

Nursing Library



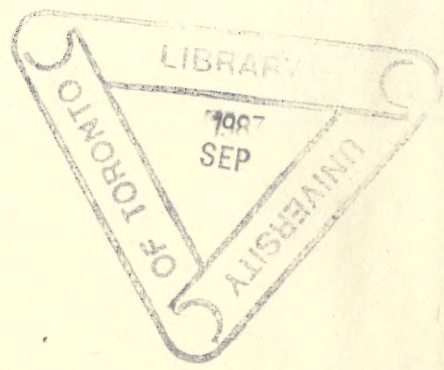
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THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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EDITORIAL.

ROYAL SANITARY INSTITUTE CONGRESS.

One of the most important Congresses held during the year in the United Kingdom, from whatever view-point it may be regarded, is that convened by the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., and held this year at Folkestone from June 20th to the 25th, the Presidential Address at the inaugural meeting being given by the Earl of Radnor.

The trite saying, "the Nation's Health is the Nation's Wealth," embodies a profound truth, and it is to sanitary science that we must look to lay the foundations of that health, for none know better than trained nurses how often the illnesses they are called upon to care for in hospitals and infirmaries, and in the homes of the poor, amongst school children and young infants, are due, directly or indirectly, to bad sanitary surroundings, so that a passionate desire is aroused in many nurses to help to secure proper sanitary conditions, because they know full well that nothing affects the physical and moral health of the people so adversely as bad sanitation, inadequate housing and overcrowding; nothing is a greater preventive of zymotic and other diseases, or tends to develop self-respect and the rearing of a strong race, more than proper and sanitary conditions of living.

It was fitting, therefore, that the Congress should be received with all honour by the Mayor of Folkestone, who also presided at a public luncheon on the opening day, and subsequently opened the Health Exhibition; and not only by the Mayor of Folkestone, for, on the last day, many of the Congress members crossed to Boulogne, where there was a Reception by the Mayor of Boulogne, who entertained them to tea, and where they had the advantage and pleasure of visiting the Bureau d'Hygiene, the Hospital of St. Louis, the Waterworks, the

Ceuvre de la Gout de Lait, besides the interesting Hotel-de-Ville, and other places.

The Delegates officially appointed to represent Government Departments, the Dominions, foreign countries, &c., numbered some 200, besides about 300 Health Authorities throughout the United Kingdom. Many of the 5,000 members of the Institute also attended.

The Congress dealt with a large variety of subjects, those most interesting to trained nurses being the Section on "Health Visitors" on the afternoon of Tuesday, June 21st, presided over by Miss Gertrude Tuckwell, J.P., President of the Women Sanitary Inspectors' and Health Visitors' Association, and the Section on "Hygiene of Maternity and Child Welfare" (including School Hygiene), on the mornings of Thursday, June 23rd, and Friday, June 24th, presided over by Mrs. H. A. L. Fisher, at both of which a number of important subjects were dealt with. Thus Miss Elizabeth M. Wyatt pleaded for closer co-operation between Health Visitors, District Nurses, School Nurses and Midwives, and Miss Hannah Weir, Superintendent Health Visitor at St. Helens, presented an interesting paper on "The Trained Nurse in Public Health," introducing it by saying that "a discussion on the training and qualifications most suitable for a Health Visitor was particularly opportune at the present moment, because the scheme of training outlined by the Board of Education in a circular dated July, 1919, has apparently not met with the measure of success which its sponsors possibly desired."

The Popular Lecture, which is always an interesting feature of the Congress, was this year given by Professor Mellanby, M.A., M.D., on "Vitamines and their Relation to Health."

One result of the Congress should be to interest an increasing number of nurses in the Courses of Lectures, followed by examinations for Health Visitors and School Nurses.

THE IMPORTANCE OF TEACHING THE PHYSIOLOGY OF REPRODUCTION IN THE TRAINING OF NURSES.

The hospital is the Nurses' University; she matriculates as a probationer, and, after three years *in statu pupillari*, graduates as trained nurse, ready to undertake not only the nursing of the sick and the administration of Wards and Homes for them, but ready with a foundation on which can be built allied and other services to the community. Some of these will be partly nursing, partly social, and partly health service, such as district nursing, health visiting or welfare work; or they may be along some special line as midwifery, infant welfare, or massage.

Therefore, once the principle is accepted that the hospital is to be the training ground for both nursing and the other and wider outlets that may be open to nurses, the effort must be made to make this period of training serve, not only its primary purpose of teaching how to nurse and manage sick folk, but also its secondary purpose of being educative, particularly in the direction of giving a knowledge of those basic principles on which the science of health and its preservation (largely comprised under the term Physiology in its wider sense) are built.

With these ideas in my mind, when asked to draw up suggestions for a short course of lectures to nurses on gynæcology, I felt that the old-fashioned lines on which gynæcological nursing is taught would not serve the purpose, and, therefore, endeavoured to make the course cover the physiology of reproduction as well as the diseases of the female reproductive system. The reproductive system is entirely ignored by the physician, and generally also by the physiologist, though it is as much an integral part of medicine as the digestive or circulatory system. Its physiology is both interesting and educative, and further than that, is a subject that every woman who has any knowledge of nursing and hygiene or who aspires to work in public health service ought to know. Nurses are frequently questioned by patients who do not care to go to a doctor, and they occasionally have to give emergency aid when in a house for other reasons, and therefore ought to look upon this as an essential part of their training in hygiene.

This scheme has been criticised as being more work for midwives than for nurses. Certainly it includes the anatomy and physiology

of the female reproductive tract, together with the development and wonderful action of the placenta in serving as the epitome of the human respiratory, alimentary and excretory functions, and the physiology of the evacuation of the uterus, with the startling changes that take place in the article of birth, by which the foetus becomes a child and begins its separate existence. This study also opens out a consideration of birth-injuries and infections, and what may be done in child-bed for their prevention, and thus logically leads up to a consideration of the diseases that may affect the reproductive tract and such nursing details as may be peculiar to this work. It further is a necessary preliminary to the physiology of the infant and developing child, and as such ought to be taught to all nurses who may wish to take up the nursing of sick children and district work or health visiting.

I have given lectures on this plan for some years past to the nurses at St. Thomas's, and have recognised how much they have appreciated the subject being treated on this broad basis. Lectures are not the proper means of teaching nurses nursing work, but they are valuable in giving them wider interest in their work, and fresh ideas which open out to them new aspects.

All schemes of this kind must be looked upon as suggestions to the individual teacher; some will find one part of the scheme attractive and make more of it, and others some other part; but so long as each teacher makes what he has to teach educative in his own way the object of the scheme will be attained. It clearly would be a mistake to make it a hard-and-fast system, without allowing the individual teacher to develop it as he finds best for himself and his pupils.

J. S. FAIRBAIRN.

THE STERILISATION OF CATGUT.

Miss Rachel Murphy, R.N., gives the following two methods of sterilising catgut in the *American Journal of Nursing*, which she states have been successfully used for a number of years:—

METHOD I.

The preparation of catgut is possibly the most difficult problem with which the operating-room supervisor has to deal. Any error in technique may result in complete destruction of the entire lot, or in imperfect sterilisation. It

is generally conceded that the only method worthy of consideration is that in which heat is employed.

It is a well-recognised fact that catgut prepared by chemical process, although fairly safe, is to some degree uncertain. The simplest method, and the method least likely to weaken the catgut, is that in which chemicals are used, but, on the contrary, the possibility of ineffectual sterilisation compromises any such routine.

The preparation of catgut by heat entails the greatest exactness in technique. The first requisite is the removal of all moisture from the catgut. If it is not absolutely dry, any exposure to moist heat, no matter in what medium, will result in its destruction. Until the hygroscopic character of the catgut and the effect of moist heat upon it were known, any attempt to sterilise it by this method resulted in failure. The media used by us are cumol and liquid alboline, both of which boil at about the same temperature, 325° F. The catgut is put up in coils five feet in length, about fifty coils being put in a bundle, done up in two thicknesses of ordinary gauze. The catgut is dried in an oven at a temperature of 180° F. for two or three hours. The cumol or liquid alboline is heated in an agate vessel or in an old-fashioned stone kettle to a temperature of 175° F. by means of placing the kettle in a pan containing sand and heating over a gas flame. Any deviation from this is likely to result in failure. The object of placing the catgut in the oven is to dry off the moisture, and the purpose of heating the medium to a temperature of 175° F. is to further remove any moisture. Moisture, no matter how trivial in amount, interferes with the tensile strength of the catgut. The catgut must be taken from the oven with forceps free from moisture and placed directly into the cumol or alboline. The catgut must not come in contact with the bottom of the vessel. Several layers of gauze are put into the solution and the catgut is placed on the gauze. The temperature is gradually raised to 300° F., which usually takes about two hours; then the flame is turned off and the temperature allowed to cool to 200° F. The liquid is then poured off and the vessel is allowed to remain in the hot sand for the purpose of freeing the catgut of the oil product.

