register of Nurses. Sir Edward Coey Bigger presided, and there were also present:—

Miss M. Huxley, Matron, Elpis Private Hospital, Dublin (Vice-Chairman); Colonel Sir William Taylor, C.B., F.R.C.S.I.; Miss Reeves, Matron, Dr. Steevens' Hospital; Miss O'Flynn, Matron, Children's Hospital, Temple Street, Dublin; Miss Michie, Superintendent, Queen Victoria Jubilee Institute for Nurses; and Miss Matheson, Hon. Secretary, Irish Board College of Nursing.

The Committee hope to meet every three weeks to deal with the applications from existing nurses, as these cases must be dealt with within the statutory period of grace if they are to obtain the benefit of admission without examination.

### NATIONAL UNION OF TRAINED NURSES.

The Report of the N.U.T.N., 1920-1921, recently issued, records another year of active work successfully accomplished. Miss Helen Pearse has become President and many old friends are giving her support. The aims and objects of the Union have always been very high, and its members are inspired to follow along in the footsteps of the founders and promote, through the co-operation and effectiveness of the profession, the good of the community.

The Executive Committee has wisely been keeping its eye on the work of the General Nursing Councils, and naturally upholds the uniform standard of training for reciprocal registration between the three Councils, and hopes the Rules will soon be available for the consideration of nurses desiring to register.

The Employment Centre of the Union reports that some very good posts have been secured through its bureau, and the proceeds of the sale and concerts have amounted to upwards of £100. The Union is most economically conducted considering the great cost of administration in these days. We have already congratulated the Union on the handsome legacy left to it for special purposes by Miss Mariabella Fry.

The Report states: "Members will be interested to know that the action brought by the College of Nursing, Ltd., to force an apology from Miss M'Grath, Secretary of the Manchester Branch, was allowed by them to lapse, although Miss M'Grath was most anxious to have the matter brought into court. As this was impossible without a counter action, she accepted taxed costs from the College of Nursing Ltd."



The funniest thing about this case was the reception by Miss M'Grath of a letter from a solicitor (a Simple Simon, indeed) inviting her to pay a visit to the office of his firm so that they might serve a writ on her! Imagine the merriment this ingenuous document aroused. Even the College Council itself could not have failed to appreciate the humour of the situation and join in the joke!

The little green star, the Badge of the N.U.T.N., is known to indicate an excellent standard of training, wherever it may be met, and the motto, "Per Ardua ad Astra," is worthy of the most altruistic of professions.

## THE PROFESSIONAL UNION OF TRAINED NURSES.

### PUBLIC HEALTH.

At the Monthly Meeting of the Public Health Section of the Professional Union of Trained Nurses held on May 27th, 1921, Mrs. K. Atherton Earp gave a very interesting lecture on "Hints on Public Speaking."

Mrs. Earp introduced the subject by explaining the value of voice cultivation, breathing exercises, &c., and showed how these enabled one to make the most of the voice under any circumstance, and how to avoid taking a breath at the wrong moment.

She then recounted a few important points to be remembered:—

Choose simple language.

Keep body and hands still—do not fidget.

Do not use unnatural gestures.

Discard gloves, but always have well-kept hands. Ascertain beforehand who is your audience.

The subject of the lecture should be familiar to the speaker.

Adhere to the syllabus, when one is used.

Read the lecture several times, so that the words will flow easily.

Keep one good point for the "winding-up," and keep it well in view, in case the attention of your audience flags.

Mrs. Earp's mode of delivery was in itself a valuable lesson in the art of public speaking.

MARGARET CAMPBELL.

## A RED CROSS SOCIETY FOR INDIA.

A Red Cross Society, which has been admitted to the League of Red Cross Societies, has been established for India by an Act of the Viceroy's Legislative Council. It is quite independent of the British Red Cross Society and Order of St. John of Jerusalem. The Society is organized on a provincial basis, for work both in war and peace.

## DISTINGUISHED VISITORS.

Miss Mary S. Gardner has recently come to France from America as Special Adviser for the American Red Cross in furtherance of its Public Health Nursing Program. Miss Gardner and Miss Helen Scott Hay, Chief Nurse, American Red Cross Commission to Europe, hope to be in London this week, when they will take the opportunity of coming into touch with our nursing affairs. Just in time to pay a visit to the General Nursing Council Headquarters at York Gate!

## WOMEN AWAKENING.

### SOCIETY FOR THE PREVENTION OF VENEREAL DISEASE.

At the second annual meeting of the above Society held in London on June 6th, the following resolution was adopted:—

"That the Society for the Prevention of Venereal Disease take immediate steps to apply formally to the Ministry of Health for their sanction, under the Venereal Disease Act, 1917, for the preparation and sale, under the supervision and control of the Society for the Prevention of Venereal Disease, of the materials for immediate self-disinfection recommended by them."

Lady Askwith said she had received many pathetic letters from women asking her, for the sake of all women, to press for the legalisation of the sale of means of self-disinfection.

Miss Ettie Rout dealt with the prophylactic arrangements in the Army of the Rhine, which, she declared, had entirely broken down. She was quite prepared, she said, to carry on among civilians the work she had done among British soldiers in Germany, and would even undertake, in spite of legal restrictions, to open a shop for the sale of such materials for immediate self-disinfection as the society recommended.

A suggestion that a women's committee should be formed within the society was accepted for consideration at the next ordinary meeting.

### THE LOCAL AUTHORITY AND THE TREATMENT OF VENEREAL DISEASE.

The Women's Local Government Society is arranging a meeting for women members of local authorities in Greater London on Tuesday, June 14th, at 4.30 p.m., when Mr. Turner, F.R.C.S., Chairman of the Medical Committee, National Council for Combating Venereal Diseases, will give an address on "The Place of the Local Authority in Treatment of Venereal Diseases." The meeting will be held in the Council Chamber of the Middlesex Guildhall, Westminster, by kind permission of the County Council. Miss Bertha Mason, Chairman of the W.L.G.S. Council, will preside, and invitations can be obtained from the Society's Office, 19, Tothill Street, Westminster.

Surgical catgut, of which the supply was formerly almost monopolised by Germany, is now being produced by the London Hospital in quantities which enable it to supply other institutions.



## THE HOSPITAL WORLD.

Princess Helena Victoria, on June 9th, will open a "Great Fair" at The Falcons, Herne Hill, organised by the Mayors of Camberwell and Lambeth in support of King's College Hospital, where beds are closed for want of funds. The Fair will be open for ten days, so the hospital should benefit materially.

The bazaar in aid of the funds of the Great Northern Central Hospital, at Crewe House, on Thursday, June 2nd, when it was opened by H.R.H. Princess Alice, Countess of Athlone, and Friday, June 3rd, by the Duchess of Somerset, was a very gay affair, enlivened by the music of the band of the Grenadier Guards, which was in attendance each day. The stalls presided over by many well-known people, including members of the League of the Roses (the purpose of which is to raise funds for the hospital), were well supplied with most attractive articles to suit all tastes, not the least the second-hand bookstall, where the goods found many ready purchasers. It is certainly a "tip" to organisers of bazaars. The Houp-la, in charge of Boy Scouts, was also most popular.

One stall was furnished with the work of disabled soldiers. The lacquer work here was as wonderful as it was beautiful, and the toys and fancy articles made by one-armed men amazing.

There was a delicious cake that one could take away if only one could guess its correct weight, a fascinating box of mystery which was yours if you guessed aright what the initial letters of the articles within stood for. Or you might consult a palmist—a crystal-gazer. In the refreshment room were alluring ices and strawberries and cream at quite moderate prices. We hope to hear that the good work done by the Great Northern Hospital benefited substantially by the strenuous efforts on the part of those responsible for organising the bazaar.

A hospital has no stauncher friends than the nurses trained in its wards, so it is not surprising that the 750 nurses at the London Hospital are determined to take an active part in helping to get funds to reopen its 200 closed beds. Their bazaar in the hospital grounds on July 6th promises to "beat the band," and local colour will be given by the costers' barrows. Well do we remember how the best of everything was procurable from those barrows when we lived at the London. The House Governor, Mr. E. W. Morris, reminds the public that a 25 'bus from Bond Street will drop them at the door of the hospital, so we hope the nurses will bespeak an extra supply on July 6th. Conductors will get into trouble if more than five are allowed to stand inside.

The Garden Fête at the Prince of Wales' General Hospital, Tottenham, organized by the Ladies' Association and opened by the Matron, Miss E. T. Bickerton, R.R.C., on June 2nd, was a very

pleasant and successful affair. It was a lovely day and amongst the attractions were a rifle range, cocoanut shies, "Houp-la," and clock golf. The Convalescent Home at Nazeing, which is to be enlarged, and which the Fête is designed to help, should benefit appreciably.

The Minister of Pensions has appointed a committee to inquire into the management of Bellahouston Hospital by the Ministry of Pensions and the Joint Disablement Committee for the South-West of Scotland, and specially the organization of the Out-patient Department.

There was strong feeling shown at the meeting of the Metropolitan Asylums Board on Saturday, when a letter was read from the Ministry of Health suggesting economy in building operations in regard to sanatoria, one speaker characterising the proposal as disgraceful when hundreds of people were dying for lack of sufficient accommodation. The Ministry of Health seems to get criticism in plenty, whether it spends money on promoting health measures or whether it endeavours to practise economy. But it must be remembered that patients suffering from tuberculosis can be cared for quite efficiently without the erection of costly buildings.

## INTERNATIONAL TRAINING COURSE FOR PUBLIC HEALTH NURSES.

In view of the excellent results obtained this year by the International Training Course for Public Health Nurses at the University of London, the League of Red Cross Societies Headquarters at Geneva has decided to organise a new course next year at Bedford College for Women, which, like King's College for Women, where the first course was held, is a part of the University of London. The course will begin on October 7th, 1921.

Nineteen nurses, representing eighteen countries, attended the first course. Nurses from Japan, China and New Zealand have already been inscribed for the new course, and many other inscriptions are expected. As was the case last year, national Red Cross Societies, members of the League, have been requested to offer scholarships to enable Red Cross nurses to take this course.

## ALLEGED ILLEGAL DISMISSAL.

Recently three nurses at Brentford Union Hospital were discharged for alleged breaches of discipline.

The Poor Law Workers' Union asked the Ministry of Health to hold a public inquiry, but the Ministry refused.

The Guardians have now refused a request to state who will receive service of a writ for illegal dismissal.



## THE BRADFORD ROYAL INFIRMARY NURSES' LEAGUE.

The Bradford Royal Infirmary Nurses' League held its Annual Meeting on Saturday, June 4th, at the Field House Nurses' Home, belonging to the Infirmary.

The meeting—after a short preliminary business meeting—was thrown open to visitors, and a representative gathering met in the large hall of Field House to discuss the proposed Registered Uniform and Badge for trained nurses.

The nursing staffs of the local hospitals and institutions and the Public Health Services of Bradford had been invited, and many speakers took part in the discussion.

Designs for uniform and badge had been sent in by members of the Royal Infirmary Nurses' League, and were freely criticised.

Miss Davies, Matron of the Royal Infirmary, and President of the Nurses' League, opened the proceedings by warmly welcoming the visitors. She then explained that the discussion would be arranged under three heads:—

1. Was a registered uniform necessary?
2. Should a registered out-door uniform consist of cloak and bonnet, or coat and hat?
3. What should be the indoor uniform?

Each of these three questions was thoroughly ventilated, and the definite opinion of the meeting ascertained, before passing on to the next.

Amongst the many who spoke were Mrs. Davison, and Misses Davies, Archibald, Harrison, Brinnend, Rose, and Rodgers.

Mrs. Davison reminded the meeting that a nurse's uniform was an almost sacred tradition. Since the Middle Ages those engaged in nursing the sick had worn a special dress, and it was equally necessary, in the present day, that some sort of uniform should be worn. And if it was necessary, surely it was better that a uniform should be registered that could not be imitated by undesirable persons.

At the same time, though we were annoyed by their imitation, they were paying us the highest compliment in their power.

They felt that in their own minds, and those of other people, they were raised to a higher level when wearing the uniform of a trained nurse.

One visitor suggested that for out-door uniform a coat should be worn, and expressed her preference for a bonnet and veil for winter wear, and a hat and veil for summer.

Every part of a nurse's uniform was discussed, and it was also suggested that professional nurses ought to be more careful about the colour of their footwear. No well-trained nurse would ever wear anything but dark or black shoes and stockings when in uniform (at which remark a nurse in navy blue uniform, and wearing light tan shoes and stockings, was observed trying to hide her feet under her chair). The meeting decided that, whilst a registered out-door uniform was quite essential, it was unnecessary to register indoor

uniform, as, in the case of the hospitals, so few members of the nursing staff would be eligible to wear it.

The suggestion was made that a nurse in hospital should wear a neat coat-frock of washing material, covered by a white overall or coat which could be left behind in the ward when going off duty. A nurse wearing this dress, and her cap, would look quite neat and professional when passing through the hospital corridors on her way to the dining-room or Nurses' Home, and considerable laundry expense would be saved if cuffs, collars, belts, and aprons were discarded.

With regard to a badge, the meeting decided that a woven badge, which could be sewn to coat, hat-band, or dress, was preferable to a metal movable badge.

The suggestion was made that the seal of the General Nursing Council would be a good registered badge.

At the close of the meeting, all the decisions arrived at were embodied in the following resolution (to be sent to the General Nursing Council) and unanimously passed.

### THE RESOLUTION.

"That this meeting is of the opinion that there should be a registered out-door uniform for fully trained nurses.

That it should consist of a full length coat, buttoned up to the neck, with a felt hat, with registered ribbon and badge, for winter wear, and a coat of lighter material, or a coat-frock with a straw hat, for summer wear.

That the out-door uniform, coat, or coat-frock and hat, should be navy blue in colour.

Also that no registered indoor uniform should be enforced.

It is further recommended that dark shoes and stockings should always be worn with uniform, and that nurses working in hospital wards should wear an overall or coat that could be left behind in the wards when going off duty, or to meals.

The meeting is of the opinion that woven registered badges, which could be sewn on to a coat, hat-band, or dress, are preferable to a movable metal badge."

It was also decided to forward, at the same time, the various designs for uniform, and badges, which had been on view.

The visitors were then entertained by the Nurses' League to afternoon tea and ices, and the proceedings ended by the photographing of several groups of League members and their guests on the lawn and terrace of the Nurses' Home.

### ATTRACTIVE BARGAINS.

Our readers should note that, at the Sale of Messrs. G. Cozens & Co., Ltd., Edgware Road and Seymour Street, Marble Arch, W. 2, which commences on June 20th, there will be a number of attractive bargains. Also a large selection of Nurses' Uniform dresses in all shades.



## APPOINTMENTS.

### MATRON.

**British Hospital, Nazareth.**—Miss Mary Parkinson has been appointed Matron in connection with the Edinburgh Medical Missionary Society. She was trained at the Royal Hospital, Sheffield, and has been Sister at the Victoria Memorial Jewish Hospital, Manchester, School Nurse under the Manchester Education Committee, and the Lancashire Education Committee, Matron of the Church of Scotland Jewish Mission Hospital, Smyrna, Inspector of Nuisances at Sheffield, and Assistant Superintendent of Child Welfare Centres at Manchester. She holds the certificate of the Royal Sanitary Institute and is a certified midwife.

**City Isolation Hospital, Peterborough.**—Miss A. H. Green has been appointed Matron. She was trained at the Infirmary, Hendon, and has been Sister at the Isolation Hospital, Walthamstow, and at the City Isolation Hospital, Norwich, Assistant Matron, Sister, and Deputy Matron at the Hove Borough Sanatorium, Matron of the County Tuberculosis Hospital, Ware, Hertfordshire, and Sister at the Kendray Hospital, Barnsley.

### ASSISTANT MATRON.

**Gosforth City Mental Hospital, Newcastle-on-Tyne.**—Miss Alice Nixon has been appointed Assistant Matron. She was trained at Hartlepool Hospital, where she held the position of Night Sister. She has also been Staff Nurse and Night Superintendent at the Northumberland War Hospital, Gosforth, and Assistant Matron of the Sir James Murray Mental Hospital, Perth.

**Mental Hospital, Cheddleton, Leek, Staffs.**—Miss L. Haxell has been appointed Assistant Matron. She was trained at Middlesex Hospital, and the Hospital for Sick Children, Great Ormond Street, W.C., and has since been Sister at the General Hospital, Birmingham, Sister-in-Charge of the Infectious Block, Sister at the Great Ormond Street Children's Hospital, and Sister for four years in France in Queen Alexandra's Imperial Military Nursing Service.

### NIGHT SISTER.

**General Infirmary, Peterborough.**—Miss M. E. Pewter has been appointed Night Sister. She was trained at the Royal Hospital, Portsmouth, and has been Theatre Sister at the Essex Hospital, Colchester, and is a certified midwife.

**West House, Royal Edinburgh Asylum, Edinburgh.**—Miss Isabella Ptolemy has been appointed Night Superintendent. She was trained at the Edinburgh District Asylum, Bangour.

## PRESENTATION.

Nurse E. Burley, who has been for eleven years associated with the Bradford District Nursing Association, was recently the recipient of a testimonial and a tea-service, suitably inscribed, from fifteen medical men in her district on the occasion of her leaving to take up similar duties at Windhill. The presentation was made by Dr. Bateson, who paid tribute to her valuable services in the past, and on behalf of the medical subscribers expressed their regret at her change, and unanimously wished her the good fortune in the future that she deserved. The tea-service was of an early Georgian design.

## MEDALS FOR NURSES.

At a meeting of the Metropolitan Asylums Board on Saturday last, a gold medal was presented to Probationer C. Pontin, of the North-Eastern Hospital; a silver medal to Probationer F. N. Udell, North-Western Hospital; and a bronze medal to Probationer M. Rendell, of the Park Hospital, for meritorious services rendered on the nursing staffs. The chairman, in making the presentations, said the nurses had behaved splendidly at the various institutions of the Board during a very trying period. During the past year, there had been 1,500 patients more treated at their fever hospitals than ever before during a like period.

## COMING EVENTS.

**June 10th.**—Opening of Headquarters of the General Nursing Council for England and Wales by Her Royal Highness Princess Christian. 12, York Gate, Regent's Park, N.W. 3.30 p.m.

**June 11th to 25th.**—Nurses' Missionary League, Summer Camp, Sandsend, Yorkshire.

**June 25th.**—Royal British Nurses' Association. Annual Meeting, 3.30 p.m., 194, Queen's Gate, S. W.

## 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.*

### BLINDED SOLDIERS' AND SAILORS' HOSTEL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A thousand thanks for your kindness in sparing so much space for the review of the Sixth Annual Report of St. Dunstan's in THE BRITISH JOURNAL OF NURSING the other day.

This cannot fail to help the blinded men very materially, and on their behalf I send you very sincere thanks.

Yours faithfully,

ARTHUR PEARSON,

Chairman,

Blinded Soldiers' and Sailors' Care Committee.  
Headquarters of St. Dunstan's Work,  
Regent's Park, N.W. 1.

### PRIVATE NURSING PRACTITIONERS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Can we classify nurses' livings under three heads? :—

- (1) Institution system.
- (2) District work under local charity organisation.
- (3) Private Practice.

The institution system kills all initiative, all work being supervised by superior officers and inspectors.

The district work under local nursing associations



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gives local work for local ladies, and the nurse employed has far from an easy time doing other people's charity.