The care of the sterilised product need not be dwelt upon particularly. Small test tubes capable of holding two coils meet ordinary requirements very well, and they entail no particular waste. Non-absorbent cotton is placed

in the bottom of the tubes, and is used, tightly packed, to close the opening. The tubes are wrapped in sterile towels, and are carefully put away in glass jars with tightly fitting tops.

The catgut prepared in this way is pliable, its tensile strength is unimpaired, and it is free from bacteria.

METHOD II.

Catgut is soaked in ether twenty-four hours and is occasionally shaken. The ether is poured off and the catgut is covered with chromic fluid, for a varying length of time, according to the grade of the catgut. No. 0 requires one hour; No. 1, two hours, &c. At the end of the period necessary the chromic fluid is poured off and the catgut is dried. After drying, the catgut is boiled in alboline for twenty minutes on three successive days. The alboline is then poured off and the catgut is covered with chloroform and biniodide solution, the procedure being the same as it is in the preparation of plain catgut.

For use in many operating rooms throughout the country, catgut is purchased in tubes. These cannot be sterilised on the outside by boiling, and they are submerged in a 1-500 solution of bichloride in large glass jars, removed with sterile forceps, and wiped off with sterile gauze before breaking. Some surgeons object to this method on the ground that a certain amount of the bichloride solution comes in contact with the fingers of the nurse, who is surgically clean and who handles the sutures, and that a slight amount of the disinfectant, which is carried to the tissues, may cause a necrosis at the point where the stitches are taken. For this reason many surgeons insist upon the use of prepared catgut that is put in tubes, which can be boiled, because they feel that heat is the only safe method for the complete destruction of bacteria.

As this objection is simply an expression of a preference based on the belief of certain surgeons, and as both methods are being used with considerable success, operating-room supervisors will be guided largely by the opinions of their surgeons in regard to the preparation of catgut, whether they depend entirely upon a prepared product which is put up ready for use, or upon their own method of sterilisation.

OUR PRIZE COMPETITION.

We regret to be unable to award a prize in our prize competition this week, no paper of a sufficiently high standard having been sent in to merit its award.

NURSING ECHOES.

The King and Queen were immensely gratified by their reception in Ulster when they opened the Northern Parliament at Belfast, and upon their return to London. At the entrance to Middlesex Hospital the procession from the station halted while the Matron, Miss Montgomery, surrounded by Nurses, presented a bouquet of carnations to the Queen.

Miss M. A. Willcox, Sister-Matron of King's College Hospital, Denmark Hill, S.E. 5, and the Nursing Staff are, for the fourth year, organizing a Garden Fête, and Sale of Work. This year it is to be continued for two days, Wednesday, July 13th, and Thursday, July 14th, and the Nurses hope thereby to make a substantial sum of money for the Hospital which has had to close 160 beds on account of financial difficulties. This, the Sister-Matron writes, with over 800 patients on the waiting list is indeed a tragedy. The Fête will be opened on July 13th at 2.30 p.m. by Dame Margaret Lloyd-George; and on July 14th, at 3 p.m., by the Mayoress of Camberwell. Tickets of admission—Wednesday 2s. 6d., Thursday 1s.—may be obtained from the Sister-Matron, the Appeal Secretary, and at the Porter's Lodge inside the Hospital. The Hospital will be open to inspection, there will be an exhibition and demonstration in the pathological department, and in the X-ray department, and also a Continuous Variety Entertainment and a number of Side Shows.

The London Temperance Hospital is to be highly commended for inaugurating Post-Graduate teaching for Nurses. We all know how desirable it is to keep up with new scientific methods of nursing, and how important it is that nurses who have left their training schools for some time should have the opportunity of practical teaching in the same.

At the Temperance Hospital, a Post-Graduate Course in Surgical Nursing, including the management of the operating theatre and the participation in emergency operations, is open to fully trained nurses. Post-Graduate Courses in Medical Nursing, Out-patient and Casualty Work can also be arranged.

For information as to fees, &c., application should be made to the Matron, London Temperance Hospital, Hampstead Road, N.W. 1.

The magnificent ball held at Lansdowne House on June 22nd, was a great success—

1,300 tickets at £3 3s. were sold. The Prince of Wales and other royalties were present, and we learn that Queen Victoria's Jubilee Institute for Nurses, in aid of which the function took place, will benefit by some £3,000. The Institute needs greatly increased support if it is to continue its work of national importance.

Approximately 2,500 people paid for admission to the Garden Fête at "Bredbury," in aid of the Tunbridge Wells and District Nursing Association, realising £189. The total amount taken during the day was £853, but it is hoped that with donations that have been received for the expenses, a very handsome cheque will be handed over to the Nursing Association.

Dame Becher, R.R.C., has started a United Services Club for Nurses in Cavendish Square, the V.A.D.'s have another at 28, Cavendish Square, and the College of Nursing, Ltd., is to have part use of No. 20 in the same Square. Why another? All these institutions have been subsidised from Red Cross or other war funds—but the upkeep will tax the purses of a poorly paid profession like nursing; and it is not wise to overdo it in a rush.

At the thirty-fourth annual meeting of the Royal National Pension Fund for Nurses, held on June 23rd at the Royal Society of Arts, John Street, Adelphi, Sir Thomas Dewey, deputy chairman, said that the Fund was started to assist nurses to obtain an assured income for life on reaching a certain age, but to a certain extent they had failed. Many nurses joined, but did not continue their premiums. At present they were only paying 2,891 annuities, whereas the number should be at least 10,000.

The obvious inference is that nurses joined the Fund when in hospital, owing to the strong influences brought to bear upon them to do so, and then many resigned when free to act on their own account. The payment of the requisite premiums out of the very small salaries earned by nurses required great self-denial, and the foregoing of legitimate pleasures, and even necessities, in their working years, for which, in the view of many nurses, the "pension" of £26 a year eventually received did not compensate. "Just enough to keep me out of a nice, warm workhouse," said one nurse we know.

Of the profits of the Scenic Fair held at Birmingham, when upwards of £20,000 was taken, 80 per cent. will be retained for the Local

Centre, 10 per cent. is to be given to the College of Nursing, Ltd., and 10 per cent. to the Nation's Fund for Nurses.

V.A.D.'s are doing immensely well out of their association with war work—many Nursing Members have been posted to Ministry of Pensions and Naval Hospitals up to April. The names of 1,051 V.A.D.'s have been submitted to the Overseas Settlement Office for consideration for free passage to the Dominions.

The V.A.D. Advisory Committee in connection with the United Services Fund has now amalgamated with the Trained Nurses' Committee in connection with the same object, and the Committee is now known as the Joint Nursing and V.A.D. Committee of the United Services Fund, of which Dame Ethel Becher has been elected Chairman.

The United Services Fund has granted a large sum of money to be allocated for the inauguration of Hostels in London and certain other centres, a Rest Home and a Convalescent Home. These Hostels and Convalescent Homes will be for the benefit equally of Trained Nurses and V.A.D. members who served in the war.

Students who were trained during last year under the V.A.D. Scholarship Scheme have now in many cases been successful in securing work, and it is noted how many really responsible posts have been obtained by these members.

Would that our trained nurses were equally remunerated—also our fighting men.

American nurses will have another shrine for pilgrimage when they come to England, for surely they will one and all wish to pay a visit to Sulgrave Manor in Northamptonshire, the ancestral home of the Washington family, which has been acquired and refurnished in period style, and was opened last week with simple ceremony. This has been accomplished by means of a fund raised by public subscription in this country before the war.

Mr. John A. Stewart, chairman of the Sulgrave Institution of America, has presented a bust of George Washington to the British Institution. The Gilbert Stuart portrait of Washington, a gift from Miss Faith Moore, has been hung in the great dining-room, and was unveiled after the Manor House was once again opened, and an American flag, the gift of the Sons of the American Revolution, and a Union Jack, the gift of the Pilgrims of Great Britain, have been presented to the Institution.

British Nurses do not feel they have really "done" America unless they have paid a visit to Mount Vernon—the actual home of Washington on the Potomac—and there stood awhile by his tomb. No doubt many of us will pay our respects also to Sulgrave Manor.



REMEMBER.

The beautiful medal, reproduced on this page, is that presented by Dr. Depage to the members of the group of International Nursing Students at King's College for Women, at the function at St. Thomas's Hospital on June 21st. The medal, which has also been presented to other nurses interested in international nursing, is a reproduction of a picture hanging in the Edith Cavell Nursing School at Brussels, in which Mme. Depage took a great interest. It is executed in bronze of a golden colour, and on the back bears simply the figures 1915 and the word "Remember."

In view of the urgency of immediate action the Council of the League of Nations has formed a Provisional Health Committee of twelve persons, selected, it is stated, for their technical competence, together with a representative of the League of Red Cross Societies and a representative of the International Labour Bureau of the League.

We were informed that this Council had placed a V.A.D. at the head of its health organisation. We may hope that as technical competence is claimed for the personnel of the new committee that this lady has been superseded by a thoroughly trained nurse.

TO OUR READERS.

"Go out to some ant-hill—watch the spirit of co-operation in which these little fellows work for the good of the mass—and you will have learned something that more human beings should know."

We receive numerous letters from our readers of appreciation of the policy of THE BRITISH JOURNAL OF NURSING and the work it has accomplished for the organisation and registration of Trained Nurses. These letters are very encouraging, and, to add to their value, might we suggest that our faithful clientèle should each make a point of obtaining a new annual subscriber, beginning with the new half year, July 2nd, and thus help to support the principle of a professional journal for professional women. State Registration has been won largely by the influence of THE BRITISH JOURNAL OF NURSING, but State Registration is the beginning and not the end of professional organisation. "Registered Nurses" will need in the future, as they have had in the past, an organ in the press free from trade influence if their interests are to be protected. Every nurse who supports THE BRITISH JOURNAL OF NURSING strengthens the power to effect professional solidarity. See page iii of cover.

GENERAL NURSING COUNCIL FOR SCOTLAND.

At a meeting of the General Nursing Council for Scotland, held at 13, Melville Street, Edinburgh, on Wednesday, June 15, the Registrar reported that no further communication had been received from the Scottish Board of Health in regard to the negotiations with the Board as to the existing nurses on the Board's Fever Register, and the Registrar was instructed to communicate with the Board and endeavour to have a settlement of the question at issue expedited.

Colonel Mackintosh presented the report of the Syllabus Committee, and this was approved after some discussion.

In the absence of Dr. Fraser, Colonel Mackintosh also submitted the report of the Education and Examination Committee, which had been engaged in preparing lists of approved hospitals for the training of existing nurses under the Rules.

APPOINTMENT OF SCOTTISH REGISTRATION COMMITTEE.

A Registration Committee was then appointed, consisting of Captain C. B. Balfour, C.B., Chairman of the Council (*ex officio*), Miss Nora Milnes, Vice-Chairman of the Council (*ex officio*), Dr. A. K. Chalmers, Dr. H. E. Fraser, Colonel D. J. Mackintosh, C.B., M.V.O., Miss K. L. Burleigh, Miss Gill, R.R.C., Miss E. T. Jones, Miss F. A. Merchant, Miss M. R. Stewart, and Miss Margaret M. White.

INTERNATIONAL COUNCIL NEWS.

Miss L. Dock, Hon. Secretary of the International Council of Nurses, writes to the "Dear Dynamos" that her patience is worn out over the protracted condition of strife in the world. "Oh! for the old era to pass and the new one to burst full and gloriously upon us! To be sure the old one has begun to move off the stage slowly, and yet enough for us to see that it is going. So must it have seemed when feudalism began to wane. I wonder, had we lived then, would we have clung blindly to it, and have declared that feudalism was the most 'safe, sane' and altogether excellent form devised by little man in his strutting pomposity?"

"All this means I worry at nights over the International. Our new members ought to be admitted. . . . Miss Noyes thinks the American Nurses' Association should invite a Congress here in 1924, but as the few foreign members who came to Atlanta thought it too soon to begin, one feels it is little use in trying to make a business meeting in Seattle next year, as it is so remote a spot.

"So I have written to Mrs. Tscherning, Denmark, President, to suggest that you Europeans (all who are speaking to each other) have an interim meeting when and where you can, sending elected delegates to form the Grand Council, and you could then elect in new members, the Norwegian, Belgian, and Italian Nurses' Associations, which have applied for affiliation. What do you think of it?"

We think some such arrangement would be very desirable if a really central place were selected as a meeting place—The Hague, for instance. Travelling in these times is so costly that nurses have not the means to attend meetings at a distance, and they are thus being cut off from one of the most valuable educational methods—foreign travel—and coming into touch with new countries, peoples and national conditions, and thus extending their mental outlook and sympathies. Moving around the world was for the nursing profession the one silver lining to the war cloud.

The May issue of *The South African Nursing Record* is almost entirely devoted to reporting the Fifth Annual Meeting of the Central Board of the South African Trained Nurses' Association, held at Pretoria—a report well worth reading, only it takes time.

Miss Ellershaw was re-elected General President, Miss Alexander General Secretary, and it was agreed that the next meeting should be held at Port Elizabeth.

From the General Secretary's report we gather that the Association has accomplished wonders during the past year, and that the status of trained nurses in South Africa is slowly being secured. They hope great things from the Medical Bill, which has been redrafted, as provision is made for the representation of the nursing profession on the General Medical Council,

which claims to organise the nursing profession and provide for its registration.

AFFILIATION WITH THE INTERNATIONAL COUNCIL OF NURSES.

The Report states:—

"Dr. Tremble drew attention to the desirability of asking for affiliation with the International Council of Nurses and sending a delegate or delegates to its Conference at Copenhagen next year. The International Council knit all the nurses of the world together, and South Africa was the only place in the British Empire that had not applied for affiliation.

"Miss Child, who had attended three such Conferences as a member of the English Council, the last one in 1912 as the unofficial delegate from South Africa, emphasised the value of the Conference for the exchange of the latest ideas and the exhibition of the latest appliances, &c., in surgical and medical treatment. One interesting feature was the presence of a coloured deputation from America, who had an entirely separate organisation of their own. As South Africa had come so much into the limelight in recent years she felt that the Association should be directly represented at the Conference.

"As Miss Child will be in England next year her name was unanimously approved as one of the delegates. It was agreed that with regard to the other four, Dr. Tremble would ascertain through the *Record*, who are likely to be in England at the time of the Conference, before making any further nominations. The appointments could be made through the post.

"The feeling was voiced that they should make an effort to raise funds to send a representative direct from this Association."

We feel sure the South African Trained Nurses' Association would be very warmly welcomed into the International.

Miss Dock is still waiting for news from Australia of the formation of the proposed Federated Council of Australasian Nurses, so that the organisations of trained nurses in that wonderful Commonwealth may add their great influence in support of International friendship and co-operation between the nurses of the world.

The truth is that the expenditure of nervous energy in the Great War has not yet been made good in the nursing world. In Britain all we have to spare has been used in laying down the laws not yet in force through the Nursing Acts, and in the United States the Nursing Department of the Red Cross is absorbing devoted service for the benefit of devastated Europe. Let us hope that in a year's time we shall all be ready for a little fun. It is the sauce which makes work palatable.

E. G. F.

After the holidays the National Council of Trained Nurses will meet to discuss when and where the Interim International Council should be held. We hope new Nurses' Leagues will take steps to affiliate.

THE NURSES' MISSIONARY LEAGUE CAMP, 1921.

A FRIEND IN NEED IS A FRIEND INDEED.

In imagination we hear the bugle sound, calling to duty. Holiday over. The merry campers pack (perhaps less carefully) their suit-cases and holdalls, amidst much noise and laughter, for the barrier of shyness has changed to friendship. Each year fresh Matrons, Sisters and Nurses are welcomed and whole-heartedly received for this happy two weeks. One of the League officers awaits arrival of trains, with list bearing names of expectant travellers for the Camp, it is astounding to note how quickly and correctly she finds and acquaints herself with those she is seeking. A mutual smile and shake of hands, then all proceed to the house (for we do not sleep under canvas). As we approach, other officers meet us with words of cheer, and, needless to say, a meal is ready.

We now separate, greatly refreshed physically and encouraged spiritually, which is the two-fold object of the Camp; new friendship formed and a deeper sympathy toward mankind.

I am surprised to see how much can be crowded into a day; each camper can have brought to her a cup of tea and biscuit at 7 a.m.—strangely, no one objects to being wakened at that hour—breakfast is served at 9 a.m.; we reassemble at 9.45 for a half-hour's devotion—*i.e.*, hymn, prayer, and short Bible reading. Two or three mornings a week the Bible Circles meet for one hour's study on the Person and Work of the Holy Spirit. The rest of the day is free for bathing, rambling in woods or picnicing, either near by or at some neighbouring village. The day closes with short discussion on any desired national or social topic or on prayer, alternating with missionary talk on the work of a Nursing Sister in China, and other addresses; an evening hymn and prayer.

Hoping that many absent members and others who enjoy ideal scenery, bathing and picnicing will be able to be with us next year is the sincere wish of a

FIRST YEAR CAMPER.

PRACTICAL POINTS.

SCALD YOUR MILK JUGS.

Milk is very apt to turn sour during warm weather, therefore it is wise not only to scald the milk, but the jugs also. Wash the latter first in cold water, then in warm, and before drying pour in boiling water and let it stand for five minutes. Empty out the water, dry the jugs and when cold pour the milk in. The best way of scalding milk, if no double boiler is at hand, is to put a jug of milk into a saucepan of warm water, bring to the boil, and simmer until a skim forms on the milk.