Lastly, the private practice, whether that of running a nursing home, private nursing, midwifery, massage, daily visiting nursing is by far the best and most courageous. Let a nurse buy her own equipment, work up a practice like a general practitioner, and she should, with her own knowledge and personality have a practice worth something, moreover the satisfaction of doing her own charity.

Before I close my letter may I ask where women like Miss Rosalind Paget, Miss Fynes Clinton, Miss Lucy Robinson sprang from? Women bringing with them organizing powers to start fresh professions and see them glow into successes. How I envy them their powers and their strength; and tell me what hospital to-day is bringing forward women like them?

Yours faithfully,

GERTRUDE M. HOVENDEN.

Findon, Sussex.

[We know a very limited number of nurses who have been able to work up an individual private practice. Those few have done well. The chief difficulty is that nursing is not an independent profession, but is largely dependent upon the support of the medical profession, and a nurse cannot always respond to a call when on her own. Thus in our opinion *co-operation* amongst private nurses is almost imperative, so that if one nurse is engaged another can take her place. Individual practices in midwifery and massage are more easily maintained. The pioneer work of founding the professions of nursing, midwifery and massage has been accomplished by a generation of women who realised the work needed doing, and did it. It is the duty of the present generation to organize these professions on continuously progressive methods—we are only at the beginning of things even now—and we can but hope that the clear sight, capacity and self-sacrifice of the founders may inspire the present and future generations of women to do their part fearlessly and without hope of reward.—ED.]

#### RECOGNITION FOR NURSES ON HOME SERVICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with interest, in the B.N.J., a remark by Mr. Paterson that some recognition should be given to Nurses who did their bit at the Military Hospitals at home.

Many Nurses were not fit enough to go abroad—I am speaking personally. I had to remain in London, and eventually I was invalided out of the service. I received compensation and the Soldiers' Silver Medal. I think a general recognition in some form or other would be most valued. A medal seems the most suitable.—I remain, yours truly,

M. E. SHANK.

Bickenhall Mansions, W.

#### KERNELS FROM CORRESPONDENCE.

KIDNAP SIR ALFRED MOND.

*Another Ardent Registrationist.*—"May I support the suggestion made under this heading last week? We might invite Sir Alfred to a picnic in that lovely meadow near Windsor and claim our rights from him—but not at the point of the sword."

*Member Bart's League.*—"I had hoped we should have heard something of the progress of State Registration at our meeting on Saturday—but not a word. I am ready to give a hand with the Runnymede adventure, which I consider a very sporting proposition."

#### THE RAVAGES OF VENEREAL DISEASE.

*A Lock Hospital Worker.*—"Cannot we nurses rouse ourselves on the venereal question and do more to stay its horrible ravages? I have been working in a centre recently and cannot sleep at nights for thinking of the *cruelty* to children which this disease evokes. Now that the Ministry of Health has gone so far as to permit chemists to sell prophylactic remedies—just so long as they do not take the precaution of explaining in writing their use—and I presume their danger—it occurs to me nurses might verbally explain their uses—or would that be considered horribly immoral and shameless?"

#### REAPING WHERE THEY HAVE NOT SOWN.

*An East Anglian Nurse.*—"When founding local centres of the College of Nursing, Ltd., why do the officials make claims to which they have not the slightest right? Recently, at Ipswich, Miss Sherriff MacGregor spoke as if there was no organization of nurses before the College started, and, moreover, as if nothing had been accomplished by our pioneer Associations, like the R.B.N.A., the Society for State Registration of Nurses, and the well-known Irish and Scottish Nurses' Associations. This is a very mean and indefensible policy—and I was glad to see it disproved in the press by the officers of the R.B.N.A and others. The fact is, the College was started twenty years after the fair, and after we had won legal status and *paid for it.*"

#### NOTICE.

Correspondents have in several instances very kindly sent us items of information, but when they come a fortnight late such information cannot be classed as *news*, and gets crowded out with reports of more recent events. We are most grateful for communications of general interest, and would beg that such be sent by the very earliest post possible, when we shall have pleasure in inserting them in our next issue.

#### PRIZE COMPETITION QUESTIONS.

*June 18th.*—Give twelve rules, with reasons, for securing health.

*June 25th.*—What are the principal diseases of the nervous system and the nursing points to be observed in caring for them?



## The Midwife.

### THE QUEEN OPENS NEW NURSES' HOME OF THE SALVATION ARMY MOTHERS' HOSPITAL.

Anyone travelling in the direction of Lower Clapton on June 2nd must have been aware long before he reached the Mothers' Hospital of the Salvation Army, at 153-165, Lower Clapton Road, that something unusual was afoot, and, indeed, the hospital was keeping high festival, for the Queen, attended by Countess Fortescue and Mr. H. Verney, was there to open its new Nurses' Home and East London turned out in force to give Her Majesty a right loyal welcome. The windows were decked with flags, the pavements were thick with people, and up against the railings of the hospital itself eager faces were pressed; and those who had secured this point of vantage waited long and patiently for a glimpse of Her Majesty as she arrived at, and left the hospital, at the entrance of which a Guard of Honour, composed of Salvation Army Girl Guides was mounted.

The Queen was received by Mrs. Bramwell Booth and other Salvation Army officers, and conducted to the marquee, where a brief ceremony was held and Her Majesty declared the Nurses' Home open. Conspicuous in the decorations was a scroll bearing the words:—

"In Christ there is no East or West,  
In Him no South or North;  
But one great fellowship of love  
Throughout the whole wide earth."

After Commissioner Higgins, C.B.E., had given an account of the development of a scheme, of which the new Home forms a part, and prayer had been offered by Colonel Isaac Unsworth, O.B.E. Representatives attending the International Social Council in London from Great Britain, India, Canada, South Africa, Australia, the West Indies, the United States of America, and Russia, were presented to Her Majesty, including Lieut.-Colonel Miriam Castle, the Matron of the Hospital.

The Home is charming, and fortunate, indeed, are the nurses who are housed there.

On the ground floor is the dining-room and servery, a cheerful and well-proportioned room, furnished with a number of small tables, and connected with it is a comfortably-furnished common room.

Above are two floors, each containing fourteen bedrooms opening on to a connecting corridor. The walls are pale green, with window curtains of a deeper shade. There is a comfortable bed, and the simple, well-designed furniture consists of a combination chest of drawers containing two short and two long drawers, with space below for boots and shoes, and a hanging wardrobe with deep drawer beneath, a marble-topped washstand

painted white, like the combination chest, and a wicker armchair. These formed the principal items of furniture in a charming room. At the further end of the corridor were doors opening on to an iron outside staircase, and admitting a free current of air through the block at all times. The bathrooms and annexes on each floor are excellently arranged.

In the hospital proper are four blocks containing 72 beds, two of these are for married mothers, one for unmarried, and one for convalescents. Nowhere have we seen more charming maternity wards—some containing eight, some four and some two beds. All the wards, with the exception of those containing two beds, have French windows opening on to the garden. The babies' cots are by the side of the mothers' beds, and the prevailing note in the wards is contentment, peace and happiness. All the Sisters, as well as the Matron, are officers in the Salvation Army. Their uniform consists of a dress pale buff in colour, with apron and handkerchief cap, and on the collar of the dress is a red tab bearing the badge denoting the rank of the officer.

In one of the smaller wards was a baby introduced as the "young officer." Why? His mother tells you, "Because we hope he will be one some day. Both his daddy and mummie are Salvation Army officers."

Each block has a delivery room, excellently arranged. The hospital is recognised as a training school by the Central Midwives Board, and last year 42 pupils obtained its certificate.

### MINISTERING TO THE PEOPLE OF THE ORIENT.

A correspondent writes in the *American Journal of Nursing*:—"The people of the Orient are filled with superstition, fear and strange ideas. It is, therefore, not always easy to minister to them. One day a mother with a month-old baby on her back came to the dispensary. A glance showed that the child was very sick. There were many abscesses on the child's head, which was covered with a black substance. Being interested in all Korean first aid, I inquired what the substance was. I received the information that if a child has a rash or spots on its body when it is born, the placenta is burned and the charred mass is mixed with oil and applied to the affected area. The result of the treatment in this case was several bad infections into which eight incisions had to be made. Would the mother leave the baby in the hospital? Oh, no! She couldn't do that, so it was decided that we would incise the abscesses in the dispensary. After I had cleaned off the black mass, I took up the razor to shave off the hair. This was too much for the frightened mother. 'Don't do anything,' she said. 'Just



put on some yok (medicine) and let us go. The Korean doctor tried to explain to her that it was far better to have incisions made and that the scalp must be prepared first. As a final resort she said, 'Stop I can't have anything done, for I didn't bring any money.' We assured her that even though she had no money it would be all right, and that for the baby's sake we would give the treatment. At last, after much persuasion, we gained her consent and were able to relieve the tiny baby."

## CENTRAL MIDWIVES BOARD FOR SCOTLAND.

### PENAL CASES.

At a meeting of the Central Midwives Board for Scotland for the Hearing of Penal Cases held in the Office of the Board, Dr. J. Haig Ferguson in the Chair, No. 1,606, Nurse Helen Miller, 41, Grove Street, Glasgow, was cited to answer charges of serious breaches of the Rules and failure to send for necessary medical assistance when urgently required, as also failure to notify case of Ophthalmia Neonatorum.

The Board found the charges to be proved and instructed the Secretary to remove the name of Helen Miller from the Roll of Midwives and to cancel her certificate.

In support of the charges there appeared, on behalf of the Local Supervising Authority of Glasgow, Mr. Dan. McKenzie, Deputy Town Clerk, Dr. Barbara Sutherland, Assistant to the Medical Officer, and Miss Barker, Health Visitor.

On behalf of Nurse Miller appeared Mr. John L. Mackie, Writer, Glasgow.

At the same diet appeared No. 1,657, Nurse Mary Rennie McPherson Patton, 40, George Street, Aberdeen, in answer to charges of having, on several occasions in maternity cases, in spite of warnings, used a dangerous drug without having noted in her Register of Cases the times and causes of its administration.

The Board found the charges to be proved and expressed the opinion that the offences could not be adequately dealt with by censure or caution, but before instructing the removal of the name from the Midwives Roll and the cancelment of her certificate and in order to give an opportunity of proving amendment, it was decided to postpone sentence and to put the midwife on probation for three months for report from the Local Supervising Authority and thereafter for a further period of three months for report from the Local Supervising Authority, and, in the event of an unfavourable report being received at the end of any of these terms, instructions were given that the name would forthwith be removed from the Roll and the Certificate cancelled.

Dr. Stephen, Assistant Medical Officer, Aberdeen, appeared in support of the charges and Mr Henry J. Gray, Advocate, Aberdeen, appeared on behalf of Nurse Patton.

## CENTRAL MIDWIVES' BOARD.

At the Examination held on June 1st the following were the questions set:—

1. Describe the full-time placenta with the cord and membranes. What are the functions of the placenta?

2. What is meant by the term "uterine inertia"? What varieties are there? By what signs and symptoms would you recognise them?

3. How do you ascertain that labour has actually started? What conditions resemble, and must be distinguished from, the actual onset of labour?

4. A first labour has lasted for 24 hours. What conditions would necessitate sending for medical help in such a case?

5. What information do you obtain from a daily examination of the baby's motions during the time of your attendance?

6. State three of the most important circumstances which must be notified to the Local Supervising Authority. How is such notification carried out?

## MATERNITY AND CHILD WELFARE WORK.

Dr. Addison, the first Minister of Health, speaking at the Annual Dinner of the Federation of Medical and Allied Societies, held at the Café Royal, London, on May 26th, gave, as an illustration of the reasonable expending of money, that spent on Maternity and Child Welfare work. This was, he said, throughout the country costing a good deal of money, and in some cases the country was not getting the return which should have followed on the better training provided. "Therefore," said Dr. Addison, "I arranged for grants at about £20 a head for special training-classes for nurses, health-visitors, and others, and added two or three expert medical officers centrally to supervise the work, as it was quite evident that the staff available could not physically compete with the amount required. The expenditure was a few thousand pounds, and, although I do not put it higher than being an important contributory cause to the recent striking improvement in the child-welfare statistics, it is one of the few new facts in the situation the importance of which cannot be ignored. You may be interested to know that the recent vote by Parliament to cover a week's loss owing to a railway strike is seven years the total expenditure in England and Wales out of the Exchequer of the whole of our Maternity and Child Welfare services; that the ten millions proposed to be given in aid of miners' wages will represent about nine years of our total Maternity and Child Welfare Exchequer contributions. . . . If it comes to a contest as to which expenditure is the more important to maintain, I tell you frankly that I shall place the interest of British babies before the building of barracks in Bagdad, and that a thousand maternity beds in decent houses for the use of women who are now living in wretched slums are of more value, as they are of less cost, than one giant gas-bag of doubtful utility."



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### REPORT OF THE VOLUNTARY HOSPITALS COMMITTEE.

The Report of the Committee appointed on January 25th last by the Minister of Health "to consider the present financial position of the Voluntary Hospitals, and to make recommendations as to any action which should be taken to assist them" has now been published. The Committee consisted of the Most Honourable the Marquess of Linlithgow, the Right Hon. the Viscount Cave, Sir William Peat, Mr. Vernon Hartshorn, M.P., and Mr. R. C. Norman. Viscount Cave acted as Chairman and Mr. L. G. Brock, C.B., of the Ministry of Health, as Secretary of the Committee.

The Committee recommend to the Minister :

(1) That a Hospitals Commission be formed on the lines of the University Grants Committee, to be appointed by the Minister of Health.

(2) That Voluntary Hospitals Committees be formed for the country as a whole, the King Edward's Hospital Fund for London continuing to perform the functions of the latter for the Metropolitan Police District.

(3) That Poor Law Guardians be authorised to enter into arrangements as to the use of infirmaries.

(4) That county councils be empowered to contribute to the expenses of voluntary hospitals committees.

(5) That failing the provision in the National Health Insurance Acts of a "hospital benefit," the courts be authorised to award to hospitals compensation under the Employers' Liability and Workmen's Compensation Acts.

(6) That local authorities be authorised to pay the cost of the treatment in hospitals of persons in their employ.

(7) That the payment out of technical education funds of grants for the training of nurses be considered.

(8) That provision be made for obtaining and tabulating returns of cases treated in hospitals.

(9) That all contributions by employers to hospital funds be allowed as deductions from profits for income-tax purposes.

(10) That where the payment to a hospital of a testamentary gift of residue is delayed for more than a year, the hospital be authorised to claim repayment of income-tax.

(11) That legacy and succession duty on testamentary gifts to hospitals be remitted.

(12) That Parliament be asked to sanction a temporary grant of £1,000,000 to be expended under the direction of the Hospitals Commission in the assistance of hospitals which require it.

(13) That the Hospitals Commission be authorised during a period of two years to recommend grants for the extension and improvement of hospitals, subject to like contributions being made from private sources.

In reference to the recommendation that the payment out of technical education funds of grants for the training of nurses be considered, the Committee state that "a considerable volume of evidence was given in support of a proposal that grants should be made for the training of nurses, who not only receive a practical education in the wards but at many hospitals are taught by lectures and classes. This proposal was supported by the witnesses called on behalf of the British Medical Association, who pointed out that nurses trained in the hospitals are regularly absorbed by the education authorities, or by the general nursing service of the country."

It might also be stated that a large number of trained nurses are absorbed by the health authorities.

We note, in support of the continuance of the voluntary system, the statement of the Committee that "it is in the wards of the voluntary hospitals that most of the doctors who rendered such fine service in the war were trained, and it is there that the majority of the young doctors and nurses upon whom the future health of the country depends are being equipped for their work."

We think, so far as nurses are concerned, this statement does less than justice to the many nurses trained in the great Poor Law infirmaries, which are really State hospitals, who rendered admirable service in the war.



## OUR PRIZE COMPETITION.

GIVE TWELVE RULES, WITH REASONS, FOR  
SECURING HEALTH.

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

## PRIZE PAPER.

Incalculable harm has been done by the fallacious saying, "Health is priceless." The price of health is the denial of self-indulgence. To secure it we must have—

1. *Pure Air.* On the oxygen inspired depends the continuance of life through the oxygenation by the lungs of the blood and the bodily tissues. From the stuffy, small room or pure Alpine atmosphere we obtain widely different degrees of oxygen. Between these extremes, according to the degree secured, much of our health depends. It is the antidote to harmful germs both within and without the body. Stagnant air becomes poisonous through respiration. Ventilate freely. To secure pure air without chilling the individual should be the aim of every householder.

2. *Suitable Food,* selected for its body-building value, not solely to please the palate. Conservative cooking should be employed, avoiding methods involving loss of food-value. Whole wheat, finely ground, and not worthless white flour, should be eaten. Cold water, taken before meals, forms an important part of diet. Eat fruit daily.

3. *Adequate Sleep.* Starvation on this point is highly injurious to the nervous system, and to children especially. During sleep the life-forces are renewed, and the waste of the waking hours is made good. Sleep is most valuable obtained in the earlier part of the night, and in the purest air possible. Rest at intervals during the day is the handmaiden of sleep.

4. *Sound Teeth.* These are a vital necessity. In the work of the teeth digestion commences. If through dirt and neglect the teeth decay the digestive processes are bound to fail in a greater or less degree.

5. *Personal and Domestic Cleanliness.* By the elimination of waste matter through the pores of the skin the body and clothing are soiled. Unless cleansed, these pores become choked, and toxic matter is re-absorbed. A daily bath, or at least a wash all over, should be made possible for all. Clean apparel is essential, and all clothing should be aired after wear. The deposit of organic matter from human lungs on wall, furniture, &c., should be

removed. All domestic vermin should be exterminated as dangerous germ-carriers.

6. *Sunshine and Light Indoors.* The Sun is the great Life-giver; we must live in its rays to gain vitality. Only in great heat should sunlight be excluded, as it destroys disease germs and stimulates healthy growth. Let in the light.

7. *Suitable Clothing.* This should be chosen for its lightness, porosity and warmth-conserving qualities. The shoulders should bear the chief burden of it. All faults and follies of fashion should be avoided, as much ill-health is traceable to these, notably as results of compression by the corset and destroying the natural poise of the body by wearing high heels.

8. *Physical Exercise.* This should be chosen according to temperament and physique. All should perform daily breathing and muscular exercises in order fully to expand the lungs, and to counteract the tendency to rigidity of muscle as life advances. Quick walking is one of the most health-giving forms of exercise. Outdoor games provide much exercise in a short space of time, as does dancing.

9. *Warmth.* This should be attained by a rational system of house-heating, by heat-giving foods and suitable exercise. If cold baths can be taken these regulate the heat-centre, and protect the body from the evil effects of sudden changes of temperature. The endurance of cold is injurious to very many.

10. *Temperance in all things,* especially regarding the social poisons—alcohol and tobacco; tea and coffee, taken in excess, are also very injurious.

11. *Work.* The healthiest life demands regular work; many interests. Monotony kills. Altruistic work is beneficial.

12. *Right Habits of Thought.* Purity, benevolence, idealism, kindness, unselfishness, make for physical health. Their opposites work as poisons in the life.

Prevention is better than cure. As Kingsley wrote: "Nature . . . kills, and kills, and is never tired of killing, till she has taught man the terrible lesson he is slow to learn, that Nature is only conquered by obeying her."

## HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. A. Jarman, Miss B. Towers, Miss M. James, Miss G. Truman, Miss Marian Gillam.

## QUESTION FOR NEXT WEEK.

What are the principal diseases of the nervous system, and the nursing points to be observed in caring for them?