To prevent the jug cracking place a wire mat or some strips of wood at the bottom of the pan.

LEICESTER ROYAL INFIRMARY NURSES' LEAGUE.

The Annual Meeting of the Leicester Royal Infirmary Nurses' League was held in the Recreation Room of the Nurses' Home at the Infirmary on June 14th. Owing to the restricted train service, few members from a distance were able to be present.

After transacting the necessary business the members adjourned to the Nurses' Sitting-room for tea and the social meeting.

Miss Jessie Davies, on behalf of the League, informally presented Miss Rogers with a pearl and amethyst brooch, and a marabout wrap, as souvenirs of the love and high esteem felt by the members of the League for their Foundress and first President.

Miss Rogers said how much she appreciated the loyalty and love of the League: these beautiful gifts had come as a great surprise to her, and she need hardly say would always be worn with affectionate thoughts of those whose kindly feelings had prompted them. After tea the members strolled round the Infirmary, visiting the new extension of the Nurses' Home, the new Mortuary and Pathological Department and the beautifully fitted-up Orthopædic Clinic, all opened since the meeting of last year.

LONDON TEMPERANCE HOSPITAL NURSES' LEAGUE.

On Tuesday, June 28th, the formal inauguration of the London Temperance Hospital Nurses' League took place at the Hospital. The Out-patients' Hall was transformed into a bower of flowers, and at 6.30 p.m. the Matron, Sisters and Nurses received the guests who had come to show their interest and sympathy with the League.

A most interesting report of the objects and activities of the League was presented, and the Matron, Miss Steuart-Donaldson, said she hoped that the L.T.H. League would keep before it the real aim of a true nurse's life, and stand for all that is best and highest in our glorious profession. There was need to-day to emphasise above everything that Nursing was a vocation. We shall hope some day to welcome the new League into the National Council of Trained Nurses, and thus link up L.T.H. Nurses, through its affiliation with the International Council of Nurses, with their colleagues throughout the world. The wider the sympathies of the members of our Nurses' Leagues, the greater the benefit they will receive from such organisations.

Stirling is to have its own District Nursing Home, Ltd. The company, which is a private one, has bought 15, Park Terrace. At present there is no home nearer than Glasgow or Edinburgh where private patients can be treated, and it is thought that such a Home will be of great benefit to the community.

COLLEGE OF NURSING, LTD. THE ANNUAL MEETING.

The Annual Meeting of the College of Nursing, Ltd., was this year held on Friday, June 24th, in the Surgeons' Hall, Nicolson Street, Edinburgh. The Hon. Sir Arthur Stanley, G.B.E., Chairman of the Company, presided, and there was a good attendance of members.

The Chairman moved the adoption of the Report and announced the membership of the College as now over 20,000. Referring to the Unemployment Insurance Act, he stated that they had been asked by the Government to find out the opinion of the members about the Act. They accordingly had a referendum, but he was sorry to say that out of their 20,000 members they had only 5,000 replies, with the result that when they went to the Government authorities their case was seriously weakened.

The accounts showed a deficit of £748, and the Chairman said that "to have a comparatively small deficit like that showed that the College was really working up to its full measure!"

It is interesting to note both the sum which has been expended on maintaining the College of Nursing, Ltd., for a year, and also what are the details of the expenditure which has overrun the income by £748 16s. 1d. The Balance Sheet of the General Fund as published in the sixth Annual Report shows that the expenses of management are £5,686 14s. 1d. These include salaries, £2,335 17s. 1d.; Rent, £200; Rates and Taxes, £180 3s. 11d.; Insurance, £17 14s. 9d.; Advertising, £192 2s. 7d.; Printing and Stationery, £1,430 3s. 4d.; Housekeeping, Fuel and Light, £168 os. 7d.; Postage and Telephone, £722 19s. 11d.; Travelling Expenses, £156 15s. 8d.; Professional Charges, £133 8s. 11d.; Examination Expenses, £10 10s.; Sundry Expenses, £119 5s. 1d.; Repairs and Renewals, £19 12s. 3d. Depreciation of Furniture and Fittings, £81 13s. 6d.; Expenses of Four Issues of *Bulletin*, £1,043 17s. 6d., against which £453 3s. 4d. has been received for advertisements and sales; Students' Fees (for Scholarships, Tuition Fees and Hostel Fees) amount to £290 17s.; Grants to Students, £60; and Grants to Scottish Board £450, to Irish Board £460 (£910). Total £7,619 18s. 9d.

THE CONFERENCE.

In the evening Mrs. George Kerr, Chairman of the Nurses' Committee of the Edinburgh Royal Infirmary, presided at a Conference at the Surgeons' Hall, when Dr. J. C. Meakis spoke on "The Nurse in Relation to the Development and Practice of Scientific Medicine"; Miss Watt, Superintendent of Health Visitors and Queen's Nurses for the burgh of Motherwell and Wishaw, on "The Controversy Concerning the Trained Nurse's Suitability for Public Health Work," and Miss Dunbar, a trained nurse, and Secretary to the Scottish Women's Friendly Society, on "The Status of the Nursing Profession from an Economic Point of View."

THE PROFESSIONAL UNION OF TRAINED NURSES.

The Professional Union of Trained Nurses has received many letters from those who ask for assistance on finding themselves in difficulty. Although anxious to help whenever it is possible, unless a nurse is a member of our Union we have no right to interfere in any dispute between her and her employers.

I am afraid, from letters we receive, that a good many look upon the Professional Union as a sort of Charity Organisation, to which they may apply when troubles arise. Some have asked for monetary help; others request us to give them legal advice, and in some cases even to start a law suit on their behalf, all without wishing to join the Union or pay any subscription towards it.

Might I make it clear that we are only able to act for our members, and that by our Rules, these must have belonged to the Union for at least a year, and have paid their subscriptions up to date, before any money can be disbursed on their account?

We should also like to make it understood that we neither give nor receive charity, but are a self-supporting association, which is paid for, and managed by, its members. It, therefore, behoves nurses to join it before their difficulties begin. Very many, I am afraid, only attempt "to lock the stable door when the steed is stolen," or, in other words, wish to join the Union when they find themselves in need of assistance.

I hope all readers of THE BRITISH JOURNAL OF NURSING will look ahead, and provide protection for themselves before the trouble comes. Join the P.U.T.N., and DO IT NOW!

MAUDE MACCALLUM,
Hon. Secretary.

THE IRISH NURSES' AND MIDWIVES' UNION.

The series of Tea Time Talks for nurses which have been held in the offices of the Irish Nurses' and Midwives' Union on Wednesday afternoons for the past two months, will be discontinued during July and August. They will be resumed in September next, when it is hoped to arrange addresses each week by well-known persons on subjects of special interest to nurses. Members are invited to bring friends to these discussions, so that non-members may be introduced to the Union, and friendly intercourse promoted between members, who will be able on these occasions to discuss the Union's activities.

At a recent Wednesday meeting an interesting discussion took place on the form a registered uniform for nurses should take. Nurses expressed great satisfaction that the uniform which marks their calling in the eyes of the public is at last to be protected from abuse by law. It was decided to ask the General Nursing Council for Ireland to call a Public Conference of Nurses to

discuss this question, as it is one in which all nurses are keenly interested. Preference was expressed by members present for a long coat and hat and storm cap of registered pattern, in grey, with grey or black shoes and grey stockings. A woven armlet and hat band, with the registered badge on it in blue, was suggested. For indoor uniform members agreed that it would be far more hygienic and economical to have a white overall or coat which could be worn over the dress instead of an apron, and left in the ward when the nurse went to meals or off duty. The dress might take the form of a plain coat-frock of washing material, preferably grey also, with turn-down collar, and long sleeves buttoned on above the elbow. These sleeves could be removed in the ward for dressings, &c., and the dress could be made to look quite neat for wear outside the ward.

M. MORTISHED,
Hon. Secretary.

TRUE TALE WITH A MORAL.

AT A WOMAN'S CLUB.

One Member to Another: "That is Miss Gloriana Skimthecream—a V.A.D. You see she has the R.R.C., the 1914-15 Star, the General Service Medal, and the Victory Medal for Service in France. A remarkably clever girl. No need for her to do four years' drudgery before becoming an expert nurse."

Fellow Member: "My niece qualified after four years' training at Bart.'s. She joined the T.F.N.S., and worked devotedly on home service in military hospitals throughout the war. *She has nothing to show for it.* No R.R.C., no Star, no Medal, no ribbon. If you ask me I call it a howling scandal. Honours should be awarded for efficiency and merit."

First Speaker: "I fear your niece must be wanting in initiative. If she had put a bit of punch into it, she wouldn't have got left. People should not submit to injustice."

THE SUMMER SALES.

AT MESSRS. GAYLER & POPE'S, LTD.

Wise Matrons of Hospitals, and Superintendents of Nursing Homes, replenish their linen and household stores at Sale-time, thereby, if they deal with well-known and reliable firms, effecting a considerable saving. Such an opportunity is now offered by Messrs. Gayler & Pope, Ltd., High Street, Marylebone, London, W. 1, whose Summer Sale began on June 24th and is continuing for 21 days. The firm make a special study of the needs of nurses and nursing institutions, and reductions of from 2s. to 6s. in the £1 off this Season's prices are offered.

Many bargain-lines in millinery, hosiery, costumes and dress fabrics should also be noted. It is advisable to visit the establishment at an early date, as many of the best bargains are of course secured in the early days of the Sale.

APPOINTMENTS.

MATRON.

Canterbury Mental Hospital, Canterbury.—Miss F. W. Sullivan has been appointed Matron. She was trained at the West London Hospital and the West Sussex County Mental Hospital, and has held the positions of Night Superintendent at the Borough Sanatorium, Brighton; Assistant Matron at the Gralingwell Mental Hospital; and Assistant Matron at the County Sanatorium, Lenham, Kent.

King Edward VII Welsh National Memorial Association, Craig-y-nos Hospital, Breconshire.—Miss C. Forsdike has been appointed Matron. She was trained at the Brompton Hospital for Consumption, and at the St. Marylebone Infirmary, and has been Matron of the Cimla Hospital, Neath, and of the Glen Ely Medical and Surgical Tuberculosis Hospital, Fairwater, Cardiff, under the King Edward VII Memorial Association.

SUPERINTENDENT NURSE.

Coventry Union, Coventry.—Miss E. Howard has been appointed Superintendent Nurse. She was trained at the Prescott Infirmary and has been Night Superintendent under the Oldham Board of Guardians, Home Sister at the Rochdale Infirmary, Head Nurse at the Lichfield Infirmary, and Superintendent Nurse at the Wellington Infirmary.

ASSISTANT SUPERINTENDENT.

Union Infirmary, Wakefield.—Miss Olive Simpson has been appointed Assistant Superintendent. She was trained at the Union Infirmary, Tynemouth, and has been Health Visitor and Maternity Nurse at West Hartlepool, Health Visitor and Laboratory Nurse at Newcastle-on-Tyne, and has also done Military Nursing.

HOME SISTER.

General Hospital, Nottingham.—Miss Alice Law has been appointed Home Sister. She was trained at the General Hospital, Wolverhampton, and has been Sister of the Pensioners Ward at the Nottingham General Hospital. She has also done Military Nursing.

THEATRE SISTER.

All Saints Hospital, Finchley Road, N.—Miss Noel has been appointed Sister. She was trained at the Middlesex Hospital, and has been Theatre Sister at Bolingbroke Hospital, Wandsworth Common.

WARD SISTER.

Royal Hospital, Sheffield.—Miss Gertrude Gregory has been appointed Sister of the Ophthalmic Wards. She was trained at the Jaffray Hospital, near Birmingham, and the Royal Hospital, Sheffield, and has been Staff Nurse at Lodge Moor Fever Hospital in the same city.

THE PASSING BELL.

The funeral of Lady Maud Keith Falconer, youngest daughter of the late Earl of Kintore, took place on Monday, at Coolhurst, Horsham, Sussex.

THE GREEK OFFENSIVE.

We hear from Sister Catherine Evans that she and Sister Oakley Williams are busy at Smyrna helping to get a hospital ready for the results of the Greek offensive which is imminent. From Athens the Sisters send news that they are busy, and cards dropped by the way are evidence that Sisters Baxter and Browne are "all well so far."

THE MOTHERCRAFT TRAINING SOCIETY.

THE "BUXTON" SCHOLARSHIPS.

Two "Noel Buxton" Scholarships of £35 each, entitling successful candidates to six months' free training at the Mothercraft Training Society, 29, Trebovir Road, Earl's Court, S.W. 5, were recently offered to two highly-qualified nurses who are also certified midwives, to enable them to study the Truby King methods, as notified in this journal. The Scholarships have now been awarded, the recipients being:

Miss Tacon.—General Training at Charing Cross Hospital; Maternity Training, York Road Lying-in Hospital; Sister at Chelmsford Hospital; Night Sister, Chester Royal Hospital; Sister at Derby; Theatre Sister, Charing Cross Hospital; and Assistant Matron, Alexandra Hospital for Children.

Miss Ormerod.—General Training at Addenbrooke's Hospital, Cambridge; Maternity Training, Brighton Hospital; Ward Sister and Night Sister at Addenbrooke's Hospital, Cambridge.

We congratulate the recipients on the opportunity which will be theirs, especially of studying the methods of breast-feeding, so successfully advocated and taught by Dr. Truby King, and we congratulate the donors of the Scholarships on conferring them on highly-trained nurses who are best fitted to profit by the special instruction offered, and who have proved by the training they have already undergone their conscientious desire to qualify themselves thoroughly for their responsible duties.

THE HOSPITAL WORLD.

Sir Alfred Mond, Minister of Health, announced in the House of Commons that the Government had decided, in view of the serious state of voluntary hospitals, to ask the House to vote a Supplementary Estimate of £500,000 in aid of deficits during the present year.

This money will be under the control of a Commission and Committees, as recommended by the Cave Committee, and immediate steps are being taken to appoint the Commission.

The Cave Committee recommended the grant of a million, but in view of the serious financial position of the country the Government cannot give effect to the full recommendation. The hospitals are consequently disappointed, but the half-ruined middle class tax-payer is grateful for small mercies—as of course, as usual, the grant comes mostly out of his pocket.

Mr. McGirr, the New South Wales Minister for Health, announced at Sydney that the Government proposed to divide New South Wales into 160 hospital districts and to introduce legislation imposing on employers and employees the obligation of contributing regularly an equal amount to the upkeep of the institutions.

The Government would undertake to pay a sum equal to the combined contributions.

Mr. McGirr claims that this proposal will place hospitals on a business basis.

It may seem incongruous that the Arts League of Service, which stands for modern movements in Art, should give its entertainment in a hospital ward to patients who, being classed as "incurable," are out of the current of life's progress. The action, however, is after all quite logical, and in accordance with the aim of the League, which is "to bring Art into everyday life," and could hardly be better carried out than in solacing these sufferers. Believing that Art is the joy of life, the A.L.S. have taken it to the Prince Francis Ward of the Middlesex Hospital to cheer the clouded lives of its inmates. Science has done all it can for them. Art steps in and takes them away for a while from their hopeless groove to a happy world of colour and sweet sound and joyous movement. It was interesting to hear from their lips how much they liked the fine old folk songs and dainty Elizabethan ditties, sung and acted in picturesque costumes (designed by artists), and the graceful Greek "expressionist" dancing, that the A.L.S. gave them. "It was so restful and happy; just what we could enjoy," was their verdict.

The entertainment, given on June 15th, was one of a weekly series arranged by the Dowager Lady Brassey for the patients in the Middlesex Hospital. Its success opens up new suggestions in the field of art—why should it not take a definite place in the work of the hospital? Art and its possibilities in national life is just now very much to the fore.

UNEMPLOYMENT INSURANCE.

THE RESULT OF APATHY.

Now that the Labour Bill has passed its third reading in the House of Commons, there is no chance of escape for Probationers and Trained Nurses who have not an income with emoluments calculated at £250 a year. This tax has been exacted from them and their employers upon the determination of Dr. Macnamara, the Minister for Labour, who ignored the united protest of all the Nurses' Organizations in their objection to coming under the Act—in our opinion a very arbitrary action, clearly calculated to benefit the industrial and not the professional worker. We regret the Nurses' Organizations did not rouse themselves and make a really effective opposition. What is the use of a membership of 20,000 trained nurses, such as claimed by the College of Nursing, Ltd. if it cannot, together with other nurses' organizations, bring the slightest pressure to bear to prevent such unjust treatment of nurses? Any-way one more nail is thus driven in the coffin into which the corpse of good nursing is being crammed by ill-judged Labour legislation.

THE NATIONAL HEALTH INSURANCE BILL.

In the National Health Insurance Bill introduced in the House of Commons by Sir Alfred

Mond, Minister of Health, the first two clauses are based on the recommendations of the recent Departmental Committee on Approved Societies' Administration Allowance. No change is proposed either in the rates of contribution, or normal rates of benefit under the Acts, but the administration allowance for approved societies is increased from 4s. 5d. to 4s. 10d., and to make provision for this the Bill proposes that a small reduction should be made in the amount retained out of each weekly contribution for the purposes of the Contingencies Fund, thus leaving a greater amount in the general funds of the societies out of which the administration allowance is provided. The proportion of two-ninths of the cost of benefits and administration to be provided by the Exchequer remains unaltered. The Exchequer is enabled to reduce or suspend its contribution of £150,000 a year to the Central Fund *pari passu* with the contribution thereto from the Societies' Contingencies Funds.