## NURSING ECHOES.

Following an appreciation of the late Miss Pringle's work as the pioneer of the modern system of nursing in the Royal Infirmary of Edinburgh, which appeared in the *Scotsman* of 2nd March, 1920, a movement was set on foot to secure some permanent memorial which might adequately record her eminent services. An effort was made to raise subscriptions among those who were her fellow-workers in the Infirmary; but, while the response was highly satisfactory, it was soon found that the sum which could be gathered in this way would be insufficient to defray the cost of a suitable tablet. An appeal was made to the Edinburgh Committee of the Red Cross Society (in whose work in Musselburgh Miss Pringle had rendered excellent service) for a grant, and this body cordially responded and undertook to supplement to the full what was lacking in the sum raised by her friends. The result has been that a memorial brass tablet has, with the permission of the managers, been placed in the chapel of the Royal Infirmary bearing the following inscription:—

In honoured and affectionate memory  
Of Angelique Lucille Pringle,  
Lady Superintendent of Nurses, 1874 to 1887,  
Departed this life 29th February, 1920.

The pupil and friend of Miss Florence Nightingale, Miss Pringle introduced the modern method of hospital nursing, and was the founder of the Training School for Nurses in the Royal Infirmary of Edinburgh, where her work will ever be held in grateful remembrance.

"Gentleness: Goodness: Faith."

The tablet was designed and has been beautifully executed, says the *Scotsman*, by Mr. Charles Henshaw, while the white marble base upon which it rests was gifted by Mr. Colin Macandrew.

Two more Sisters have been requisitioned by the Queen of the Hellenes from the Registered Nurses' Society, who will leave at an early date for Athens.

The Sisters already there find themselves quite settled, treated with the utmost kindness by everyone, and very happy in their work for sick and wounded Greek soldiers. They are struggling to learn a little Greek, but naturally find the language very difficult.

The Sisters have been most kindly received by Lady Granville, the wife of our Minister at

Athens. They were invited to the celebration of King George's birthday at the Legation.

Sisters C. A. Evans and Oakley Williams have gone to Smyrna to await events, where King Constantine, the Crown Prince and Princes Andrew and Nicholas have now arrived. The *Times* reports that "the King proceeded to the front immediately to inspect the troops and to decide the date of the offensive. The Greek fighting force, which numbers about 160,000, is impatiently awaiting to attack. Constantine is the first Christian King to tread on Anatolian soil since the Crusades. This fact appeals to the Christian population, who regard it as promising the end of Turkish rule."

We imagine it is also the first time that Britain has calmly stood aside whilst war is being waged between Christian and Moslem. We learn from the "diplomatic" press that British policy is to effect a fair and just settlement between Greeks and Turks; "we are not even lending moral support to either side!" Is it that we have in these times of shifty expediency no moral force to expend either at home or abroad?

We are glad to learn that our British nurses are winning golden opinions in Athens, and upholding our character for sturdy devotion to duty. It is well.

The many friends of Miss J. C. Child will be glad to know that she has arrived in this country from South Africa, apparently in the best of health and spirits. Though keenly regretting having severed her connection with South Africa, she is eager to pick up the threads of life again in the Mother Country, where she is assured of a welcome from numerous friends.

The publication of the R.B.N.A. Supplement is held over till next week, as so much space is this week required for the report of the opening of the Headquarters of the General Nursing Council, in which, of course, the Association is deeply interested, as it was the first nurses' organisation to make State Registration a plank of its programme. We are glad to hear the Nurses' Club at 194, Queen's Gate continues its successful progress. We sampled the dinner last week and found the cuisine and service quite excellent. All information can be obtained from the Secretary, R.B.N.A.



## OPENING OF HEADQUARTERS OF THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The General Nursing Council for England and Wales, to provide for the statutory registration of nurses, has been working hard for a year, and by the courtesy of the Ministry of Health has been afforded space for its initial labours at Whitehall—a courtesy which should be gratefully acknowledged by the nursing profession. Now, however, that the Register is about to be opened, it is necessary that the Council should occupy its own Headquarters with sufficient office room to enable the great work to be done in the best possible manner. No. 12, York Gate, Regent's Park, has been acquired for this purpose, and after re-decoration and furnishing was opened on Thursday, June 10th, by her Royal Highness Princess Christian, a red-letter day indeed for British nurses.

From early morning—and, indeed, for days before—the Furnishing Committee, the officials, and the clerical and domestic staffs had been hard at work preparing the Council's House for the great occasion, and without further preamble, let me say, with the greatest success in the world. From the doorstep to the cunning little flat at the top of the house everything, the whole scheme of decoration and furnishing, and the colour schemes of the flowers, struck me as most charming, and I heard nothing but praise of the harmonious simplicity and artistic utility of the arrangements, expressed by all manner of guests.

The guests were welcomed by Mr. J. C. Priestley, K.C., Chairman of the Council, supported by Mrs. Bedford Fenwick, Chairman of the Registration Committee; Miss Alicia Lloyd Still, Chairman of the Education and Examination Committee, together with members of the Council.

### The Opening Ceremony.

Her Royal Highness, Princess Christian, arrived at 3.30, attended by Miss du Cane, and graciously accepted a bouquet of Madame Chatenay roses tied with pale blue ribbon, from Mrs. Bedford Fenwick. She was then escorted by the Chairman to the Committee Room (one of the fine drawing rooms on the first floor), where many of the guests were assembled to take part in the Opening Ceremony. In this room the national colours predominated, from the dull blue walls, crimson Turkey carpet, and white woodwork; and in the floral decorations of coral red fuschias in gilded baskets and crimson and white carnations and bright blue cornflowers.

It was specially appropriate that the ceremony should be performed by Princess Christian, who gave to the Registration movement the great assistance of her support when it was first inaugurated 33 years ago, and there were present in the room some who remembered how, as President of the British Nurses' Association, Her Royal Highness attended and spoke at the

public meeting in St. George's Hall in 1888, at which the Association—later to be granted the prefix Royal by Queen Victoria—was formally launched, at which one of its avowed objects was declared to be the State Registration of Nurses.

### The Chairman's Address.

Mr. Priestley addressed Her Royal Highness as follows:—

In asking your Royal Highness to come here to-day to open the official home of the Register of the General Nursing Council for England and Wales we bore in mind the great interest you have always taken in the arduous work which culminated in the Nurses' Registration Act of 1919.

Your acceptance of our invitation was an act of grace which filled us with pleasure, and inspires us to hope that we shall go forward on our journey with courage to assured success, conscious that we do so with your wishes of Godspeed.

You see around you not only the present members of the Council, but many who have fought the battle for registration from its earliest days, and borne the heat and burden of a prolonged engagement, sometimes rebuffed, but never discouraged, always persevering towards the goal they had set out to win.

So long ago as 1887 the seed was sown by Mrs. Bedford Fenwick and her friends. She became the leader of the movement she now sees nearing accomplishment. Aided as she was by her husband, who spared neither time nor money in the cause, the movement grew in volume until my late friend, Dr. Farquharson, introduced the first Bill into Parliament in 1904, which was followed by that taken charge of by Lord Novar in 1905.

At a moment like this, when one sees the work of many earnest workers brought to fruition—of so many, indeed, that to recall their names would take hours—the mind naturally turns to those who took great part in the struggle, but who, alas! have passed away. In particular, I would refer to Miss Isla Stewart, Miss Louisa Stevenson, Mrs. Kildare Treacy, Sir Victor Horsley, and lastly, that great public servant, Sir Robert Morant. How they would have loved to be with us to-day! Who knows? Perhaps they are.

It would not be fitting to pass over in silence the great assistance rendered to registration by the great societies. Amongst them:—

The British Medical Association,  
The Royal British Nurses' Association,  
The Matrons' Council of Great Britain  
and Ireland,



The Society for the State Registration of Trained Nurses,  
The Fever Nurses' Association,  
The Irish Nurses' Association,  
The Scottish Nurses' Association,  
The College of Nursing.

tion, and such other associations or organised bodies of nurses or matrons as represent to the Minister that they desire to be consulted in the matter.

Can anyone present who remembers the disappointments and hopes caused by the ebb and flow at critical moments fail in gratitude to Lord Amptill, Major Barnett, Dr. Chapple and others, to whom special thanks are due? Finally, one word of thanks to Dr. Addison and his Assistant Secretary, Mr. Brock. The former completed the work begun by others, and as Minister took charge of the work and made it a Government measure. The latter has given us unflinching help in urging forward the work of the Council. We pray Sir Alfred Mond may always champion our cause while he holds the reins of office.

If I said all I should like about those I see around me I should take up very much of your time. That I must not do. But I may say my colleagues were well chosen and are very pleasant to work with. We were appointed in May, 1920, and we found ourselves ready to open our Register so long ago as October, but we had to consult with our brethren in

Scotland and Ireland. This caused unavoidable delay, but I am glad to be able to tell you that on Friday last our Rules for the admission of existing nurses were finally passed by the Council, and they have been sent to the Minister for approval and signature under the Statute. We shall, I hope, begin to register



No. 12 YORK GATE, REGENT'S PARK, N.W.—HEAD HEAD QUARTERS OF THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

What has been the result?

That I find in the Act which constituted the Council that 16 of its members must be past or present nurses, appointed by the Minister after consultation with the Central Committee for the State Registration of Nurses, the College of Nursing, the Royal British Nurses' Associa-



at an early date, and at the same time welcome existing nurses who produce certificates from Ireland. I sincerely hope before very long we shall also be able to welcome existing nurses from Scotland.

Our hard-worked Sub-Committee, composed of Mrs. Bedford Fenwick, Miss Cox-Davies, and Miss Villiers, aided by our excellent Registrar, has not spent its time in vain, but has been busy in adorning these premises for the Council. Here will be carried on the work we already have in hand for the education and examination of nurses, also the great scheme for the affiliation of smaller hospitals and infirmaries to the larger schools of training. Here will be considered all that will tend to advance the interests of the profession upon whom we all must call at some period of our lives, whether we like to admit it or not.

I will now ask the Venerable Archdeacon of London to invoke the blessing of Almighty God upon our labours.

#### The Archdeacon of London Invokes a Blessing.

The Archdeacon of London, Canon E. E. Holmes, B.D., then asked all present to join in reciting the Lord's Prayer, and afterwards invoked a blessing on the General Nursing Council and its work, and on the House in which that work is to be conducted.

#### Princess Christian Declares the Headquarters Open.

Her Royal Highness Princess Christian then declared the Headquarters of the General Nursing Council for England and Wales open in the following words:—

It gives me great pleasure to declare open the Headquarters of the General Nursing Council for England and Wales, and to personally congratulate you on the recognition and protection which the Registration Act gives to your profession.

Your Council is representative of all parties in that profession, and I know that all will join hands in one common endeavour to promote the well-being and prosperity of the Nursing Profession so that this House may become a temple of harmony and peace from which will emanate great and beneficent influences for the relief of suffering and the preservation of health.

The words of Her Royal Highness were received with warm applause; after which she passed across the corridor to the Registrar's Office, where she inspected the excellent arrangements, and expressed her approval.

#### Presentations to Her Royal Highness.

Here the Chairman presented to the Princess all the Members of the Council able to attend; the Senior Officials; the Mayor of Marylebone and his daughter (Mr. and Miss Rickatson); Major Barnett, M.P.; and others.

The Members of the Council present were Lady Hobhouse, J.P.; Dr. E. W. Goodall, O.B.E.; Mr. T. Christian; Miss A. Coulton; Miss R. Cox-Davies, R.R.C.; Miss A. Dowbiggin, C.B.E., R.R.C.; Mrs. Bedford Fenwick; Miss A. Lloyd Still, C.B.E., R.R.C.; Miss E. M. MacCallum; Miss I. Macdonald; Miss E. Smith; Miss E. C. Swiss; Miss S. A. Villiers; and Miss C. Worsley.

Amongst the guests who accepted the invitation of the Council, at very short notice, were the Countess of Kenmare, a member of the General Nursing Council for Ireland; the Hon. Sir Arthur Stanley; Mrs. J. C. Priestley; the Ven. Canon Holmes, Archdeacon of London; the Mayor of Marylebone; Mr. L. G. Brock (Ministry of Health) and Mrs. Brock; the Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service; the Matron-in-Chief of the Royal Air Force; the Matrons of St. Bartholomew's, Guy's, the London, Middlesex, King's College, St. George's, Westminster, and University College Hospitals; Miss B. Cutler, Hon. Secretary of the National Council of Trained Nurses; Councillor Beatrice Kent, the Registered Nurses' Parliamentary Council; Miss H. L. Pearse, President of the National Union of Trained Nurses; Mrs. Paul, of the Professional Union of Trained Nurses; Miss Rundle, Secretary, College of Nursing, Ltd.; Miss Barton, President Poor Law Infirmary Matrons' Association; Mr. Johns, of the Asylum Workers Union, and a large number of Chairmen and Matrons of London Hospitals and Poor Law Infirmaries.

#### The Reception.

Her Royal Highness took tea in the charming Reception Room on the ground floor. This room (for the special use of nurses and visitors), with delicate blue grey walls, and wood work in white, the hearth tiles of pale blue, and carpet in Persian tones, is furnished with bits of old Sheraton. Amongst them a beautiful bureau—at which, let us hope, many nurses will fill in their Registration Forms—and in which a collection of fine blue and white 18th century English pottery has been loaned and arranged by Mrs. Fenwick.

The flowers in this room toned delightfully—pale pink peonies and blue delphiniums—and on the tea tables vases of shaded pink sweet peas and a *garniture de cheminée*, of the same delicate blooms on the mantel—an environment worthy of a Royal Princess!

Here Princess Christian was most gracious and kind to everyone, and discussed with those engaged in the responsible and difficult work of organising the Nursing Profession through the Registration Act, the present and future conditions of Nursing, with a wide knowledge of the whole subject, in which she has taken, for so many years, a keen personal interest, and which she understands more thoroughly than any other Lady of the Royal House.



It will please Members of the International Council of Nurses to learn that the magnificent Georgian Silver Salver, presented by them to Mrs. Fenwick in 1909—for services rendered towards State registration in many lands—was used on this historic occasion, so that our colleagues in Scotland and Ireland, in Newfoundland, Canada, New Zealand, Australia, South Africa and India, the United States of America and far away Cuba, and of many Continental countries who contributed to the gift, had thus a connecting link with us on this happy day.

Miss Cox Davies was responsible for the arrangements for the tea in the Reception and Registration rooms, and it goes without saying that they were admirably carried out with the help of Miss Riddell,

a giant safe for the care of legal documents. This will be the domain of the Registration Clerk and Staff.

On the first floor (faced by a conservatory), the Committee Room is to the right and the Registrar's Office to the left; both are decorated *en suite*—the walls blue mauve in tone; the former, as it should be, with solid Georgian furniture and Turkey carpet. To mark their appreciation of the devoted labours of the Chairman of the Council, the Committee has placed in this room a very beautiful chair, upholstered in crimson, and an antique pedestal writing table, for his personal use.

The Registrar's Office is a delightful room, containing not only utilitarian tables, filing



THE COMMITTEE ROOM. GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

a Sister of the Royal Free Hospital, and an expert domestic staff. Miss Parsloe, the Assistant Registrar, Miss Davies, Registration Clerk, with Miss Harrison and Miss Bates, also circulated genially around waiting on guests. Everything—especially the scones and cream—were delicious, and the yellow and mauve iris and lovely foliage with which the corridor and Registration Room were decorated made a perfect scheme of colour.

All the guests made the tour of the House, and found light, brightness and beauty everywhere. From the Inner Hall a circular staircase winds to the second floor, and the scheme of colour throughout is soft grey blue. On the ground floor the Reception Room is on the right, and the Assistant Registrar's Office on the left, a corridor to the left leads to the Registration Room, fitted with fine mahogany writing tables, filing cabinets, and

cabinet, safe and Seal, but a pair of fine old mahogany cabinets, lined with fluted blue silk to match the walls, these are not only capacious, but give quite a *cachet* to the room.

On the second floor are three well-lighted rooms, simply furnished as offices, with ample cupboard room, and a charming white bath and toilet room, with hanging cupboards and hat shelves for the clerical staff, and two linen cupboards for towels, &c. A little staircase leads to a nest of four sweet little rooms at the top of the house—a simple yet pretty little kitchen on the right; a sitting and two bedrooms, with dainty floral papers, pink curtains, suites of oak furniture, green beds and toilet ware, for the use of the housekeeper and assistant, which everyone immediately wished to annex.

All the working rooms are fitted with gas stoves



and high fenders; and in the basement a room has been furnished as a mess-room, where the clerical staff can take tea in comfort. After making a tour of inspection one realised how much thought, taste and time had been expended by the three members of the Council—Mrs. Bedford Fenwick, Miss Cox-Davies and Miss Villiers (appointed as the Furnishing Committee by the Finance Committee), assisted by Miss Riddell, the Registrar—and I, for one, desire to express thanks and appreciation for all they have done. It is essentially a woman's domain, and in such an environment, the work for the benefit of the Nursing Profession and the community cannot fail to attain a very high standard, not only of excellence, but of prestige.

Thanks for lovely plants and flowers are due to Mrs. Fenwick and the National Council of Trained Nurses (Reception and Committee Rooms), Miss Lloyd Still, Miss Cox-Davies, Miss Dowbiggin, Mr. and Mrs. Craig, and Miss Riddell and friends. Indeed, the spirit of *esprit de corps* was apparent throughout, a good augury, indeed, for the future work of the Council.

MARGARET BREAY.

### A CHARMING GIFT.

A lovely gift arrived on Monday at General Nursing Council Headquarters in the form of a beautiful pink china bowl filled with pink carnations, plants of pink heath and maidenhair fern. Accompanying this gift was a card:—

"To the Members of the General Nursing Council for England and Wales and the Registrar,  
from

The Matron-in-Chief and Members of Queen Alexandra's Imperial Military Nursing Service."

A very graceful action, which we feel sure will be warmly appreciated by every Member of the Council.

### WAR HONOURS FOR NURSES.

#### ROYAL RED CROSS.

The King has awarded the Royal Red Cross to the following ladies, on the recommendation of the Government of India, in recognition of their valuable nursing services in connection with the Waziristan operations:—

FIRST CLASS.—O'Sullivan, Miss E., A.R.R.C., Matron, attd. Q.A.M.N.S. (I.); Tippetts, Miss M. E., A.R.R.C., A Sen. Sister (Matron), Q.A.M.N.S. (I.).

SECOND CLASS.—Bateman, Miss E., Sister, Q.A.M.N.S. (I.); Hickie, Miss N., Temp. Nurse, attd. Q.A.M.N.S. (I.); Wilkinson, Miss E. C., Temp. Nurse, attd. Q.A.M.N.S. (I.); Ennis, Miss E. E., Temp. Nurse, attd. Q.A.M.N.S. (I.); Houston, Miss F., Temp. Nurse, attd. Q.A.M.N.S. (I.); and James, Miss C. S., Temp. Nurse, attd. Q.A.M.N.S. (I.).

### EXAMINATION OF NURSES AT ST. THOMAS'S HOSPITAL.

No nurse can look upon the noble frontage of St. Thomas' Hospital with its beauty of outline, its separate pavilions united only by a main corridor—a system designed by Miss Florence Nightingale which has never been improved upon—without realising that a stroke of genius placed it just where it has been set down, opposite the beautiful group of buildings at Westminster, including the Houses of Parliament and the Abbey itself, with the broad river flowing between. And no nurse can enter within the gates without recalling her indebtedness to our great law-giver, whose personality is still potent there, for St. Thomas is more than a hospital unit; it is a practical illustration of what Miss Nightingale considered a house for the reception of the sick should be, and the Nightingale Training School carries on and develops her ideals as to the training of nurses. There are great traditions behind the School which are the heritage not only of the Nightingale probationers, but of every probationer throughout the world.