Provision is made, in Clause 2, for a contribution of twopence per member per annum from the funds of approved societies, in addition to that now paid, towards the administration expenses of insurance committees, with corresponding relief to the Exchequer.

Clause 3 enables a reduction to be made in the membership of insurance committees in England and Wales, with a consequent saving in the administration expenses of the committees, while retaining, so far as practicable, the present proportions between the classes of persons to be appointed. It is estimated that the net saving to the Exchequer, as from January 1st last, will be about £300,000 per annum.

JOHN BOND'S "CRYSTAL PALACE" MARKING INK.

John Bond's Marking Ink has an established reputation of over a century—a reputation only enhanced by time, for it is pre-eminently a marking ink which stands the test of time. It is supplied to the Royal Households, and to a number of Government Departments, as well as to the London County Council and the Metropolitan Asylums Board.

John Bond's "Crystal Palace" Marking Ink can be supplied in either the heat or non-heat form, and becomes more intense by repeated washing and boiling. It can be used either with pen, rubber stamp or stencil, prints perfectly, flows freely from the pen, and is guaranteed absolutely indelible.

It can be obtained from all stationers, chemists, and stores, in 6d. and 1s. bottles, and with the latter size a linen stretcher and special Marking Ink Pen are presented. It may also be had from the manufacturers, 75, Southgate Road, London, N. It can also be obtained in quarter, half-pint, and one pint bottles. No household or institution should be without it.

OUTSIDE THE GATES.

NO WOMEN'S RESERVE FOR THE ARMY.

The Army Council, having considered the various suggestions that have been made for the formation of a Women's Reserve, has decided that the formation of such a reserve is not desirable at the present time. A scheme under which the services of women might be made available for the Army in the event of a national emergency will, however, be prepared, and in this connection care will be taken to embody the special experience gained in the war.

A very interesting address was given by the Princess Kamala Devi Gaekwar of Baroda at an "At Home" on June 23rd at 15, Cleveland Gardens to the Indian Women's Education Association. Her Highness said that the future progress of India is intimately associated with the advance of education. There is now a Women's University at Poona, though there are only twelve students, and Mysore and Baroda have instituted free and compulsory education for girls as well as boys.

The Princess also pointed out that the physical education of Indian girls and women is almost entirely neglected and education in physical culture would be most beneficial. She concluded with the following words:—

"Let us appeal to our sisters in India to help us in spreading the health-giving light of education throughout our country, let us make them realise clearly the advantages of education so that they may influence their husbands and brothers to demand education for their children in no uncertain voice. For by education, and by education alone, can content, peace, health and happiness be reached."

The Canadian National Council of Women, meeting in Calgary, has asked the Dominion Government forthwith to appoint women to the Senate.

COMING EVENTS.

July 5th-7th.—Second English-speaking Conference on Infant Welfare. Convened by the National Association for the Prevention of Infant Mortality and National Baby Week Council. Central Hall, Westminster, S.W.1 10 a.m. to 1 p.m. and 2.30 p.m. to 4.30 p.m. daily.

July 6th.—North Middlesex Hospital, Edmonton. A solemn Memorial Service for Nurses who died on Duty during the Military Occupation. 3.30 p.m.

July 6th.—London Hospital Nurses' Bazaar. Opening by Queen Alexandra.

July 7th.—St. Thomas Hospital Garden Party at St. James' Palace, lent by the King. 3 to 10 p.m.

July 13th and 14th.—King's College Hospital, Denmark Hill, Garden Fête and Sale of Work, organised by Sister Matron and the Nursing Staff. Opening by Dame Margaret Lloyd-George, 2.30 p.m.

BOOK OF THE WEEK.

REVELATION.*

The Foreword explains the date and the *mise en scène* of this remarkable romance.

"Time, the nineteenth year of the reign of Tiberius Cæsar. Place, Jerusalem administered by Pontius Pilate. In the houses the women scold, talk, and give place to the ensteemed soldiers of Rome. Beggars pester for alms, blind men whine, lepers rot by the roadside, men who pray look superciliously upon those who do not, harlots wait in their houses, girls envy one another and watch young men, men ply their various trades, and the son of a Galilean carpenter who is reputed to cure sickness, and teach heresy, goes from village to village, fed by charity, and followed by a few fishers."

The scene opens with a description of Astarte, the beautiful slave dancer, who was shortly afterwards bought by one of Herod the Tetrach's eunuchs, destined to be a dancing girl in the royal household.

The little slave girl was frankly delighted at her prospects. She had never before in her fifteen years of life gone on foot through the streets of a city. She was virgin soil, ignorant as the child-woman Eve standing beneath the tree of knowledge of good and evil. There was noise—a wonderful variety of noise—and splashes of sunshine like raw gold, and faces—one following another, so that it was impossible to remember any of them clearly. It was all new—new as the five senses to a just-born infant.

But supreme above all these new experiences was the encountering the eyes of David, the young Jew, who was destined to loom large in her life at no distant period.

An extraordinary new thrill struck through Astarte. The eyes that encountered hers were of an indescribable maleness, strange as those of a dweller upon another planet.

The gross sensuality of Herod's court and its lewd feasts is described with a fearless pen. The young slave dancer, thirsting for life, too ignorant to be really contaminated by what she saw, is rescued from its vice by the young Jew, David, whose eyes Astarte had encountered on her way through the city. Brought up in the strictest sect of his religion, David loved this young heathen girl from the first moment he saw her, and in the moment of his martyrdom her name was in his heart.

But in the meantime he took the girl he had rescued to his poor home.

Consternation reigned in David's family.

"It's dreadful," said Dinah. "David's brought home a Gentile dancing girl and he's told his mother he's going to marry her."

Rama had been destined for David's wife—the gentle young Jewess and neighbour.

"A single lamp burning a pure and perfumed oil had lit the narrow room of her life, shut right

* By Dulcie Dearmer. Fisher Unwin.

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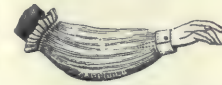


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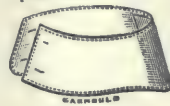


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The "YARCIA" (Regd.) CUFF (Round Corners) 3 1/2 in. deep, 1/1 1/2 pr 4 in. deep, 1/3 1/2 pr

The "YARCIA" (Regd.) COLLAR. Made to slope upon the shoulders. One stud hole, 2 in deep, 1/0 1/2 d. ea. Two stud holes. 2 1/2 in. deep, 1/0 1/2 each.



GARROULD'S SANDRINGHAM COAT Specially designed for Lady Dispensers and Masseuses. In good quality White Drill, 12/11 in super-fine quality, 21/- In three sizes. Bust measurement only required.

away from the warm sun of joy, and that lamp was suddenly extinguished. David had brought home a dancing girl and he was going to take her for his wife."

There are many passages described in which personages come in contact with Jesus of Nazareth.

Rama is instrumental in bringing Astarte under His notice after she had died from the poisoned ring, and He restores her to life.

After this, in David's absence, she is seduced by Valerius, from whom David originally rescued her.

Being discovered, she was on the point of being stoned, but the well-known passage of our Lord's compassion is made to apply to her: "He that is without sin among you, let him first cast a stone at her." . . . "Go, and sin no more."

A sudden rush of tears came to Astarte's eyes. She wanted to sink right down and touch the feet of this man, but she could not. She had not known that such an emotion as reverence existed; love to her had meant passion or caprice or desire.

David's despair when he learns of Astarte's sin is very terrible.

He finds her again in the awful tragedy of the earthquake that follows the Crucifixion of our Lord. His agony is intensified by learning from her dying lips the name of her betrayer.

David's soul was one red gaping wound; he was dizzy with the nausea of pain.

"Valerius. The captain of Herod's guard . . . O God!"

"David, kiss me again. . . . I feel as though I were sinking."

He bowed his head and his mute lips touched the lips of Astarte.

She died under the kiss of the man whose heart she had broken—died ignorant, happy, as a soft-furred kitten that curls down to drowse in the lap of love.

David's sore heart was cured of its bitterness after meeting Jesus in the garden after His Resurrection. He felt the sting of tears, and they were sweeter than rain in the desert.

He was able to return to the rock tomb, so beautifully described, where he had laid Astarte.

He understood everything now. She was a child—lovely, loving, reckless, ignorant—wholly innocent of that open-eyed rebellion which alone is sin.

She would understand many things when they met again.

"Good-night," he said within himself, "for a little while and he kissed the undimmed brightness of her hair."

The theme is reverently treated, and is full of imagination and powerful description.

H. H.

WORD FOR THE WEEK.

"One of the things I learnt above everything during my Empire tour was how much the Empire owes to our women."—*The Prince of Wales.*

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.

NURSES LOYAL TO THEIR HOSPITAL.

Miss K. E. Luard, Matron of the South London Hospital for Women, South Side, Clapham Common, S.W.4, writes: "I know you like to hear of Nurses collecting for their hospital, instead of for Benefit Schemes for themselves, so it may interest you to learn that our small staff here of 36 presented a purse of £170 to Princess Helena Victoria on Friday, June 24th. The total in the purses was £1,100." [We congratulate the Nursing Staff of the South London Hospital on the result of their efforts, and the Committee of the Hospital on so loyal a Nursing Staff.—ED.]

A CLEAR CASE FOR COURAGEOUS ACTION.

Glasgow Nurse.—"How is it that the College of Nursing, Ltd., which met at Edinburgh last Friday, did nothing to protest against the action of the Scottish Board of Health's demand to place Fever trained nurses on the General Register in Scotland—and for trying to hold up the English Register with the same impossible claim. Here was a clear case for courageous action upon the part of the College, and not a word said in protection of our General Hospital standards. Had it not been for the *B.J.N.* we Glasgow nurses would have known nothing of the controversy." [It does appear as if an opportunity had been missed, but as we were not represented at the meeting we have no report before us.—ED.]

WORLD TOURS FOR LAY OFFICIALS AT THE TAXPAYERS' EXPENSE MUST BE STOPPED.

A Venereal Sister.—"I do not think it necessary to reply at length to Miss Alison Neilan's letter. My point is that I protest against being taxed to pay for luxurious world tours for lay officials who have no right to express opinions on scientific subjects, such as the treatment of Venereal Disease, especially when such taxation prevents my taking a much needed annual rest. It is high time all this squandering by Ministerial Departments was stopped, especially in support of a mischievously reactionary policy—which, in my opinion, is responsible for a great amount of horrible unnecessary suffering, especially amongst innocent children. I specially object to be compelled to pay for propaganda with which I strongly disagree."

PRIZE COMPETITION QUESTIONS.

July 9th.—Define Digestion and what the Digestive Apparatus consists of.

July 16th.—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?

The Midwife.

CENTRAL MIDWIVES' BOARD.

MONTHLY MEETING.

A meeting of the Central Midwives Board was held in the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on Wednesday, June 22nd. Sir Francis Champneys, Bart., Chairman of the Board, presided.

REPORT OF STANDING COMMITTEE.

On the report of the Standing Committee:—

A letter was considered from Mr. H. O. Stutchbury, of the Ministry of Health, enclosing a copy of a letter from the Registrar of the General Medical Council as to the new Rules of the Board. It was agreed that the letter be received.

(It will be remembered that under the Midwives Act, 1902, Rules framed under Section 3 of the Act were valid only if approved by the Privy Council; and the Privy Council, before approving any such Rules, was required to take into consideration any representations which the General Medical Council might make in regard thereto. When the Ministry of Health was formed in 1919 it took over the duties of the Privy Council in this connection.)

ACTION BY GENERAL MEDICAL COUNCIL.

The Executive Committee of the General Medical Council, at its meeting on May 24th, passed the following resolution:—

Resolved: "That with reference to Resolution C (p. 9) Section 1 (2) (a), (b), (c), (d), the Executive Committee regards it as desirable that as soon as the General Nursing Councils are in a position to lay down a satisfactory definition of a registered fully-trained nurse, that definition should be substituted in these Regulations for the several special definitions contained in (a), (b), (c), (d)."

The opinion incorporated in this Resolution was conveyed to the Minister of Health in the above letter.)

A letter was also received from Mr. R. H. Crooks, of the Ministry of Health, stating that the Minister of Health approved the Rules submitted by the Board for a period of one year from June 30th, 1921.

It was resolved that the Minister of Health be informed:—

"That the Board ventures to express its strong hope that he will not limit his approval of the Rules, as finally arranged with the Board, to one year. Such a limitation could not, in the opinion of the Board, fail to produce a serious impairment of the authority of the Rules, on which the safety of the mothers and infants of the nation largely depends. Moreover, the Board believes that the ground of such proposed limitation consists in one particular only, namely, the expected National Register of Nurses in preparation by the General Nursing Council. The Board would point out that

the necessary alteration in the Rules could be made at any time, and without delay; whereas the Revision of the Rules as a whole would take far longer.

"The Board trusts therefore that the Rules will be approved for the usual period of five years."

A FIRST-FRUIT OF LEGAL REGISTRATION.

For the information of our readers we may state that the Resolution of the General Medical Council printed above refers to the Rule of the Central Midwives' Board, "regulating the Course of Training and the Conduct of Examinations, and the Remuneration of the Examiners."

It will be recollected that, when the length of training required of pupil midwives was increased to six months, certain concessions were made to nurses, who were exempted from two of the six months' training, provided that the applicant produced a certificate of

(a) Three years' training as a nurse in a General Hospital having not less than one hundred beds;

(b) Three years' training in a Poor Law Institution, recognised by the Local Government Board as a Training School for Nurses; and

(c) Enrolment as a Queen's Nurse by the Queen Victoria's Jubilee Institute for Nurses.

Other concessions were made to nurses who proved that during their training in a General Hospital they have undergone training for not less than three months in (a) a Children's Ward, and (b) a Gynæcological Ward in either of which new-born babies are received for treatment.

Also to candidates who prove that they have undergone a course of three years' instruction in Nursing in a Hospital for Women containing not less than 50 beds.

In the new Rules, published on Monday, June 27th, "Registration by the College of Nursing, Ltd.," is added as exempting candidates from two of the six months' training required of ordinary candidates, as are candidates who prove that they have undergone a course of six months' instruction in nursing in a Children's Hospital or a Gynæcological Hospital.

All this procedure—adopted no doubt because at the time that the Rules were drawn up there was no legal definition of a trained nurse—is very cumbersome, necessitating no less than six different Schedules, defining different grounds on which nurses are entitled to a reduction in the term of training.

In our issue of December 4th we wrote: "We presume that when the State Register of Nurses is established that will be the only evidence of training recognised by the Central Midwives Board."

We are glad to note that this is the procedure advocated to the Ministry of Health by the General Medical Council, and sent down to the Central Midwives' Board by the Ministry. Further,

that when the Minister of Health approved the Rules submitted by the Board he did so for a period of one year only, instead of five years, and the inference is that the proposed limitation was in connection with the expected National Register of Nurses.

It will be observed that the Central Midwives' Board has informed the Minister of Health that in reference to the "National Register of Nurses" the necessary alteration in the Rules could be made at any time, without delay; we may, therefore, assume that the Minister of Health has approved the recommendation of the General Medical Council; that "so soon as the General Nursing Councils are in a position to lay down a satisfactory definition of a registered fully-trained nurse that definition should be substituted in the Regulations for the several special definitions now in force," and that the Central Midwives' Board has undertaken that this shall be done.

This is as it should be, and is one of the first fruits of the passing of the Nurses' Registration Acts. The protected title of "Registered Nurse;" should carry with it definite privileges.

FURTHER CORRESPONDENCE.

The Board, after considering a letter from the Ministry of Health, in connection with its decision not to approve the Lewisham Maternity Home as an institution for training pupils, resolved to adjourn consideration of the matter for further enquiries.

The Board having 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 the report from the Local Supervising Authority thereon, and also the observations of the midwife in connection therewith, asked Dr. J. S. Fairbairn, and Miss Paget to arrange for the inspection of the midwife in question.

The Board received a letter from the Hon. Secretary of the Association of Inspectors of Midwives enclosing a copy of a letter sent by it to the Approved Teachers' Committee of the Midwives' Institute as to the necessity of the instruction of all pupil midwives in keeping the register, and sending in all forms as required by the Rules of the Board.

It was agreed to inform the Hon. Secretary of the above Association that the Board entirely agrees as to the importance of these matters, and that in the new Rule as to the Subjects of Examination, which will come into force on July 1st next, special prominence has been given to them.

APPLICATIONS.

The following applications were granted:—

For approval as Training School.—The Lady Dufferin Hospital, Karachi.

For approval as Lecturer.—Evan Evans, Esq., M.B., F.R.C.S., William Gover, Esq., M.B., and Dr. Eleanor Elizabeth Bourne, D.P.H. *pro tem.*

For approval as Teacher.—Midwives Rosa Cohen (No. 38,544), Julia Guthrie (No. 8,680),

Amy Gertrude Richardson (No. 38,386), Annie Stewart (No. 39,858).

Dr. Reginald Samuel Sherrerd Statham, O.B.E., M.D., and Dr. Alexander Stockes, M.B., F.R.C.S. Edin., were appointed examiners at the Bristol Centre.

The Lady Mabelle Egerton, having asked for the opinion of the Board as to the duty of a midwife in the case of a patient who refused to allow her to comply with all the Rules of the Board applicable to the case, it was resolved that the Board is of opinion that if a patient refuses to allow a midwife to carry out the Rules of the Board for her proper treatment the midwife may rightly advise the patient to place herself in other hands; but that until this can be secured the midwife should do her best for the patient, carefully noting the points in which the patient obstructs her, in case of any untoward results. Any such occurrences should also be reported to the Local Supervising Authority.