Its methods therefore hold a profound interest for students of nursing education, and it was a great pleasure and privilege to have the opportunity recently of viewing the very thorough arrangements made for the final examination of nurses held this week at the hospital, on the invitation of the Matron, Miss Lloyd Still. The examination is conducted by an "outside Matron"—on the present occasion Miss Montgomery, Matron of Middlesex Hospital, and each candidate is examined on theory for about ten minutes and then has an exhaustive examination as to her practical knowledge extending perhaps over three-quarters of an hour.

In the large room in which the examination takes place Miss Gullan, Sister-Tutor, for a week previously collects from the wards and from various departments of the hospital everything likely to be wanted, and the result, when complete, is very thorough. Each candidate brings with her a splint which she has padded, a bandage which she has made, and a chart which she has kept.

Arranged on tables, and otherwise round the room are familiar appliances and ward furnishings. Thus on the first table are beautifully-kept charts, illustrative of typical temperatures in various diseases. All kinds of feeding appliances, a baby's bottle, feeding cups, &c.; a ward medicine chest, where, under lock and key, is every medicine in common use, and the nurse may be questioned as to doses, the effect of the drug, and so forth, such as the uses of novocain. There are also hypodermic syringes. A nurse will make special note of the little collar of lint on the castor oil bottle. On the next table is a steriliser, and then we come to the material used in making poultices—linseed, charcoal, the oiled paper employed at St. Thomas' as the envelope in an ice poultice, leeches, blisters,



blistering fluid, wools of various kinds, razors and shaving appliances, ointments, and rubber gloves.

Another table is devoted to apparatus for the testing of urine, and here one noticed some very practical test-tube cleaners. Incidentally, it would be interesting to know what appliance is usually used by nurses for cleaning test-tubes. At St. Thomas, a compact little roll of lint is made, several inches longer than the tube, with the smooth side outside, and held firmly together with cotton. This can easily be washed and used a number of times. Another table is furnished with catheters, and everything required for use when they are passed; and yet another has appliances used in gynaecological work.

Of course, there is everything for use in preparing a variety of beds, including blocks for raising the feet, extension apparatus, sandbags, a hot-air cradle fitted with electric lamps, &c, pillows and pillow-cases of various kinds, including a jaconet pillow-case such as is used for covering the pillow in head operations, or with a hot-air bath when the patient perspires freely. For giving a hot or cold pack the use of blankets has been discarded at St. Thomas' in favour of bathsheets of Turkish towelling, which are found very satisfactory in use, and easier, both to handle and to wash, than blankets.

On one table are set out the appliances and instruments required in preparing a room for a case of tracheotomy, and on another various instruments from which a nurse will have to select those needed for a particular operation.

This by no means exhausts the contents of the tables, but enough has been said to show that the scope of the examination of nurses at St. Thomas before they gain their certificates is extensive and thorough. It is, moreover, conducted entirely by a distinguished member of the nursing profession.

The charming house of the Matron opens directly—on two floors—on to the hospital proper, and is in close touch with the Nightingale Home. It is not, perhaps, generally known, that Miss Nightingale originally intended to live there herself; but, ultimately, it was not possible for her to carry out this plan.

Just now, when the examinations to be conducted by the General Nursing Council are being discussed so widely, the method adopted at St. Thomas is of exceptional interest.

M. B.

### COLLEGE OF NURSING, LTD. BIRMINGHAM THREE COUNTIES CENTRE.

The Scenic Fair, June 2nd-11th, has been a great success. £20,000 have been raised, and it is hoped not only to equip a Club for Trained Nurses but to establish it on a firm financial basis so that it will not be entirely dependent on Annual Subscriptions. It will also be possible to found Scholarships for nurses trained in the Three Counties.

G. M. E. JONES,

*Hon. Press Sec.*

## MINISTRY OF PENSIONS.

### OFFICERS' ALTERNATIVE PENSIONS.

The Ministry of Pensions announce that officers and nurses disabled by service in the great war who intend to claim alternative retired pay or pension based on pre-war earnings and present earning capacity, must make application before July 2nd, 1921, or before a year has elapsed since the first award of disability retired pay or pension, whichever is the later date.

Under the terms of the Royal Warrant, a disabled officer is not eligible for alternative retired pay if his pre-war earnings did not exceed £132 a year (rather less for Navy Warrant officers), nor is a disabled nurse eligible for alternative pension if her pre-war earnings did not exceed £95 a year.

As the substitution of alternative retired pay or pension for the ordinary flat rate pension represents in some cases a substantial addition to the amount of the pension, disabled officers and nurses should ascertain without loss of time whether they are entitled to the benefits of the Alternative System.

Applications and enquiries should be addressed to the Officers' Branch, Ministry of Pensions, Cromwell House Annexe, Millbank, S.W.1.

### THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The summer meeting of the League of St. Bartholomew's Hospital Nurses was held in the Clinical Theatre on June 4th, the President, Miss Helen Todd, presiding.

Congratulations were sent to Lady Baddeley on her appointment as a Justice of the Peace in the County of London, for the Stoke Newington Division, and the first woman to have that honour for Stoke Newington.

#### REPORT OF TREASURER.

The Treasurer of the League, Miss Mabel Sleigh presented the Balance Sheet for the financial year, and reported that subscriptions for 1920 had come in well, and many arrears of long standing had been paid up. The balance in hand was £101 10s., which would cover the printing of the next issue of the League News.

#### REPORT OF SECRETARY.

In the regretted absence of the Secretary, Miss H. T. Baines, on sick leave, the Secretary's Report was presented by Miss Beatrice Cutler. It stated that 37 new members had been elected during the year, 1 had been re-instated, and there had been 4 deaths. The membership of the League was now 1,088.

On the proposition of the President it was unanimously agreed to send an expression of sympathy from the League to the relatives of the



late Miss Beatrice Jones, R.R.C., Principal Matron, Q.A.I.M.N.S., who died in Mesopotamia, and other recently deceased members of the League.

#### REPORT OF HON. TREASURER OF BENEVOLENT FUND.

Mrs. Matthews then presented the Report of the Benevolent Fund, and reported that there was £72 4s. 3d. in hand, £50 of which had been placed on deposit, in addition to the investment of 100 War Savings Certificates. One object of the Benevolent Fund was to grant temporary loans to members without interest, the scope of such loans being undefined, and it was considered that such loans might be granted to members who desired to obtain midwifery, massage, or other special training, but were unable to pay the fees.

The President said that the sub-committee were prepared to receive applications for such loans. She hoped this decision would be spread through the hospital, and would stimulate interest in the Fund. It was proposed, and agreed, to add two staff nurses to the sub-committee, and Miss Chinnery-Brown and Miss Brook were appointed.

#### ISLA STEWART MEMORIAL FUND.

Mrs. Shuter then gave a Report of the Isla Stewart Memorial Fund, which now stood at nearly £700, which would bring in an annual income of £35.

Mrs. Bedford Fenwick, Chairman of the Fund, gave an account of the objects of the Fund, the interest of which would be available in the future for various forms of education and educational gifts.

#### REPORT OF THE SCRUTINEERS.

The President then read the Report from the scrutineers of voting papers at the election of four members to succeed the four retiring from the Executive Committee. Those elected were Miss G. R. Hale, R.R.C., Miss Longley, Miss E. M. Macfarlane, R.R.C., Mrs. de Segundo.

Mrs. Bedford Fenwick drew attention to the great honour conferred on Miss Le Geyt by the Minister of Health in appointing her a member of the Central Midwives' Board, and proposed the League's congratulations should be conveyed to her. This elicited applause and was agreed.

After tea in the Great Hall, during which the members of the nursing staff provided a charming musical programme, arranged by Miss Eyre, a delightful lecture on Old London was given by Mr. Allen Walker, a prelude to a series to be given in the autumn. In proposing a vote of thanks at its conclusion the President predicted a bumper attendance at the autumn course, tickets for which may be obtained from Sister Rahere.

#### LANSDOWNE HOUSE BALL.

Lansdowne House is to be the scene on June 22nd of the most important charity ball since the war. It is in aid of Queen Victoria's Jubilee Institute for Nurses, and the Prince of Wales has announced his intention of being present.

## AMERICAN NURSES' MEMORIAL.

### ECOLE FLORENCE NIGHTINGALE.

#### A MOST IMPRESSIVE CEREMONY.

All who were privileged to be present at Bagatelle on June 5th, when Miss Helen Scott Hay laid the foundation stone of the Florence Nightingale College of Nursing, in connection with the Maison de Santé Protestante at Bordeaux, are unanimous in describing it as "a most impressive ceremony," and Miss Scott Hay writes us: "I wish you might have been present and seen the beautiful exercises in Bordeaux. They were quite impressive and Dr. Anna Hamilton received a regular ovation. Every speaker said just those beautiful things of her to which she is so richly entitled."

From the programme we learn that under the Presidency of Admiral Magruder, the ceremony opened with a fanfare of music, followed by impressive addresses by M. Henri Cruse, President of the Maison de Santé, by Colonel Emerson, Director of the American Red Cross Medical Service in France, by M. Olds, Commissioner of the American Red Cross in France, and by Admiral Magruder, Attaché to the Ambassador in France. The American Hymn was beautifully sung by the assembled nurses, after which the Préfet of the Gironde, the Mayor of Talence, the Mayor of Bordeaux, and the Consul of the United States at Bordeaux, spoke of the great work the Nursing School would accomplish. The nurses then rendered the "Marseillaise" magnificently.

#### THE LAYING OF THE STONE.

Miss Helen Scott Hay, Chief Nurse of the American Red Cross in Europe, then laid the Corner Stone of the College, and spoke in clear and impressive tones of the scheme of the Memorial to comrades who died for liberty on active duty in the Great War.

In a brass box under the stone was placed the list of the 278 American Nurses who died by bombshell, torpedo, or disease.

Three Reports of the School, photographs of Dr. Hamilton and the nurses, March, 1921; a silver quarter dollar, with the words, "In God we Trust," were also placed under the Stone.

The School Charter was then signed by Miss H. Scott Hay, Colonel Emerson, Chairman of the American Nurses' Memorial Fund in Paris, M. Henri Cruse, Chairman of the Hospital, and Dr. Anna Hamilton.

A message from Miss Clara D. Noyes, President of the American Nurses' Association, was delivered by Miss Scott Hay, which message terminated in the words to be placed on the front of the School building:

"A LA FRANCE, A L'HUMANITE :

"En souvenir de nos camarades tombées au champ d'honneur, nous, gardes-malades des Etats-Unis d'Amérique, dédions ce monument commémoratif—l'Ecole Florence Nightingale, destinée à



élever le niveau de l'éducation des gardes-malades —à la France, à l'humanité."

In the evening a lovely Fête was held in the beautiful grounds at Bagatelle, when Admiral Magruder and other warm friends of the Florence Nightingale School were delightfully entertained.

Thus ended an historic event for the nursing profession in France, from which will spring an ever beneficent influence on the standard of health of the people. The pupils are not only to be trained as nurses for the sick, but as guardian angels of means of prevention of disease. A great destiny, indeed, worth living for, and—worthy of death.

#### THE MEMORIAL MEDAL.

A very lovely bronze Medal has been struck to commemorate the great occasion, and was awarded to American visitors on June 5th (we feel greatly honoured by being included as a recipient—as an old friend of the Ecole Florence Nightingale in France—and as a Hon. Member of the American Nurses' Association). On one side is the Nightingale lamp and a shield with the inscription: "American Nurses' Memorial Ecole Florence Nightingale." On the reverse side: A young girl studying the theory of nursing, dated "5 Juin, 1921."

#### PRESENTATION TO DR. HAMILTON.

Before the distribution of the Medals the Trustees of the School presented Dr. Hamilton with a brooch in diamonds, the three Bordeaux Crescents. In presenting this gift full recognition was awarded to Dr. Hamilton for her inspiration in founding and financing the Nursing School. Of this recognition she writes: "You cannot imagine my surprise when all the Trustees sent for me and in the kindest words presented me with the lovely gift. . . ."

Of the whole beautiful day she writes: "It was like being *in heaven*, so beautiful it was like a dream, and yet it is all quite real, and I do feel happy."

Miss Grace Ellison, who was present, writes: "At last the Foundation Stone of the Florence Nightingale College is laid! Dr. Anna Hamilton's dream has now come to realisation! Those who have understood what a fight she has had to establish the School, what injustice has been done to her, what ingratitude, she has had, what lack of consideration, what persecution, can congratulate her to-day. Only a person of her sterling worth could have stood like a rock whilst the storms raged around her, only a person with

her unending faith in her cause could ever have accomplished her task. . . . How impressive the ceremony must have been for her; how wonderful to see her life's work covered with success while she is still here."

Of the Fête she writes: "As many of the old nurses who could do so came to give a helping hand, and it was they who served the afternoon buffet and laid the table and waited on the 200 guests who dined in the garden at Bagatelle. They also gave us a charming theatrical and musical performance, all the costumes for which they had made themselves. . . . That very able and charming Mlle. Mignot is never nonplussed—she thought of everything and everybody. Not an American sailor was allowed to go back to his ship unfed—he was lavishly entertained—nor a French soldier, nor a guest; and the next day to make up for the fatigue of the day she was up earlier than ever! . . ."

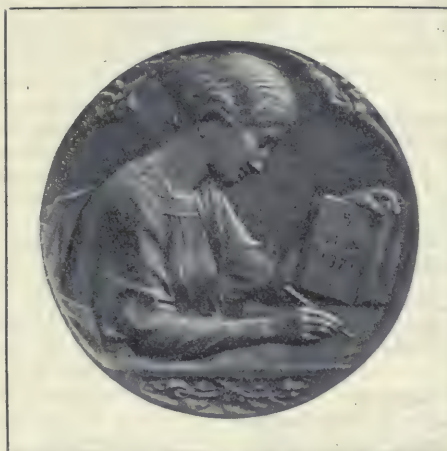
"Bagatelle is an ideal spot for a Fête; it is now a little village in itself—glowing with a wealth of June roses, sweet peas and cut grass—on one side the Dispensary, newly built, a gift of the Rockefeller Foundation; on the other, the beautiful old home of Miss Elizabeth Bosc—the donor of Bagatelle—Dr. Hamilton's great friend and admirer. Every American organization together with the French Ministry was represented. I could not but regret that Great Britain, the home of Florence Nightingale, took no part in the ceremony—or subscribed to the funds, which at one time it was invited to do, for the erection of this Nursing School in honour of our great

countrywoman. A great opportunity missed in the link of the Anglo-French *entente*. The absence of Britain was the one sad note in the whole harmonious ceremony."

We also deeply regret that the kind invitations received, both from the Governors of the Maison de Sante Protestante and the American Memorial Committee, to English Nurses to take part in this historic ceremony, could not be accepted. British nurses take this opportunity to offer their French and American colleagues their warmest felicitations on the happy event through THE BRITISH JOURNAL OF NURSING.

#### NOTICE TO R.B.N.A. MEMBERS.

The first work party for the Sale of Work for the Trained Nurses' Annuity Fund will be held at 194, Queen's Gate, on Monday, 20th inst., at 7.30 p.m. Nurses can bring work or make up provided material.



Medal struck to commemorate laying the Corner Stone of the American Nurses Memorial Ecole Florence Nightingale, at Bagatelle, Bordeaux.



## APPOINTMENTS.

## MATRON.

**Royal Portsmouth Hospital, Portsmouth.**—Miss Edith Keen has been appointed Matron. She was trained at the General Hospital, Birmingham, and has been Sister at the Victoria Hospital, Guernsey, and Sister, Out-patient Sister, Night Sister, Temporary Home Sister, and Temporary Assistant Matron at the General Hospital, Birmingham.

**Victoria Hospital, Burnley.**—Miss Margaret Alexander has been appointed Matron. She was trained at the General Hospital, Birmingham, and has been Assistant Matron in the same institution. She did four and a-half years War Service in France, and was three times mentioned in despatches. She was awarded the Royal Red Cross, Second Class, in June, 1916, was promoted to First Class in January, 1919, and was later awarded a bar to the Cross, while the French Government presented her with the *Medaille des Epidemies*.

**Staffordshire General Infirmary, Stafford.**—Miss M. G. Poole has been appointed Matron and Superintendent. She was trained at the Wolverhampton and South Staffordshire Hospital, where she subsequently held the position of Sister-in-Charge in various departments. She also took a course in housekeeping at the Norfolk and Norwich Hospital.

**West Suffolk General Hospital, Bury St. Edmunds.**—Miss Margrave has been appointed Matron. She was trained at the Swansea General and Eye Hospital, where she has held the position of Assistant Matron and Acting Matron.

## ASSISTANT MATRON.

**Hackney Union Infirmary, Homerton, E. 9.**—Miss Martha Kay has been appointed Second Assistant Matron. She was trained at Brownlow Hill Infirmary, Liverpool, where she held the positions of Ward Sister, Theatre Sister, and Home Sister. She is a Certified Midwife.

## SUPERINTENDENT NURSE.

**Union Hospital, Dartford.**—Mrs. Daisy Manley has been appointed Superintendent Nurse. She has been Superintendent Nurse under the Wolstanton and Burslem Guardians, and at the Isle of Thanet Infirmary.

## ASSISTANT SUPERINTENDENT NURSE.

**Wakefield Union Infirmary.**—Miss Olive Simpson has been appointed Assistant Superintendent Nurse. She was trained at the Union Infirmary, Tynemouth, and has been Health Visitor and Maternity Nurse under the West Hartlepool Corporation, Health Visitor and Laboratory Nurse at Newcastle-on-Tyne, and Sister in a Military Hospital.

## COUNTY SUPERINTENDENT.

**County of Moray-shire.**—Miss Isabella C. E. Dewar has been appointed County Superintendent and Supervisor of Health Visitors. She was trained at the Western Infirmary, Glasgow, and is a Queen's Nurse and a certified midwife.

## HEALTH VISITOR.

**Dorset County Nursing Association, Dorchester.**—Miss M. A. M. Fowler has been appointed Health Visitor. She was trained at the Camberwell Infirmary and worked as a Sister in France and Belgium, under the British Red Cross Society, and as a Staff Nurse, and Sister in Queen Alexandra's Imperial Military Nursing Service Reserve in England and France.

## BOOK OF THE WEEK.

## THE TRUMPET IN THE DUST.\*

One day in the life of a village charwoman would not appear at first sight to afford material for a closely-printed book of over two hundred pages, but those of our readers who remember "The Lonely Plough" and "Crump Folk Going Home" will not be astonished that a romance teeming with charm, humour and pathos has been woven out of it by Miss Constance Holme.

The story tells of a woman growing old with years and hard work, who is a candidate for one of surely the most desirable almshouses ever provided by a generous benefactor.

Mrs. Clapham was not the only candidate, but by far the most deserving, and her hours of hopes and fears on the day following the election while waiting the decision are graphically and poignantly described.

She woke up that morning with a heady sense of excitement, with the happy anticipation of something not yet quite within reach, thrilling her nerves as they had not been thrilled for years. She sank back happily in her bed. Had not the vicar's wife called the day before to say she would not be wanted to-morrow? "But, of course, next week as usual, please." She chuckled and chuckled and chuckled to herself to think that by next week things might be anything but "as usual."

Lately she had felt at times a spasm of real hatred for the houses she cleaned, which, no matter how often or how thoroughly she scrubbed them from roof to floor, were always waiting for her to come and scrub them again.

But to-day was different. She had never felt stronger or more fit for her day's work than on the morning of the day which was to see her bid that work farewell.

It was strange how full her mind was that morning of Tibbie and Tibbie's doings, her adored and only daughter, now a young widow with two children, living at some distance away.

It was also Miss Marigold's wedding day up at the vicarage. She was the same age, and would not be the sweet little bundle of youth Tibbie had looked on *her* wedding day.

Her mind reverted to the almshouses. "Grey gabled, flower-gardened, they topped the steep hill that ran out of the village, challenging by their perfection the notice of the passer-by. Moving up to that high place from the huddled and crouching street would be like soaring on strong wings into the open spaces of the sky."

Would she hear by telegram—or by letter—or would Mr. Baines himself come to tell her of the decision of the Committee? Her restlessness led her into the village street where sympathetic neighbours congregated to share her suspense. With masterly pen Miss Holme sketches the

\* By Miss Constance Holme. London: Mills & Boon.



various personalities with an insight and familiarity with country folk that cannot be mistaken.

Then at last the suspense was ended—the house was at last undoubtedly hers.

Unable to contain her joy, Ann Clapham, stout, elderly, comely, neat and clean, sets forth at once to view her new possession. Mrs. Bell, who occupied the adjoining house, greeted her grimly. "What in the name o' fortune fetched you up so fast?"

"I was that keen to get here," the charwoman acknowledged, half-laughing, half-crying.

"Them as comes up the hill fastest like enough goes down it soonest," she observed. She assumed a patronising tone as if the almshouses were actually in her gift. "Me and Mrs. Bendrigg and Mrs. Cam have been talking it over and we come to the conclusion we couldn't have done better—we've settled as you'll do." She further proceeded to lay down the etiquette for the newcomer's guidance in a manner truly delightful. As oldest tenant she had charge of the keys whenever the houses fell vacant, and it was only with the greatest difficulty that she could bring herself to hand them over.

"I hardly reckoned on you being up so soon," she remarked rather crossly, still retaining the key.

Ann Clapham, however, firmly took possession of her key and as firmly declined Mrs. Bell's company on her tour of inspection.

"She drew a long breath as she slowly opened the door, then slowly she let it out again with a sense of blissful relief. The house smelt a little close through having been shut up. Mrs. Clapham however, smelt the soul of this house and knew that it was all right; it reached out to her a welcoming hand and murmured and crooned to her as she went in. Now she knew for a fact that all life had just been leading up to this.

She had known the old Lancashire business man whose generosity had reared these little homes. He had an understanding soul and knew there must be a parlour as well as a kitchen. He knew a parlour was a kind of private church where you locked up the things that were precious to you and went away happy because they were safe.

He had known that old folks like to see a "bit of life," so he had put the kitchen facing the road; but he had also known that the old have their hours of weary withdrawal from life, so he had set a second window towards the west, where, in the evening time they would look at something so much bigger than life. Leaning back in one of his easy chairs they would sit staring at the colour and light, the shining mystery of evening peace. He liked to think some of them might even pass like that without any nuisance of doctor and sick bed, soothed and content, alone yet not lonely, they might step out of the houses he had built, into those other houses not made with hands. The charwoman's beautiful soul was steeped in this environment and responded in full.

We have no space to tell of the tragedy that ended this day of hopes, fears, and realisation.

Ann Clapham never inhabited her castle of dreams. Her return home that evening was greeted with the news of her darling Tibbie's death. The two children were left desolate, and children find no place in an almshouse.

There are other clever character studies, notably that of Emma. A more unpleasant and uncanny personality it would be hard to describe.

It is long since we have read a book that has given us such sincere pleasure. Ann Clapham is a notable achievement. The making of her delightful acquaintance should not be disregarded.

H. H.

### COMING EVENTS.

June 20th to 25th.—Royal Sanitary Institute. 32nd Congress and Health Exhibition, Folkestone. President, Lord Radnor.

June 25th.—Royal British Nurses' Association. Annual Meeting, 3.30 p.m., 194, Queen's Gate, S. W.

### 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.*

#### NURSE AND BOTTLE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Will you very kindly publish the following statement, as from one or two sources I learn that misapprehension may have arisen. In some of the press of Saturday, the 11th inst., there appeared the report of a summons, headed "Nurse and Bottle," in which the accused person was said to belong to the West Ham Infirmary, Leytonstone.

I would like to say that the person mentioned is not and never has been connected with the Infirmary of the West Ham Board of Guardians, at Whipps Cross, Leytonstone, now known as Whipps Cross Hospital.

Yours faithfully,

Whipps Cross Hospital, LETITIA S. CLARK.  
Leytonstone, E. 11.

[The defence of the nurse referred to, who was fined 20s. at Croydon for throwing a bottle to the danger of the public, was that a party of nurses and attendants returning from Brighton were having a contest as to who should have the last drink from a bottle of stout, and it slipped out of her hand through the window. We are not surprised that Miss Clark wishes to dissociate the nurses at Whipps Cross Hospital from such behaviour.—ED.]

Other letters are unavoidably held over.

#### PRIZE COMPETITION QUESTIONS.

July 2nd.—What are the appearances of a varicose ulcer which has been (a) neglected, (b) treated properly for a week? What is the usual treatment for a varicose ulcer?



# The Midwife.

## THE EAST END MOTHERS' HOME.

The annual meeting of the East End Mothers' Lying-in Home, 394-398, Commercial Road, E.1., recently held at the house of Lucy, Lady Markham, at 47, Portland Place, W., was a most successful one. How, indeed, could it be otherwise with two such eloquent and sympathetic speakers as Miss Lena Ashwell and the Rev. H. R. L. Sheppard?

### THE REPORT OF THE COMMITTEE OF MANAGEMENT.

Then, the Committee of Management were able to report that notwithstanding the continued advance in the price of nearly all commodities, and the fact that a larger number of patients were treated than ever before, the end of the year found the Home still free from debt, a state of things which, in the difficult conditions prevailing, they had scarcely dared to hope for. It was, however, due to the receipt of two unexpected grants which cannot recur, and new annual subscriptions and donations are much needed.

During the year the Committee made an important agreement with the Board of Education relative to the training of midwives. Under this agreement grants are made by the Board to pupil-midwives to aid them in the payment of their fees for training in accordance with an approved scheme.

The fees for pupil midwives, which include board, lodging and lectures are:—

Four months' course (trained nurses only), £31.  
Six months' course for other pupils . . . £40.

To be eligible for the Board of Education grant—which reduces the fees paid by a trained nurse to £11, and by others for a six months' course to £20—the pupil-midwife must declare her *bona-fide* intention to practise as a midwife, or have been for not less than three years in full-time employment as a Health Visitor, or have completed successfully a course of training approved under the Regulations for the training of Health Visitors.

The ward accommodation for the reception of in-patients has been most severely taxed, but the chairman, Dr. Owen Lankester, was able to announce at the annual meeting that a new ward is to be added, containing five or six beds, and this will probably be completed before the end of the present month.

### THE REPORT OF THE HON. MEDICAL OFFICER.

Dr. Cursham Corner, J.P., Hon. Medical Officer and Lecturer to the Home, states in his report that the mothers delivered during 1920 were 2,469; 988 of these being in-patients, and 1,481 out-patients. There were no deaths in either department. Ante-natal work, Dr. Corner states, had its commencement, in various ways, in the

East End of London, and he believes that the first real effort in this direction was made by the East End Mothers' Lying-in Home.

So much has the Ante-natal work developed amongst the patients that it has become a routine duty for specially qualified nurses to visit amongst the mothers, to advise and help them, and urge them to attend at the Home regularly if their condition makes it desirable so to do.

Dr. Corner concludes his report with the following words:—

"I wish once more to acknowledge the Matron's and her staff's untiring energy, kindness and skill, and to thank them from my heart for the same."

### THE REPORT OF THE RESIDENT LADY SUPERINTENDENT.

Miss Margaret Anderson, the Lady Superintendent, writes:—

"Of flowers in East London there are few, so God has filled it with the flowers of Paradise—the children.

"Philanthropists, preachers, and Socialists, who are working themselves into a frenzy over the decline of the birthrate, would find here their ideal, and, perhaps, if they saw the conditions under which our babies have to live and grow they might be incited to turn their brains and eloquence into a more useful channel—the housing of the poor. A litter of pedigree puppies would not be put into the homes into which we put our precious babies—the hope of the Empire.

"The number of cases dealt with to a completion this year under review is 2,469. We have had blessed luck, for we have not lost one mother out of this great number. What is more to our credit, however, is that we have not had one case of sepsis. This is due to the devotion and skill of our sisters and nurses, for ignorance and carelessness is the channel through which human life is attacked. The ten hours a week we spend over expectant mothers is certainly a great factor in this successful result.

"Nine hundred and eighty-eight mothers have been successfully delivered in the Home. We have been taxed to find room for all, but the success of our work surely justifies the means. Our Chairman threatens to suspend me if I overstep the allotted number. The Ministry of Health talk gently but firmly of 'cubic space,' but if our Chairman, 'Mr. Greatheart,' or the Inspectors from the Ministry of Health who are tackling with such courage the colossal problem of the nation's health, received the patients who come to us for assistance, heard their stories or visited their impossible homes, they would not send the many away that Miss Page is compelled to do with the sad words, 'No room, mother.' Rather would they say with Sister Cumberledge, who attends to the mothers in their own dilapidated, overcrowded homes, 'Let 'em all come here.'"



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### A PLEASANT SURPRISE.

The Matron and Nursing Staff of St. Thomas's Hospital are to be congratulated both on the nature of the surprise which they had in store for H. R. H. the Duke of Connaught when he visited the hospital on Wednesday, June 21st, and on the method of its presentment. Incidentally the St. Thomas's nurses are also to be congratulated on a well-kept secret, no hint of which, we understand, reached the Treasurer of the hospital until the previous day—when it was communicated to him by the Matron—in spite of every nurse in the hospital being "in the know."

The occasion was a very special one. First it was the jubilee of the hospital on its present site, for the new building was opened by Queen Victoria on June 21, 1871. Next, the Duke of Connaught had consented to present the prizes to the students of the medical school, to open the new physiology laboratory, and to attend the annual garden party given by the Nightingale Training School to "old Nightingales."

Thirdly a Jubilee Appeal for £100,000 is being made to clear the hospital of debt, for after having had, until recent years, a sufficient income from invested funds to defray its expenses without appealing to the public, the Council is now compelled to ask for public support to help it in its difficulties; for while investments remain stationary, expenses have largely increased, owing to the great rise in the cost of provisions and hospital supplies.

The affection and loyalty of nurses to their Alma Mater is well known. The League of St. Bartholomew's Hospital Nurses raised some thousands of pounds for its new Nurses' Home, the nurses of the London Hospital, as we report in another column, are working hard to

ensure the success of a bazaar, of which they have undertaken the entire organisation to raise money for its support.

A few short weeks ago the Matron and Nursing Staff of St. Thomas's Hospital took counsel together as to how they could help the hospital in its present need; they were not used to begging, and felt a little awkward as to embarking on the enterprise. A bazaar was negatived as involving more time than they could afford from their already strenuous work, and then the Matron suggested that each member of the Nursing Staff should determine to raise at least £2 before June 21st, the amount raised to be presented to the Duke of Connaught, as President of the Hospital, in testimony of their desire to take their share in helping the institution in this time of financial difficulty. The idea was taken up with alacrity, the nurses set to work, with the result that the splendid total of over £2,000 was raised in about six weeks.

A most interesting episode in the proceedings on Tuesday afternoon was the presentation to the Duke of Connaught by the Matron, Miss Lloyd Still, on behalf of the Nursing Staff, of two Bank of England notes of £1,000 each, enclosed in a parchment on which was the following inscription, illuminated in black and red and gold letters, by a member of the Nursing Staff:—

"NIGHTINGALE TRAINING SCHOOL.

"ST. THOMAS'S HOSPITAL.

"In love of our Hospital, and with sympathy for our President, Treasurer, and Almoners, in their time of anxiety for its welfare, do we—the Matron, Sisters, Nurses and Probationers in the year Nineteen Hundred and Twenty-one, make this offering."

When the offering is complete (for there is more to follow) the names of all those concerned in it will be inscribed on the parchment,



which will then be framed and hung in the Governors' Hall.

We congratulate the nurses of St. Thomas's Hospital upon the successful result of their endeavour, which is a practical illustration of what can be done when good will and good organisation go hand in hand. We confess that it pleases us better to hear of nurses collecting from the public for the benefit of their patients than for schemes benefiting themselves.

In conclusion, the present nurses of St. Thomas's Hospital have given a splendid lead. If we may make a suggestion to its past nurses, popularly known as "old Nightingales," it is to go and do likewise.

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### MEDICAL MATTERS.

#### CASE OF SPONTANEOUS FRACTURE OF A MULES' GLOBE AFTER 20 YEARS: SUCCESSFUL REPLACEMENT BY A NEW GLASS GLOBE AFTER TWO ATTEMPTS.

By WILLIAM WYLLYS, M.R.C.S., L.R.C.P.

Miss C—, æt. 39, suffered from Graves' disease, and in 1913 Mr. D. Day successfully removed the goitre at the Norfolk and Norwich Hospital. She came to see me in a very agitated frame of mind at 9 a.m. on May 5th, 1920, stating that the glass globe which had been placed in her right eye by Dr. Lawford of Moorfields Hospital more than twenty years ago had suddenly burst. I made an examination and found such to be the case, and realising the necessity of immediate action, procured the services of my friend and colleague, Dr. Valentine Blake, who, giving a perfect anæsthetic, enabled me to clear out the pulverised glass from within the tunics and to insert a new glass globe. I sewed up the edges of Tenon's capsule carefully and then brought conjunctiva well over and sutured. All went well for eight days, when to my disappointment a small speck of glistening material appeared at the centre of the wound, and I found the edge of Tenon's capsule and conjunctiva had given way at that point, where a stitch could be seen lying loosely, evidently sloughed out from pressure. A little mucopus was to be seen, and with this inflammatory complication it looked doubtful if another attempt to perform a plastic operation was justifiable. I got Dr. Blake to see the case in consultation with me and the question of an ideal antiseptic which would not injure the tissues and at the same time rapidly subdue the inflammation, so that a further operation could be almost immediately performed, had

to be settled upon. At his suggestion, and on which I consider the successful result almost entirely depended, we decided to instil a solution of trimethenal allylic carbide. This was done for two days, when Dr. Blake again administered the anæsthetic. I opened up the old wound, took out the glass globe, and filled the cavity in tunics with solution of trimethenal allylic carbide, then floated in another Mules' globe, and even more carefully joined up the edges of Tenon's capsule with interrupted sutures of fine silk and then closed over with conjunctiva, using again interrupted fine silk sutures. On the eighth day one of these was loose and had worked almost out so I removed it, and two days later two more; but to my great satisfaction those in Tenon's capsule had held and there was good firm healing there. The conjunctiva with its full blood supply looked well after itself, and at the end of a fortnight an excellent stump was forming. A few days later I noted "all well," perfect movement of stump, and six weeks from the operation she was wearing with comfort a new Snellen Reform glass eye, a perfect match in colour with her sound eye.

I report this case to demonstrate the possibility of undertaking successfully a plastic operation in an inflamed area if a suitable antiseptic can be found: in this instance the carbide solution proved efficacious. Also to point out that if an attempt to replace a broken glass globe fails first time, the operation can and should be repeated. From an industrial point of view the necessity of restoring a *movable* glass artificial eye in this young woman's case meant a loss of or return to her post, to which, curiously enough, she had been appointed many years ago because of her keen sight and comely appearance, her employers having no idea when they engaged her that one of her eyes was artificial.

Another point of interest is the fact that in cases of this sort an artificial eye can be worn over a Mules' globe for five years without being even polished. This information the patient vouchsafed and I attribute it to the better fit obtained and the movement to and fro under the conjunctiva, which does not occur after enucleation, and also to use of fresh water only in cleansing the artificial eye; and another point of interest is that Mules' operation in young people can be taken when sight has been lost from chronic disease of cornea, for as a child from her history she evidently had strumous ulceration and probably perforation of cornea.—*St. Bartholomew's Hospital Journal.*



## NURSING ECHOES.

Queen Alexandra will drive down to the London Hospital on July 6th, and open the Nurses' Bazaar in support of their attempt to inaugurate a fund to open the 200 beds which were recently closed. The Bazaar is to be held in the grounds—a fine open space at the back of the Hospital—and the event will no doubt attract the wealthy West to the East with their pockets full of money. All sorts of amusements are being arranged, and the proprietors of the Royal Palace Hotel, High Street, Kensington, have offered to lend the services of Chester, the famous *chef* of Sir William Orpen's Diploma picture now in the Academy. An item in the programme which will appeal to many visitors, will be tours round the wards, conducted by a doctor and nurse. The bacteriological and chemical laboratories, and the X-ray department, where demonstrations will be given, the anatomical museum, and the kitchen, laundry, and nurses' homes will be inspected.

Nurses are such capable organisers that they do not need personal assistance in management of the great event, but they would greatly appreciate gifts for sale. These should be sent to the Matron, London Hospital, London, E. 1, and every old "Londoner" should urge her friends to visit the Bazaar, and help clear the stalls. We learn all sorts of charming things will be on sale at reasonable prices.

Sister Christina Jane Baxter and Sister Gladys Brown, of the Registered Nurses' Society, will leave for Athens on military duty at the end of the week. They will travel via France, Switzerland, Italy and Serbia to Greece.

Sister Baxter was trained at the Royal Infirmary, Glasgow, and was Acting Matron, Lewis Hospital, Stornoway, 1914-1916, and Sister T.F.N.S. at the 4th Scottish General Hospital, Stobhill, Glasgow, 1916-1919.

Sister Brown was trained at the Royal Infirmary, Bristol, and worked in the Southern Military Hospital, Bristol, T.F.N.S., from 1916-1918, and at the Special Military Surgical Hospital, Southmead, Bristol, 1918-1919.

Holborn Board of Guardians at a meeting last week received a letter from the nurses at the Holborn and Finsbury Hospital, Highgate, protesting against the Board's decision to discontinue the payment of bonus. Sir William Smith thought the nurses had taken an undignified course in protesting against what was

obviously a right resolution. The Board would not get a contented staff by bribes, and that, he said, was what it came to.

The truth is that war bonus should now be decreased throughout all the public services, as many ratepayers are unable to pay the extortionate rates without great personal suffering and self-sacrifice. "You can't get butter out of a dog's throat."

Miss Mary Dempster, whose patient, Colonel Villiers, left her £3,000, informs us that she had known him many years before she went to nurse him, and that she had severed her connection with the Registered Nurses' Society several months before she went finally to take care of him and his household. The legacy proves the appreciation of the late Colonel Villiers for Miss Dempster's devoted professional attendance for many years.

The controversy at the Steyning Union Infirmary concerning the signing of certificates for two probationary nurses who were suspended for alleged cruelty to patients and other faults, after having passed their examination, is one of great interest to all concerned. The nurses complain they have never, until after the refusal of certificates, been able to place their case in full before the whole Board of Guardians, and they denied the accusations. The Board suspended the nurses, and then certain members desired the medical officer to sign a modified certificate for them. This he very rightly refused to do.

As the matter stands, the Guardians must exonerate the nurses before they can expect the medical officer to sign the certificate of the School granted to those probationers who deserve it, both for good conduct and theoretical knowledge. The matter has now been taken up by the Women's Co-operative Guild, and at a meeting at which Guardians who sympathise with the nurses were present, they condemned their colleagues, who differ from their conclusions. At this meeting Mr. Mimmack is reported to have said that he tried without success to make the Board take some steps, and he, therefore, wrote to the Ministry of Health himself. He had urged the Ministry to hold an inquiry. If the Ministry took up the position that if the doctor would not sign the certificates they could do nothing, it would place the Medical Officer in supreme control and make him dictator to the Guardians.

After further discussion it was unanimously decided to take legal steps with a view to



securing the certificates for the nurses, and to solicit public support to a fund. A Committee was appointed to deal with the matter.

Mr. Mimmack's argument that a medical officer must sign documents of which he does not approve—presumably to relieve the Guardians of an awkward situation they themselves have occasioned—is entirely wrong. The nurses are in fault or they are not, and it is the duty of the Board of Guardians to prove them either innocent or guilty and give an honest judgment. The Board appears to have assumed a very invertebrate attitude, and to have expected the medical officer to do likewise.

The following letter from the Ministry of Health's General Inspector (Mr. J. S. Oxley) addressed to the Clerk, was recently placed before the Steyning Guardians:—

I am in receipt of your letter of yesterday with reference to the granting of certificates to nurses, and have consulted the Department with reference thereto. I am informed that the view of the Minister in such a case is that the matter is one for the decision of the Guardians, and that he could not properly intervene, and such an answer would be sent in the event of the Guardians officially submitting the facts. I do not see what more the Guardians can do; as the Examiner will not sign the certificate, they are, as you say, helpless in the matter.

Last week we had the pleasure of recording the recognition given to Dr. Anna Hamilton, of Bordeaux, of her splendid pioneer work for the cause of nursing in France. This week there has reached us news of the honour done to Miss M. Agnes Snively, *doyenne* of trained nursing in Canada, by her professional colleagues.

At the Fourteenth Annual Convention of the Canadian Association of Nurse Education and the Convention of the Canadian National Association of Trained Nurses, Miss Snively (together with Miss Margaret Stanley, till recently Superintendent of the Victoria Hospital, London, Ontario, and Miss Nora Livingstone, for many years Superintendent of Nurses at the Montreal General Hospital), had the honour of receiving life membership of both bodies, and Miss Snively, who had initiated both Associations, was presented with an autograph album containing the names of nine thousand nurses actively engaged in their fields of labour from the Atlantic to the Pacific Ocean. Miss Snively, the only one of the three ladies who was present to receive this recognition personally, expressed her deep apprecia-

tion of the honour conferred on her, and mentioned as one of the most important points for nurses to keep in view, the development of the heart and mind, and the great attribute of compassion. In addition to receiving life membership of both Associations, Miss Snively was also made Hon. President of the Canadian National Association of Trained Nurses. The Conventions of the two Associations were held at the Chateau Frontenac, Quebec, and Miss Snively was the honoured guest of both from May 30th to June 4th.

As Archivist of the nurses' organisations in Canada, Miss Snively presented a Report on the work of both these Associations for the first three years of their existence. This included an account of the ceremony of the affiliation of the Canadian National Association of Trained Nurses with the International Council of Nurses in London in July, 1909, at that unforgettable meeting at Church House, and also the visit of Miss Snively (as President of the Association) and the other Canadian delegates, to the Mausoleum at Frogmore, by special permission of the late King Edward VII, to place a wreath on the tomb of Queen Victoria.

Miss Snively's report took an hour and a half to present, and we are glad to learn will be printed later, and will contain a picture of the group of Canadian Delegates at Windsor Station in 1909, and of the wreath above mentioned.

When the above honours were conferred on Miss Snively she wore the beautiful Badge of the Matrons' Council of Great Britain and Ireland, which she greatly values, and which was presented to her as one of its Honorary Members. She is also a Life Member of the American Association of Nursing Education.

In a letter received Miss Snively writes:—  
“Naturally I am very proud of all this distinction, and only wish it might have been possible for you to have been present (so do we—ED.) to see with your own eyes what a very promising young person this child of mine, now thirteen years of age, has grown to be. “When one considers distances in Canada and that there were about 200 delegates present, from Halifax to Vancouver, one can be forgiven for being thrilled on such an occasion.”

The Conventions were most hospitably entertained in Quebec, and a Garden Party at Spencer Wood, given by the Governor-General and Lady Fitzpatrick, was included in the programme.



## GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The official staff of the General Nursing Council have settled into their convenient quarters at 12, York Gate, Regent's Park, N.W., and are looking forward to a very busy time when the Register is opened. The names of nurses trained in general hospitals and infirmaries will be placed in the General Part of the Register, and Male, Mental, Sick Children's and Fever Nurses in the Four Supplementary Parts of the Register. Application Forms will, it is hoped, soon be procurable from the Registrar—who will, no doubt, as they say in America, have "some" mail bag!

## THE GENERAL NURSING COUNCIL FOR SCOTLAND.

### COPY OF DRAFT RULES AVAILABLE.

In terms of Section 3 (5) of the Nurses' Registration (Scotland) Act, 1919, notice is hereby given that the General Nursing Council for Scotland proposes to make Rules for the purpose set forth in Section 3 (1) (a), (b), (c) and (d), namely:—For regulating the formation, maintenance and publication of the Register; for regulating the issue of Certificates and the conditions of admission to the Register; for regulating the conduct of any examinations which may be prescribed as a condition of admission to the Register, and any matters ancillary to or connected with any such examinations, and for prescribing the causes for which, the conditions under which, and the manner in which, nurses may be removed from the Register, the cancellation of certificates of nurses removed from the Register, the procedure for the restoration to the Register of Nurses who have been removed therefrom, and the fee to be payable on such restoration.

Copies of the Draft Rules for the above purposes may be obtained from W. S. Farmer, Registrar, General Nursing Council for Scotland, 13, Melville Street, Edinburgh.

## THE GUILD OF ST. BARNABAS FOR NURSES.

Unlike last year, the Annual Festival did not take place on the day of the patron Saint—namely, June 11th—but on the 14th. The usual generous feast of tea was provided in the Hall of the Church of the Holy Redeemer, Exmouth Street, Clerkenwell, between the hours of 4.30–6.30. Service in the church followed at 7, conducted by the Chaplain-General, the Rev. E. F. Russell. The very large audience of Guild members listened with rapt attention to the sermon preached by the Vicar of St. Alban's, Holborn, Rev. H. Ross.

"A nurse *must* have refinement of character, a nurse *must* be one of God's gentlewomen. The Guild of St. Barnabas stands for all that is best and highest in the glorious profession of nursing. . . . Whoever is called to the profession of a nurse is called to the inner sanctuary of God's economy of life." These and many other words pregnant with meaning must have stirred the hearts of those who had ears to hear. "Is the influence of a nurse as great to-day as it was in the past?" he added. Is it, we wonder? The Bishop of Brisbane, vested in cope and mitre, gave the Blessing. The congregation then dispersed to reassemble in the Finsbury Town Hall for the business of the annual meeting, at eight o'clock. The great audience gave free vent to its sense of rejoicing over the recovery of the Chaplain-General from a second serious illness by *very* loud and *very* prolonged applause. There could be no doubt whatever of the heartiness of the welcome, as he took his usual place—in the chair. Others who supported him on the dais were the Venerable Archdeacon of London, the Bishop of Brisbane, Rev. H. Ross, Mrs. Gardner (the Guild Mother), and Miss Greenstreet (Hon. Treasurer). The business part of the meeting is never of a ponderous nature and occupied very little time; on the financial side, the suggestion foreshadowed last year was now laid down as a definite rule, namely, that the subscription was to be raised from 2s. 6d. to 5s., with the proviso that leniency was to be shown to those to whom it would be a matter of serious inconvenience or burden.

The Right Rev. Bishop le Fanu (co-adjutor Bishop to the Archbishop of Brisbane), in a humorous speech, told of the founding of the Guild in Brisbane four years ago. He explained that the problem of distance made it difficult for the Guild to extend, or even to hold itself together; nevertheless it did so. Some members were three and four hundred miles from the centre, and one of them as much as nine hundred miles away! The Archdeacon—who is well known to the members as an expert in humour on these occasions—surpassed himself this time. Extracting a parable from the window of an old clothes' shop, where he had read the words, "*Quality, Fit and Style*," he emphasised the necessity for these things in the Guild in the spiritual sense. The Archdeacon is an adept in combining happily the sublime with the ridiculous. Pointing out that every member of a profession should aim at improving his or her quality, he told how a burglar, desiring the same thing, asked the magistrate before whom he was brought, if, instead of calling him a burglar, he would be kind enough to call him a "*midnight mechanic*"!

"Nurses, be good style," he said, in conclusion; and gently and kindly hinted at rather queer styles in dress he had observed in some of them!

The Bishop's blessing brought a very pleasant evening to a close. All present regretted that, owing to an accident, Miss Wood (the Hon. Secretary) was unable to be present.

B. K.



# Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

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THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

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## A VERY HANDSOME GIFT.

The beautiful Banner of the Badge of the Association—embroidered on a Royal blue ground—contributed for by a few Nurse Members of the Association—has now been mounted in a fine mahogany case, covered with glass, and hung in the Hall at the new Headquarters of the Royal Corporation—at 194, Queen's Gate, S.W. This very handsome gift has been donated by Miss C. Liddiatt, a most generous supporter of her professional Association, and will preserve for generations of members to come this lovely work of art embroidered at the Royal School of Art Needlework. All her fellow members owe Miss Liddiatt a warm vote of thanks for her munificence.

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## ENVIRONMENT.

[A letter published in the current issue gives us some food for thought on the subject of the influences of environment. There is not the faintest doubt that, if not consciously, at least subconsciously at all times and in all places, environment is a force to be reckoned with. Its subconscious effect is insidious, unnoticed, but all the more powerful, therefore, in its influence throughout the life of any one of us. People who grope through life in sordid surroundings inevitably develop sordid characteristics, sordid qualities of mind, sordid habits of thought (or rather of lack of thought) which react most harmfully on their physical health, which change in time their whole personality, and which shut out from their vision, at last, all the originality and beauty that flows through the world's life.

One of the greatest tragedies which we see around us is the way in which many nurses have allowed their minds to die while they, thought only of finding food and shelter for their bodies, and considered nothing of the penalty and loss of power and individuality involved by burrowing on in what one nurse appropriately described as her "orange box." True it was that the "orange box" was cheap, and the bed, table and chair there seemed to supply her material needs; for a time at least it played its part in helping her banking account to swell. But the little lady was not fitted to live alone, she lost touch with flow of life and to-day the time which she used to spend

with cases she spends in the "orange box," and *vice versa*. "So introspective, so full of herself and her affairs, always chatting of her own trials and problems," becomes the verdict of her patients and her friends.

We are all more or less chameleon like, nurses perhaps more so than others, because from the very nature of their work, their faculties of adaptability are forced overmuch; thus almost creating a tendency to take their mental attitude and characteristics from their surroundings and from those whom they contact. This makes it all the more necessary that those surroundings which play into their lives, when they have intervals of freedom, shall be such as will be likely to enable them to carry away with them influences which will keep them alert and happy, such influences as will act subconsciously in preventing them from growing, as so many have in the past, old, uninteresting, uninterested and unwanted, long before their time. It is that such influences may spread themselves throughout the profession that the Committee of the Club have made it their first consideration of all to see that the surroundings at the "home from home" are kept always beautiful, that the food is always good and always nicely served, and that every member of the domestic staff is of the type that gentlewomen are accustomed to have about them; that, in fact, the nurses will find something more than mere physical refreshment during the intervals between their undeniably strenuous work.

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## THE WHIST DRIVE.

It was a delightful evening that we spent at the Club on June 11th when, after coffee and cake (which were excellent) in the drawing room we played whist drive with some members of the Women's United Services Club, and two hours slipped only too quickly away. The first prize was won by Miss Jessie Holmes, while Miss Aughton and Miss MacVitie tied for the second, and Miss Desart and Miss Macdonald for the "booby." I hope that a return whist drive will take place soon at the United Services Club, and that the members of the R.B.N.A. who are whist players will rally. Nurses as we know are rather an uncertain quantity and their duty to the sick must come first, but it is the greatest gain to character to be able to win



modestly as well as to lose well. As nurses we do need to take part in things other than "shop," and although we may not become great sports-women we may help to advance the line by at least maintaining a sporting spirit.

J. H.

#### ENGAGEMENT.

Miss Helen Peile is shortly to be married to Mr. Mason, Vicar of Tudeley, Tonbridge. Miss Peile takes a keen interest in all that concerns her profession, and we hope that she will continue to do so; the working nurses have owed much in the past to the help of many of the married members of the R.B.N.A.

We offer to Miss Peile and her fiancé all our good wishes.



THE LOUNGE, ROYAL BRITISH NURSES' ASSOCIATION CLUB,  
194, QUEEN'S GATE, S.W.

#### APPOINTMENT.

Miss Corbetta Lord has been appointed Matron of the Hokianga Hospital, Rawene, New Zealand, and we offer to the Board of that Hospital our warm congratulations, for Miss Lord is a most able member of the profession, and has held appointments which must have brought to her very wide experience of administrative work.

#### CORRESPONDENCE.

THE NURSES' OWN CLUB.

To the Secretary of the R.B.N.A.

DEAR MADAM,—I once asked you "What 194 Queen's Gate had been before?" and, when replying, you remarked, "Everyone seems to ask that." Your answer set me thinking, for the house does seem so full of nice "feelings," and causes one to think that all sorts of memories

cling about it of happy lives and lovely thoughts. The psychic temperament is not always a thing to be coveted. I have been in houses where, sitting in some luxurious room or perhaps climbing a splendid staircase, there has come to me, from some unseen source about me, a strange flash of forces of sensuality or strife; or there have been other occasions when I could almost see the thought forms belonging to a selfish desire to grasp all that a short lifetime can give of material gain.

But in your delightful house everything seemed so peaceful to my Celtic susceptibilities. It was to me a kind of oasis for a brief time, where strangers met like old, old friends. The Princess, in the speech I read, called it "a home from home," and so it will always seem to me, and I hope that

many nurses will rally round the R.B.N.A. members and help them to keep that home running on its present lines for the nurses.

I am, etc.,

"A SHIP THAT  
PASSED IN THE  
NIGHT."

#### DONATIONS.

The Hon. Treasurer acknowledges with thanks donations from the following during the months of April and May:—

#### SETTLEMENT FUND.

Miss Page Henderson, 2s.

#### GENERAL FUND.

Sydney Pitt, Esq., £31 10s.; Miss MacPherson, £2 2s.; Mrs. Watson, £1 8s. 4d.; Miss Silcock, 15s.; Miss

G. Anderson, 12s. 6d.; Miss W. S. Walters, 11s. 4d.; Miss E. G. Kennedy, Miss M. Ker, 10s.; Miss Dark, 9s.; Miss Dorrell, 7s.; Miss Hughes, 5s.; Miss D. Bishop, 3s.

#### THE CLUB.

Miss M. Tait, £11 4s.; Mrs. Campbell Thomson, Miss Huxley, £10; Miss Aughton, £6; Miss B. Lancaster, G. K. Naylor, £5; Miss Villiers, £3 3s.; Miss L. Ainsworth, £3; Miss M. Breay, £2 2s.; Misses A. Barry, R. Gunn, C. Liddiatt, A. Rider, A. K. Robertson, B. Trew, E. Waind, and Dr. McGregor Robertson, £1 1s.; Mrs. Lambert, Misses A. Bennett, E. Brodie, E. Day, M. Fielder, Hutton, M. Trevena, and Mrs. Throsby, £1.

(To be continued)

ISABEL MACDONALD,  
Secretary to the Corporation.



## PRACTICAL HINTS.

### CARE OF BLANKETS AND PILLOWS.

The care of blankets and pillows is one of the problems which confronts hospital superintendents at this time of the year. Miss Lina Fish, house-keeper of the Chicago Municipal Tuberculosis Sanatorium, gives an account in the *Modern Hospital* of the system which she evolved to overcome the difficulty.

"We took rooms that were used for storage, seeing to it that they were not subject to floods or sweating steam pipes, and put up cases of 'deaded' ceiling, arranging them so that each compartment held just so many single or double blankets, folded exactly alike. We knew that when we had that space filled we had its allotted number. Upon the many cases we kept a card index. The index corresponded with the blankets inside and with the different units sending them for storage. By this means we were able to return in the fall, when needed, the same blankets that had been given care during the summer. We were very careful to see that moth marbles were placed among them in sufficient numbers to insure against any damage from moths, and I can state that, owing to this plan, we have never had a single blanket attacked by that dreaded summer scourge, the moth. It might be well to state here that all blankets are examined carefully to decide whether they require laundering or merely airing.

"When laundering was required, we saw to careful washing. One of the most important factors in a successful cleansing is the soap. It is necessary, in consideration of the animal wool, to have a vegetable soap if possible, for the purpose of keeping down the shrinkage, and, of course, the water must be kept at the same temperature throughout the process. It is best to give them two suds but not to use too much soap; the second suds should be light, with almost one half less soap than the first. All soap must be rinsed out for perfect work. With the drying of woollen blankets comes the principal task. Many are obliged, from restricted grounds, to use the dry-room tumbler, and this will do the work if the heat is regulated to a little above natural, but if the blankets are given too much heat they shrink and become hard, no matter how well washed. If it is possible, they should be dried outside, preferably on the lawn, as it is much easier to spread them and it makes such a difference in their condition if they are exposed to sun and air. In the case of cotton blankets, the drying should be done with the dry-room tumbler or in a dry-room rather than with the mangle. We all know that there is more wear and tear in the laundering and mangling of flat work than in the using. Cotton blankets can be folded up systematically and piled from the dryer, and then the nap is saved and they will still be sufficiently smooth for the bed. One-half of the wear, as we have found by experience, results from putting

them through the mangle. This, of course, applies more directly where cotton blankets are used for outdoor sleeping and take the place of sheets. The tendency with the substitute for the sheets is to put it through the laundry more often than is necessary, for the habit of a change of sheets every week is strong.

"While speaking of blankets, it may be said that feather pillows can also be treated to a bath and renovating bills be saved. The pillows should be put in the machine with about the same soap that would be used for blankets; regular laundry soap will do for this. The loads should not be heavy. The water should be a little warmer than for blankets, and the pillows should be given a good washing. Of course the extent of the first suds depends on the condition of the pillow. They should be given a second suds and rinsed several times. All the water must be kept at the same temperature after the first suds. Then the principal thing is the drying. They should be put in the dry-room tumbler and kept tumbling until dry. If there is not time to give them a full drying in the tumbler they can be placed in the regular dryer and finished in the tumbler. They will come out like new pillows."

### CARE OF LINOLEUMS AND CORK CARPETS.

If you have floors of battleship or inlaid linoleum, waxing is recommended as the best preservative and the easiest way to keep them clean. Before applying any wax, however, the linoleum should be thoroughly cleaned by scrubbing with warm suds made with mild soap, preferably a vegetable oil soap, free from alkali. After the floor is dry, a good floor wax, preferably liquid, should be applied and rubbed in thoroughly. The use of a weighted brush or an electric floor waxer will give a beautiful polish and a smooth surface, to which dirt will not adhere. After three or four such waxings, a week or so apart, the wax need not be renewed oftener than once every two or three months. Daily cleaning need consist only of going over the floors with a dry mop.

For printed linoleum, the best treatment is varnishing. The best results are obtained through the use of a waterproof, thoroughly elastic preparation, as ordinary cheap varnishes are liable to crack and turn white or yellow after they have been walked on for some time. This same method should be followed in scrubbing printed linoleum as in inlaid or cork carpet. Extreme care should be taken against the use of soap or soap powders containing alkalis, as their repeated use will make your linoleum wear out in a few years. These alkalis eat into the oxidized linseed oil in the linoleum just the same as they do in the paint or varnish of woodwork, the base of which is also linseed oil.

Wednesday was Rose Day, and as is her custom Queen Alexandra drove through London to visit the rose sellers. As the hospitals can do with all they can get, we may hope the public responded generously to the flowery appeal.



## THE PLACE OF THE LOCAL AUTHORITY IN THE TREATMENT OF VENEREAL DISEASES.

A meeting for women members of Local Authorities in Greater London was held on Tuesday, June 14th, at the Middlesex Guildhall, Westminster. The meeting was presided over by Miss Bertha Mason, and Mr. E. B. Turner, F.R.C.S., Chairman of the National Council for Combating Venereal Diseases, spoke on "The Place of the Local Authority in Treatment of Venereal Diseases." He said it was most important to tear aside veils which had hitherto been drawn over these subjects and instruct the public. After a campaign, at which he was speaking, the attendance at the local clinic increased four or five hundred per cent. Many more clinics should be started, and it was important that there should be co-ordination with other authorities, especially with the education authorities. Education was the rock bottom of reform in this respect, and the teachers should be taught how to instruct the young in sex matters, and the parents invited to conference. He spoke in high terms of the work of women police, and said that women of education were needed, not of the class who would give the "glad eye" to the police constable. He considered that many films were "filthy and disgusting"; common lodging houses needed more supervision as they were not infrequently haunts for the procuress. The use of prophylactics he denounced as immoral and leading to the increase of disease.

Of a large number of young men who were under his care, three-quarters of them had assured him that they would never have exposed themselves to the risk if they had not been dead sure of the efficacy of self-disinfection. The worst case of venereal disease he had ever seen was in a boy of sixteen. Was it suggested that young boys and girls were to be supplied with these means, the very possession of which would be one continual suggestion and incitement. The idea was horrible. The present Minister of Health was absolutely dead against the practice. The gospel of morality was the only remedy for the evil. Morality and health cannot be divorced. Children should be taught the facts of life as soon as they begin to ask questions, and "tosh" such as telling them that babies were found under gooseberry bushes should be abandoned.

In the discussion which followed, Mr. Wood gave some further illuminating facts. In Cologne, where the prophylactic packets are displayed in every chemist's window, and where they may be obtained by a penny in the slot system, it was estimated that fifty per cent. of the population was infected.

In answer to a question as to compulsory notification, he said that it could not be forced, but

that it would certainly come with the will of the people.

As an instance of its desirability, he said that a surgeon of a large venereal department had told him that he saw numbers of the women attending his clinic in the Strand at night, in pursuance of their calling.

It was highly desirable that Boards of Guardians should have power to compulsorily retain infected patients. In sea-port towns it was a common practice for such women to take their discharge on the arrival of a ship in port and to return for further treatment after it had sailed.

## ST. THOMAS' HOSPITAL.

### ANNUAL GARDEN PARTY OF THE NIGHTINGALE TRAINING SCHOOL.

The annual garden party of the Nightingale Training School to Old Nightingales at St. Thomas' Hospital, on June 21st, was a charming function. Firstly, H.R.H. the Duke of Connaught came on to the lawn, where the Nightingale School and their guests were assembled under the shadow of Big Ben, from the presentation of prizes to medical students, and received from the Matron, Miss Lloyd Still, the offering of £2,000 given and collected by the nurses of the Nightingale Training School now in the Hospital towards its Appeal Fund, "In love of our Hospital and with sympathy for our President, Treasurer and Almoners, in their time of anxiety for its welfare."

Again, the group of international students, who have just finished their course at King's College for Women were there, with Miss Fitzgerald and Miss Waters, for Dr. Depage, of the Belgian Red Cross had come over to present them with the beautiful commemorative bronze medal of those two rare women and rare friends, Mme. Marie Depage and Edith Cavell. The medal bears on the obverse the heads of these heroic women side by side, and on the reverse, "1915—Remember." The presentation took place in the Matron's dining room in the Nightingale Home. Dr. Depage, in making the presentation, spoke in French, the Treasurer, the Hon. Sir Arthur Stanley, in both French and English, and Miss Fitzgerald returned thanks in French. One of the medals was presented by Dr. Depage to Miss Lloyd Still. A large portion of the long corridor was glowing with beauty—roses, delphiniums, fox-gloves, cornflowers, and sweet peas of every hue, perfectly blended, provided a feast of colour, to which tea tables played a subsidiary, if important part. On the terrace by the river, the Band of H.M. Grenadier Guards played delightful music, and on the lawn Miss Lloyd Still and the Nursing Staff were indefatigable in their care of their guests, among whom one recognised many distinguished "Nightingales," and other well-known members of the nursing profession. It was an afternoon long to be remembered.



## THE HOSPITAL WORLD.

The Princess Royal will perform the opening ceremony of the Great Northern Hospital's new Branch—the Great Northern Hospital of Recovery—"Grovelands," Southgate, on Saturday afternoon, July 9th. This branch marks an interesting development of the Hospital's activities, as it permits the removal of patients from the parent Institution five or six days after operation, a method of treatment which lends itself to economical management and the more rapid recuperation of patients.

The result of the bazaar held at Crewe House for the Great Northern Hospital has, we learn, exceeded by several hundred pounds the sum of £2,000 which it was the aim of the organisers to reach.

The 153rd annual report of the Leeds General Infirmary refers with deep regret to the retirement of Mr. Charles Lupton, who had been a member of the Infirmary Board for thirty-nine years, and the treasurer and chairman for twenty years. The report states that while the work of the Infirmary is more needed than ever, the financial side is still very unsatisfactory, and, owing to the increases in the prices of food, drugs, labour, and other requisites, there is a deficit of over £40,000 on the ordinary income, as compared with the ordinary expenditure. The financial statement shows a total income for the year of £192,710, leaving a balance of £10,344. The balance, the report states, is accounted for largely by big donations, such as £5,000 from the Red Cross War Fund, £35,000 from the division of the Prince of Wales War Relief Fund, £50,000 from Mr. J. Watson, &c., and it is stated that unless some great reduction in ordinary expenditure or some great additions to ordinary income can be effected, the Infirmary will soon be unable to pay its way.

Workers' organisations have helped Norfolk and Norwich Hospital to such purpose that a ward closed for lack of funds has been re-opened.

The Cumberland Infirmary, Carlisle, we regret to learn, appears in a serious financial condition. During the first quarter of the year the expenditure has exceeded the income by £954. No charge is made to the patients, and before considering the alternatives of reducing the number of beds or a charge to patients, the Committee are awaiting the result of the special effort being made by the workers in factories and workshops to increase their regular subscriptions, and also of a special week when appeals will be made in various ways with a view to reducing the heavy deficit against the institution. Other hospitals which have adopted the "pay according to means" system, are materially reducing their financial anxieties, and many patients can well afford to contribute.

## APPOINTMENTS.

### MATRON.

**Ministry of Pensions Hospital, Birmingham.**—Miss M. W. Bannister has been appointed Matron. She was trained at the Royal Hospital, Sheffield, and has been Sister at the County Hospital, Lincoln, House-keeping Sister at the Cameron Hospital, West Hartlepool, Home Sister at the Royal Infirmary, Hull, and Matron at the Throat Hospital, Golden Square. She worked for five years in France as a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

### SUPERINTENDENT.

**County Nursing Federation, Perthshire.**—Miss Williams has been appointed Superintendent. She was trained at the Royal Infirmary, Edinburgh, and is a Queen's Nurse and Certified Midwife.

### SISTER.

**Maternity Home, Sunderland.**—Miss Clara Taplin has been appointed Sister. She was trained at Spittals Hospital, Stoke-on-Trent, and at St. Mary's Hospitals, Manchester, and has been Staff Nurse, Acting Sister, and Acting District Sister at St. Mary's Hospitals, Manchester, and Night Sister at the Middlesbrough Municipal Maternity Home.

**Princess Mary's Hospital for Children, Cliftonville.**—Miss Lily Stevin has been appointed Sister. She was trained at King Edward VII's Hospital, Windsor, and has been Staff Nurse at the Military Hospital, Paddington, and at Princess Mary's Hospital, Margate.

Miss E. Anderson has also been appointed Sister. She was trained at the Royal Infirmary, Manchester, and the City Hospital, Leeds, and has been Staff Nurse at the Horton War Hospital, Epsom, and at Princess Mary's Hospital, Margate.

**Royal Hospital, Sheffield.**—Miss Gertrude Gregory has been appointed Sister of the Ophthalmic Wards. She was trained at the Jaffray Hospital, Birmingham, and the Royal Hospital, Sheffield, and has been Staff Nurse at Lodge Moor Fever Hospital, Sheffield.

### HOME SISTER AND DEPUTY SUPERINTENDENT NURSE.

**The Infirmary (Sculcoats Union), Hull.**—Miss Annie Isabel Moore has been appointed Home Sister and Deputy Superintendent Nurse. She was trained at Sculcoats Infirmary, Hull, where she was promoted to Charge Nurse.

### CHARGE NURSE.

**St. Albans Union.**—Mrs. Annie I. Hawkins has been appointed Charge Nurse. She was trained at Watford Union Infirmary, and has done private nursing.

Miss Ellen Dakin has also been appointed Charge Nurse at the same Infirmary. She was trained at St. Leonard Infirmary, Shoreditch, and has been staff nurse in Q.A.I.M.N.S.R. and temporarily at St. Mary's Hospital, Paddington.

### HEALTH VISITOR.

**County Borough of Walsall.**—Miss Lilly Booth has been appointed Health Visitor. She was trained at Cheadle Union Infirmary, and at Withington Hospitals, Manchester, and has held the position of Health Visitor in Burnley, of Charge Nurse at Booth Hall Infirmary, Manchester, of Staff Nurse at Withington Hospitals, and at the Maternity and Child Welfare Centre, Plaistow.

### QUEEN VICTORIA JUBILEE INSTITUTE.

#### TRANSFERS AND APPOINTMENTS.

Miss Mary Smith is appointed to Oxfordshire N.F., as County Superintendent; Miss Ellen E. Bridger, to Bath, as Assistant Superintendent; Miss Beatrice



M. Thompson, to Manchester (Bradford), as Assistant Superintendent; Miss Emily E. Tubbs, to Hampshire C.N.A., as Assistant County Superintendent; Miss Ellen L. M. Hall, to Metropolitan N.A., as Senior Nurse; Miss Minnie M. Chambers, to Hazel Grove; Miss Margaret D. Clarke, to Skegness; Miss Mary E. Conroy, to Beckenham; Miss Sarah E. Footner, to Penzance and Madron; and Miss Lilian Turton, to South Elmsall.

### NORTH MIDDLESEX HOSPITAL, EDMONTON.

#### A SOLEMN MEMORIAL SERVICE.

A Solemn Memorial Service will be held at the above Hospital Chapel on Wednesday, July 6th, at 3.30 p.m., for the Nurses who died at their post on duty at the Edmonton Military Hospital.

A Memorial Tablet will be unveiled by General Blenkinsop, D.D.M.S., Eastern Command, and will be dedicated by the Bishop of Willesden.

A reunion of Nurses will take place after the ceremony. The Matron will be pleased to hear from former Sisters and Nurses who are able to attend.

### PRESENTATION.

Nurse Litt, late district nurse of the Ashbourne and District Nursing Association, has been the recipient of a leather wallet, containing Treasury notes, and a gold cross and chain. The gifts were subscribed for by a large number of friends, and the presentation, which was made at the recipient's house, was performed by Canon Morris, Chairman of the Association, who also presented Miss Julia Litt with a morocco-bound prayer book, and in the name of all the subscribers wished them God-speed in their impending journey abroad.

### WEDDING BELLS.

An interesting marriage was celebrated at St. Luke's Church, Sydney Street, Chelsea, on June 16th, when Miss Gwendoline Coles, Superintendent of the Nurses' Home at the Chelsea Infirmary, was married to Mr. William Rudge, the son of a well-known doctor in Bristol. Miss Coles, who was trained at the Chelsea Infirmary, did war service in a military hospital in Bristol, where she met Mr. Rudge, who was suffering from shell-shock.

The ceremony was performed by the Bishop of Kensington, assisted by the Rev. C. C. Peacy, curate at St. Luke's Church and a member of the Chelsea Board of Guardians, and the Rev. J. Lea, chaplain at the Chelsea Infirmary. Nurses from the Infirmary, in indoor uniform, formed a guard of honour, and after the ceremony a reception was held in the Nurses' Home of that institution. The wedding gifts included a handsome dinner service from the staff of the Infirmary. Mr. and Mrs. Rudge will live at Clifton, Bristol. All good wishes for their happiness.

### PRESENTATION TO DR. F. B. POWER.

An interesting Anglo-American function recently took place at the Assembly Hall of the Cosmos Club, Washington, U.S.A., when Mr. Henry S. Wellcome, well known for his generous promotion of scientific research, presented Dr. F. B. Power, late Director, Wellcome Chemical Research Laboratories, London, with a gold medal specially struck to commemorate Dr. Power's distinguished services to science during 18½ years as Director of the Wellcome Chemical Research Laboratories, London. His work is moreover still bearing fruit, and as an instance of this it may be mentioned that the new treatment of leprosy, which gives promise of effecting a complete cure of this terrible disease, is based on the results of a series of researches conducted by Dr. Power in London.

## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES,  
JUNE 16TH, 1921.

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, and what advice would you give as to the disposal of all waste products in a country district where no refuse is collected and where there is no water-carriage system?

2. What advice would you give to a mother if you noticed children with impetigo in a house you were attending (a) to remedy the children already infected, (b) to prevent spread of infection?

3. A young girl, one of five children, is suffering from phthisis; her bed is made up on chairs in the only family living-room, there being only two bedrooms and a small back scullery in addition. The father is suffering from the same complaint, but is not bedridden; the mother and an elder sister support the family.

What are your suggestions (1) for dealing with the patient, (2) as to precautionary measures for the rest of the family?

4. What are the notifiable infectious diseases? What steps would you take to ensure the proper disinfection of a room which had been occupied by a person suffering from one of these diseases?

5. Name the conditions included under the term "Venereal Disease." Describe the local manifestation in the mother and child. What advice would you give if you suspected this disease?

6 (a). What personal characteristics and qualifications (apart from professional skill) do you consider it necessary that a nurse should possess in order that she may be a real success in district work? or,

(b) What signs would lead you to suspect that a child of one year might be feeble-minded, and what advice would you give the parents? How would you act if brought into contact with a case of child neglect in your district?

## THE SCOTTISH BOARD OF HEALTH. EXAMINATION OF NURSES.

On May 10th, and subsequent days, the Scottish Board of Health held an examination for the certification of trained sick nurses, and trained fever nurses in Glasgow, Edinburgh, Dundee and Aberdeen.

In all 375 candidates presented themselves for examination, with the following results:—

*In Anatomy and Physiology*—7 nurses obtained distinction, 76 a simple pass, and 41 failed.

*In Hygiene and Dietetics*—7 nurses obtained distinction, 113 a simple pass, and 27 failed.

*In Medical and Surgical Nursing* (for Poor Law and General Trained Nurses)—3 nurses obtained distinction, 30 a simple pass, and 3 failed.

*In Medical and Surgical Nursing* (for Fever Trained Nurses)—3 nurses obtained distinction, 108 a simple pass, and 8 failed.

*In Midwifery*—3 nurses obtained distinction, 34 a simple pass, and 3 failed.

*In Infectious Diseases*—14 nurses obtained distinction, 110 a simple pass, and 4 failed.

134 candidates have now completed the examination, and, subject to the completion of three years' training in hospital, to the satisfaction of the Scottish Board of Health, are entitled to the certificate of efficiency granted by the Board. *In General Training*, 32. *In Fever Training*, 102.



**MEMORIAL TO SCOTTISH NURSES.**

A memorial tablet to Scottish Nurses who died on war service is to be erected in St. Giles's Cathedral, Edinburgh, and the design, which we reproduce by kind permission of the sculptor, Mr. L. F. Roslyn, R.B.S., is now on view in the Royal Academy. The size of the tablet, which is carried out in bronze, will be six feet by four feet. The figures on either side represent Courage and Patriotism, and Peace and Sacrifice. The patron St. Andrew is on the top, and the Badges of Queen Alexandra's Imperial Military Nursing Service and its Reserve, and of the Territorial Force Nursing Service, appear in enamel in the frieze. No more fitting or beautiful shrine could be found for the memorial than this historic Cathedral, in which are commemorated so many brave and famous Scotsmen, while the stately pillars are decorated with the flags of the old Scottish Regiments.

We are indebted to the Editor of *The Builder* for the loan of the block.

Students of history will remember that it was in St. Giles' Cathedral that the great Montrose was buried, with splendid ceremonial, sixteen years after his execution. From its pulpit John Knox (whose house in the High Street near by should be seen by all visitors to the beautiful capital of the Northern Kingdom) thundered denunciations against Popery, and its walls have echoed to the shout of Jenny Geddes as she hurled that historic stool at the preacher's head

**COLLEGE OF NURSING, LTD.**

The College of Nursing, Ltd., is this year holding its Annual Meeting at Edinburgh, on June 24th, in the Royal College of Surgeons' Hall, Nicholson



Street, at 2.30 p.m. In connection with it a Conference will be held and also various social functions, in addition to which the Castle, Holyrood, and other places of interest will no doubt be visited.



## DISTASTEFUL TO MANY NURSES.

Speaking editorially, *The Canadian Nurse*, the official organ of the Canadian National Association of Trained Nurses, says:—

"The appeal all over Canada from Lady Martin Harvey for money for nurses in England has brought forth protests from nurses everywhere, in Canada as well as in England. It is to be regretted that the feeling of the nurses should not have been taken into consideration before a wholesale appeal for money for them was made. It is anything but a commendable effort to help; and one which every nurse should resent most emphatically. If nurses in England are in the financial state that Lady Martin Harvey would lead us to believe, then why not see that they are paid enough by Government and other employers to enable them to stand on their own feet and not be the subject of such appeals, which are degrading to the State-recognised profession of England?"

"Why nurses should be subjected to such humiliating experiences is hard to understand. Perhaps, if the College of Nurses, Ltd., whose receipts, we understand, are being given out to those answering the appeal, was composed, as it should be, of the nursing profession only, such things would not be. Those who are really interested in nurses and the future of the profession know that we are as capable as any other profession of handling our own affairs and staging our own appeals if we wish to have them made. Whatever Lady Martin Harvey's ideas or wishes were in this matter, we think that she has been most unwise in continuing an appeal that is so distasteful to many nurses, both in England and Canada."

Let us hope this will be a lesson to ladies of the dramatic profession—when on tour abroad—not to depreciate the status of other professional women by begging in their name without their consent. We thank our Canadian sisters for their emphatic repudiation of Lady Harvey's pauperising policy.

## COMING EVENTS.

June 25th.—Royal British Nurses' Association. Annual Meeting, 3.30 p.m., 194, Queen's Gate, S. W.

June 28th.—London Federation of Infant Welfare Centres Annual Meeting. The Mansion House. In the Chair: Sir Henry Harris, K.B.E., M.P.

June 29th.—Trained Women Nurses' Friendly Society (Approved Society), Annual Meeting. 431, Oxford Street, London, W. 5 p.m.

July 6th.—North Middlesex Hospital, Edmonton. A solemn Memorial Service for Nurses who died on Duty during the Military Occupation: 3.30 p.m.

## NOTICE.

Members of the Trained Women Nurses' Friendly Society should note the date and endeavour to attend the Annual Meeting at 431, Oxford Street, W., on June 29th, at 5 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## VENEREAL DISEASE CONFERENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In reply to "A Venereal Sister," may I point out that it is not correct to say that the advocates of venereal prophylaxis, including self-disinfection, were not heard at the North European Conference on Venereal Diseases. I understand that representatives were present from Berlin, Dresden and other places where prophylaxis and self-disinfection is most blatantly advertised, and the testimony of the medical men from these places was to the effect that venereal disease was rising, and thousands of fresh cases are continually coming in.

I hold no brief for the National Council for Combating Venereal Diseases, but I do think it is a very excellent thing that these Conferences are not attended merely by medical people. The whole problem of venereal infection is so closely bound up with moral, emotional, and ordinary human factors of personal character, that it is an excellent thing that lay men and women should have an opportunity of expressing their views in important conferences. I may add that I am of opinion that the lay women sent round the world by the National Council did very valuable work in advising on, and making suggestions with reference to, the improvement of recreational and physical conditions in all the various ports.

The self-disinfection society here seems only too anxious to make use of the help of lay women, and it can do their propaganda no good for any of its members to write in the somewhat acrimonious tone adopted by "A Venereal Sister."

Yours faithfully,

ALISON NEILANS, *Secretary,*  
*The Association for Moral and Social Hygiene.*  
Orchard House,  
Gt. Smith St., S.W.1.

[Perhaps "A Venereal Sister" will reply to Miss Alison Neilans' criticism of her letter. We gathered she considered that, in selecting delegates from Britain to the North European Conference on Venereal Diseases, the British Red Cross should have taken care that delegates were selected from both the Societies organised against Venereal Disease, and not from the National Council for Combating Venereal Disease alone. We agree with "Venereal Sister" that it was quite unnecessary to send the lay Secretary and Assistant Secretary of the National Council round the world together at the taxpayers expense, and with her we think it would be interesting to know what we had to pay for what appears to have been in these hard times a very enjoyable tour for these officials.—Ed.]



## ALLEGED ILLEGAL DISMISSAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The *Evening Standard* of the 6th instant, printed a statement alleging that "the Poor Law Workers' Union asked the Ministry of Health to hold a public inquiry *re* the dismissal of three nurses from the Brentford Union Hospital, but the Ministry refused."

May I be allowed to say that this is not correct? I was one of the deputation that waited upon the Minister, and the public inquiry was *not* refused.

Mr. Vincent Evans of the Poor Law Workers' Trade Union, informs me that the further statement: "the Guardians have now refused a request to state who will receive service of a writ for illegal dismissal," is also incorrect.

I should be glad of any further subscriptions towards the Fund for Legal Expenses.

Yours faithfully,

MAUDE MACCALLUM,  
Hon. Secretary.

The Professional Union of Trained Nurses.

## KERNELS FROM CORRESPONDENCE.

PRIVATE NURSING NOT A LUXURIOUS LIFE.

*Private Nurse.*—"As an admirer of the Ranyard Nurses and their work may I say that I regret the slur in their annual report upon private nurses. It seems to me unworthy of them. I do not think many of us take up private nursing with the idea of "having a good time in motors, and as luxurious a life as possible." If we did we should soon be disillusioned. Patients do not pay nurses £3 3s. to £4 4s. a week to disport themselves thus. We take it up, in the first instance, I suppose, because we have a desire to serve the sick whether rich or poor, and usually because it is necessary for us to earn a living to support ourselves, and very often others dependent on us. It is a precarious living. Slack times give us many anxious moments, and busy times generally find us overworking to grapple with the rush. I consider private nursing a very much harder life than district nursing (and I have done both). The district nurse, though she works hard in the day, is sure of her nights in bed, which is more than we are when on day duty. But a great deal of private nursing nowadays is night duty pure and simple, and no one knows the strain of constant night duty with acute cases except those who undergo it. If a nurse wishes for a luxurious life, I do not advise her to take up private nursing."

DUTY OF COLLEGE COUNCIL TO PAY STATE  
REGISTRATION FEE.

*Bristol Nurse.*—I always read very carefully the reports of the meetings of the General Nursing Councils. It seems we may really soon claim our title of "registered nurse" so long distinguishing our trained colleagues in Dominions and U.S.A. I joined the College as directed by Matron, and now I am informed that it will be most disloyal if I ask that the guinea fee for registration shall be returned to place me on the State Register as promised. I cannot agree with this view. No doubt, the College Council means us well, but

it has lost prestige by giving the pledge which Parliament refused to ratify, and can only regain it in my opinion by advising nurse members to apply for the return of the registration guinea, paid under the written promise that they would be State registered. Any other course shows a lack of courage, if not of honourable dealing, and it is not fair to try to put us in the wrong, when we acted on the advice of our Matrons, as thousands of us have done."

[We quite agree with this point of view. We should like to see the College Council "owning up" and insisting upon returning the guineas to the nurses for the purpose for which they were subscribed—State Registration. At the same time trained nurses must also be willing to give financial support to their organisations if they expect good work to be done for them. The registration guinea should be returned to the nurses by the College Council and they should pay an annual subscription.—ED.]

QUID PRO QUO.

*Member Guy's League.*—"I always read with great interest the reports of General Nursing Council meetings, and note with pleasure we may soon apply for forms of registration. Also that a list of approved hospitals is to be compiled at which nurses can qualify for registration in the future. This will be a great help to would-be probationers."

[We advise would-be probationers to enquire, before signing a contract with a training school, if it is on the accepted list of the General Nursing Council, and trains nurses according to the Syllabus. Unless the reply is in the affirmative do not enter for training.—ED.]

HARD TIMES FOR PRIVATE NURSES.

*Private Nurse.*—"Can you advise me what to do? I am a member of a Nurses Co-operation, and have not had a case for six weeks. I do not like to resign, and yet all my winter's earnings are vanishing away. Many of my colleagues are in a like sad way. We think the District Nursing Societies must be taking cheaper the work we used to get—or is it that people cannot afford private nurses?"

[The scarcity of private work results from three conditions: The financial straits of the upper middle classes owing to exorbitant taxation; the rise of private nurses' fees to meet their increased expenses, and the extensive system of visiting nursing. Also let us hope the higher standard of health of the community has something to do with lack of work. Why not take up institution nursing for the summer? Many special hospitals are in need of nurses.—ED.]

## PRIZE COMPETITION QUESTIONS.

*July 2nd.*—What are the appearances of a varicose ulcer which has been (a) neglected, (b) treated properly for a week? What is the usual treatment for a varicose ulcer?

*July 9th.*—Define Digestion and what the Digestive Apparatus consists of.



# The Midwife.

## ENGLISH-SPEAKING CONFERENCE ON INFANT WELFARE.

The Second English-speaking Conference on Infant Welfare will be held in the Central Hall, Westminster, London, S.W.1, on July 5th, 6th and 7th, from 10 a.m. to 1 p.m., and 2.30 to 4.30 p.m. daily. It is organised by the National Association for the Prevention of Infant Mortality and the National Baby Week Council (Sections of the National League for Health, Maternity and Child Welfare), and the inaugural address will be given by the Right Hon. Viscount Astor, President. The Chair at the first Session will be taken by Sir George Newman, K.C.B., M.D., F.P.C.P., Chief Medical Officer, Ministry of Health.

On July 5th the Residential Provision for Mothers and Babies will be considered under various aspects. The evening lectures will be given (1) on "The Ideal Maternity and Child Welfare Centre," by Mrs. H. B. Irving, and "Common Infections in Mother and Child," by Dr. Eric Pritchard.

On July 6th Dr. Janet Lane Claypon will preside, the subject for the morning being "The Supply of Milk, its Physiological and Economic Aspects," and in the afternoon, "Uniformity of Method and Practice in the Conduct of Infant Welfare Centres." The evening lectures will be on "The Accessory Factors of Infant Feeding," and also "The Syphilitic Mother and Her Child," by Dr. John Adams, Medical Officer in charge of Thavies Inn V.D. Centre for Pregnant Women.

On Thursday, July 7th, Dr. G. F. Still will preside at the morning Session, when the main subject will be "Inheritance and Environment as Factors in Racial Health," and in the afternoon, at the meeting of the General Council of the Association of Infant Welfare and Maternity Centres, the subject for discussion will be: "What are the most vital and essential forms of Child Welfare Work?" All interested in the subject are cordially invited to attend, and admission is free. The evening lectures will be on "The Psychology of the Mother and Her Child," by Dr. Flora Shepherd, and "The Tuberculous Mother and Her Infant," by Dr. Geoffrey Marshall.

The Child Welfare Exhibition, on the ground floor of the Central Hall, Westminster, will be open from Tuesday, July 5th, to Saturday, July 9th, from 11 a.m. to 9 p.m.

The Conference Fee, including admission to the Exhibition and to the evening lectures, with the right to receive proofs of the papers to be read, and a copy of the Report of the Proceedings, has been fixed at £1 is. Attendance at one lecture is is. and admission to the Exhibition is.

Application for tickets and for further informa-

tion should be made to Miss Halford, Secretary, National Association for the Prevention of Infant Mortality, 4 and 5, Tavistock Square, London, W.C. 1.

## POSTERS ON INFANT CARE.

A charming set of rhymed posters on child welfare has recently been published by the National League for Health, Maternity and Child Welfare, of which Miss Halford, 4 and 5, Tavistock Square, W.C., is also Secretary. They are admirably adapted for conveying in a few readily remembered lines important truths in relation to infant and child welfare, and are suited for displaying on the walls of any institution where mothers congregate, and many could with advantage be used in girls' schools.

## THE IRISH NURSES' AND MIDWIVES' UNION.

The half-yearly meeting of the all-Ireland Executive Committees of the Irish Nurses' and Midwives' Union was held in 29, South Anne Street, Dublin, recently. The Registration Rules issued by the General Nursing Council for Ireland were discussed, and great satisfaction was expressed that the Council was at last ready to begin compiling the Register. Arrangements were made for the holding of the Annual Meeting of the National Council of the Union, which will take place at the end of September.

Delegates to the Trades Congress were appointed, and resolutions for the Congress Agenda adopted, dealing with nurses' long hours of work, with the necessity for Public Health Service reform in Ireland, and with the desirability that Labour members of local authorities should endeavour to ensure that only members of a trade or professional union are employed in their service.

The Committee considered and decided on appropriate action in connection with the hardships at present being inflicted upon nurses and midwives in the service of Boards of Guardians through the great delay in the payment of their salaries. The stoppage of grants from the Imperial Treasury to these bodies has resulted in such a lack of funds that salaries all over the country are greatly in arrears, and many midwives, whose salaries are very meagre in any case, are now in distress.

M. MORTISHED,  
Hon. Secretary.

## BIRTH CONTROL.

The Malthusian League, which has opened new offices at 124, Victoria Street, S.W., is starting a lecture campaign on birth control among working men and women. It is intended to open clinics all over London.



## THE SECRETION OF MILK.

Professor Pembrey gave a lecture on the above subject on May 10th, reported in *St. Bartholomew's Hospital Journal*, in the course of which he said that the subject of the secretion of milk had been somewhat neglected by physiologists, which seemed to him strange in consideration of the fact that the gland which secretes it is of such importance that a large class of animals—the mammals—had been named in virtue of their possessing the gland.

Of the theories which have been put forward to explain the characteristics of the mammary gland, the one which holds that it is a modified sebaceous gland is best supported by evolution and embryology. Moreover, the fact that caseinogen, which is so abundant in milk, is found in no other structure in the body except in the sebaceous glands, where it is found in minute quantities, is strongly in favour of the sebaceous gland theory.

It is important to bring the principles of evolution to bear on problems such as this. For instance, the duck-billed platypus is a mammal which lays eggs. Its mammary glands have no nipples, the young simply licking the specialised skin to obtain milk. The development of this mammary glandular tissue after the laying of eggs completely does away with the theory that there is a foetal hormone causing secretion. Again, in marsupials the mammary glands develop before the placenta. Thus it is unreasonable to suppose that any property of the placenta is responsible for the secretion of milk.

If one takes the composition of milk one finds some interesting points about each constituent, viz:—

*Caseinogen* is synthesised in the gland, and its formation precludes any possibility of milk being of the nature of a transudate.

*Lactose* is of no use to the mother; indeed it is excreted by the kidneys when it gets absorbed into her blood. But it is of great use to the child.

*Fat* is indeed like the adipose tissue of the animal, but there is evidence that it also is synthesised in the gland. A bitch can be fed on proteins, but its milk will be rich in fat.

The *salts* of milk bear no resemblance in proportion to the salts of blood of the mother, but resemble closely those of the offspring.

It is evident that the woman who can suckle her child and who does not do so commits a three-fold crime in that she deprives the baby of the exact foods which are needful, she robs the community of a healthy child, and also she deprives herself of the benefits which accrue from lactation. How nicely the quality of the milk is adjusted to the needs of the offspring can scarcely be over-emphasised. The animals whose young grow most rapidly supply the richest milk. There can be no substitute for breast-milk, speaking in the physiological sense.

Once started, how is the secretion maintained? Here suction plays a very important part. If a mother has only a little milk, the treatment is to

put a lusty infant to suck at the breast, and the milk will come. It is not biological that a woman can have a child and yet be unable to feed the child. Often, when little milk is forthcoming, the child is kept from the breast, but, since retention is the first stage of prevention, what little milk supply there was dries up. Lactation can continue for a considerable period, sometimes up to the birth of the next child.

Diet exerts a considerable influence on the secretion of milk. Probably so many animals show increased lactation in spring because they feed at that time on growing grass, which is rich in proteins—the diet which is the most stimulating to secretion. In foreign countries where wet-nurses are employed, it is found that one woman can rear three children easily if a sufficiency of protein and fat are taken as food. Hard exercise and muscular work have an inhibitory influence on the secretion of good milk. It is unreasonable to work a cow, and at the same time to expect her to calve and suckle and eventually to provide good meat.

There are great differences in the quality of milk in the various species, or even individual differences in one species. There are butter-cows and cheese-cows, and also cows which supply vast quantities of dilute milk which can be sold by the gallon. In breeding it is found that part of the strain for milk-producing goes through the male, so that the male is of some use even in the matter of lactation.

Another question of interest is that which probes the method of formation of milk. Fatty degeneration of the mammary epithelium or of the peripheral part of the gland-cells has been suggested, but this could not account for the gallons of milk which a cow can give. Moreover, microscopically, there is not the large amount of cell division found such as would be required if the tissue were being constantly replaced. It is necessary to assume that the mammary gland takes up protein and fats and synthesises the milk constituents.

The value of lactation to the mother must not be overlooked; indeed it is fully realised by the less educated classes. Many mothers continue lactation a long while in order to lessen the frequency of their becoming pregnant. The influence of lactation on involution of the uterus is well recognised.

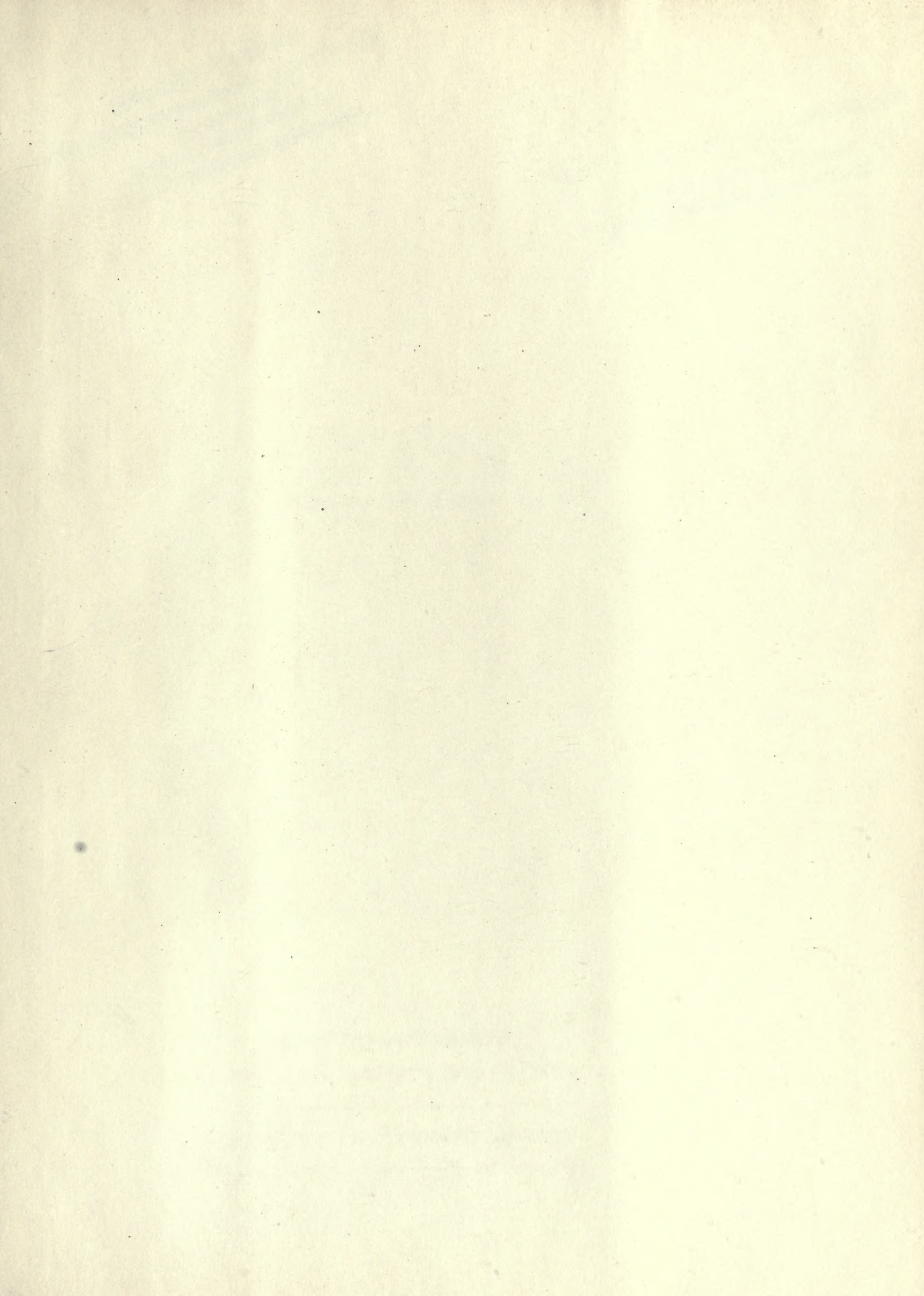
We have waited too long for the millennium which was to come with increased knowledge. We should accept the guidance of biology and recognise that what is wanted is not germ-free milk, but milk containing all the substances needed by the infant, and those in the right proportions; such milk can be provided by the infant's mother.

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### NEW RULES OF CENTRAL MIDWIVES' BOARD.

The New Rules of the Central Midwives' Board come into force on July 1st, and copies may be obtained on or after June 27, from Messrs. Spottiswoode, Ballantyne & Co., Ltd., 1, New Street Square, E.C. Price 8d. by post.











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