ADMISSION TO MIDWIVES' ROLL.

Six Scottish and Irish Midwives were placed on the Roll.

The Board having considered the application of a woman who had been enrolled in Ireland, in consequence of passing the Examination of the Central Midwives' Board for Ireland, that her name be placed on the English Roll, decided that the application be adjourned, and that the applicant be asked to furnish certificates of character from all the Local Supervising Authorities under whom she has worked since the date of her admission to the Irish Roll.

THE NEW RULES.

Every certified midwife should obtain a copy of the New Rules framed by the Central Midwives' Board, under the Midwives' Acts, 1902 and 1918, which came into force on July 1st, and compare them with those under which they have worked for the last five years, so that they may note any differences. They are printed and published by Messrs. Spottiswoode, Ballantyne & Co., Ltd., 1, New Street Square, E.C., price 6d., or 8d. post free.

MOTHER AND CHILD.

When you wail within my arms
Comes to me such limitless
Passion of pity it alarms
Mother wisdom—I could crush,
In my love's divine excess,
What it is my task to hush
With a careful tenderness,
Lest I injure you.

So when years ahead you stand
With some trouble to confess

I must discipline my ruth's
Fond and prodigal excess,
Lest I injure you.

(From "Poems by a Brother and Sister.")

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EDITORIAL.

MATERNITY AND CHILD WELFARE WORK IN RELATION TO INFANT MORTALITY.

In October, 1920, a Medico-Sociological Committee of the British Medical Association was appointed experimentally by its Council "To consider social and economic questions affecting the public welfare as to which the medical profession has special knowledge; and to take such steps as may be found necessary in order to create or develop public opinion thereon." The original members of the Committee, of which Dr. E. Rowland Fothergill is chairman, selected as the first subject for consideration "The Value of Maternity and Child Welfare in relation to the reduction of Infantile Mortality," and, as empowered by the Council, co-opted as additional members certain persons having a special knowledge of the subject.

The Committee, which has held nine meetings and examined a number of witnesses, has now issued its report. It states:—

"The development of Maternity and Child Welfare work has depended on two main factors—the desire to ameliorate individual suffering, and efforts to increase national efficiency. Both factors were stimulated by the Great War—the discovery of large numbers of men whose low physical standard, it was contended, was due in great measure to insufficient attention in infancy and childhood, and the loss of large numbers of men, rendering it more than ever desirable to rear as well as possible and as many as possible of the present and coming generations

"Three stages of development of this work may be distinguished in this country. From 1900 to 1914 the period of private effort and permissive legislation. From 1914 to 1918 encouragement by the Government of local effort. Since 1918, the great development of State aid and control."

The mortality rate of infants under one year per 1,000 births has dropped from 149 in 1871-1880 to 80 in 1920; the deaths of infants under one month, which were 41.8 per thousand in 1905, were 40 in 1919, though succeeding

months up to twelve months show a substantial reduction.

The causes of, or factors in, infant mortality are grouped as (a) Inherent "stock" variations, (b) Environmental, and Dr. Brend, who discussed the question with the Committee, is of opinion that a certain number of deaths which occur in the first month are due to prenatal, biological causes, resulting from experiments continually being made by nature. He considers there is a non-preventable infant mortality of from 25 to 30 per 1,000, almost entirely in the first month after birth.

The environmental factors are grouped as (1) Before birth; (2) at birth; (3) after birth, and include the following:—Parental vice, malnutrition or disease of the mother, lack of skilled attendance, defective sanitation, poverty, bad housing, overcrowding, industrial employment of mother, ignorance of mother, lack of breast feeding, atmospheric impurity chiefly due to factory and house smoke.

Amongst the conclusions and recommendations of the Committee are that the educational work amongst the mothers on the racial poisons (alcohol, syphilis and tubercle), and on the influence on infant mortality of pollution of the air by smoke, and other impurities, with the consequent deprivation of sunlight, should be encouraged and extended.

The instruction of the elder girls at school in homecraft and mothercraft should be developed and encouraged.

Every effort should be made to improve the economic position and prospects of midwives and midwifery nurses; and encouragement should be given to them by Local Authorities wherever there is difficulty in securing a sufficient supply. The support of the local doctors, nurses and midwives can, and ought, to be secured. This can be done (a) if it is made quite clear that the sphere of the Centres is educational, preventive, and advisory, and if members of these professions are represented on the Statutory Committee and the Committees controlling the Centres, these representatives being nominated by the local organisations of these professions wherever such exist.

OUR PRIZE COMPETITION.

DEFINE DIGESTION AND WHAT THE DIGESTIVE APPARATUS CONSISTS OF.

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

PRIZE PAPER.

Digestion is the function by which the proximate principles of food—proteins, fats, carbohydrates, water and salts, are rendered soluble and ready for assimilation, thus supplying the vital material for the upkeep of metabolism.

The anatomical structures concerned are combined and named the Alimentary Tract, and include the following:—

Mouth—Containing teeth, salivary glands, tongue, and muscles concerned in deglutition.

Oesophagus—Tube 18 inches long, running from pharynx behind trachea to cardiac orifice of stomach.

Stomach—Muscular organ situated in thorax to the left below heart.

Small Intestine—Consisting of three parts (1) Jejunum, (2) Duodenum, (3) Ileum.

Large Intestine—Consisting of (1) Cæcum, (2) descending transverse and ascending Colon; and (3) Rectum closed by Sphincter.

The Physiological action in digestion is performed by various juices secreted by glands situated in different parts of the alimentary tract and containing ferments with specific action on certain foodstuffs.

From the foregoing it will be seen that the process of digestion is therefore dependent upon physiological action in a definite specially constructed tract, the combination being as follows:—

Food is taken into mouth, masticated by the teeth, mixed with saliva which is secreted by glands—Parotid, situated below the ear, opening into cheek on inner side; Submaxillary, under lower jaw; Sublingual, under tongue, the active principle of which is a ferment called Ptyalin, which acts in an alkaline medium and converts carbo-hydrates into a form of sugar. After being mixed into a bolus by the tongue, palate, and cheek muscles it is forced by muscles of deglutition over epiglottis into oesophagus and by the peristaltic contraction of this structure it is passed through cardiac orifice into stomach. Here it is acted upon by the gastric juices which contain two ferments, Pepsin and Rennin, secreted by glands in mucous membrane lining stomach. Pepsin acts upon proteins, converting them into soluble bodies called peptones. Rennin breaks down curds. Certain foodstuffs require

an acid medium for ferments to act in, and this is supplied by the secretion of hydrochloric acid by glands near the cardiac end of stomach. The partially digested food is now known as Chyme and passes through Pyloric Orifice into the Duodenum, where it meets with the bile and pancreatic juices. Bile is secreted by the liver and enters the intestine by the bile-duct; it contains no ferment and emulsifies fats and prevents putrefaction during digestive process. The pancreatic juices enter by pancreatic duct and contain four ferments—(1) Trypsin, (2) Steapsin, (3) Amylopsin, (4) a ferment allied to Rennin.

Trypsin completes the action of Pepsin upon peptones. Steapsin aids the Bile, and Amylopsin carries on the work commenced by Ptyalin. Rennin and the last ferment act conjointly upon curds.

The mixture is now known as Chyle and enters the Jejunum and Ileum, which are lined by folds of mucous-membrane called valvulæ-coniventes, the arrangement of folds allowing of a greater surface for absorption. Here also are found finger-like projections called villi, containing lacteals and lymphatics. The lacteals absorb the peptones directly into blood, and the lymphatics absorb the emulsified fats and convey them to thoracic duct and thence to blood stream via the inferior venæ-cavæ. The residue, which consists of partly soluble peptones and waste, passes into large intestine, where the last secretion, Succus Entericus, is found. This contains a ferment called Erepsin, which completes solution of peptones. Any remaining waste or undigested food is carried by the peristaltic action of the muscular coat of intestine to the rectum, where it is evacuated as fæces. This last action is controlled by a strong muscular band, the Sphincter-Ani.

HONOURABLE MENTION.

The following competitors receive honourable mention.—Miss Henrietta Ballard, Miss M. M. G. Bielby, Miss Marion Zeigler, Miss E. M. Hooker, Miss Eliza Noble.

Miss Bielby describes the stomach as a dilatation of the alimentary canal, its larger or cardiac end being continuous with the oesophagus, the narrow end, or pylorus, opening into the small intestine.

QUESTION FOR NEXT WEEK.

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?

NURSING ECHOES.

The Prince of Wales will pay a visit to Folkestone on July 27th, to lay the foundation stone of the new nurses' home, which will adjoin the Royal Victoria Hospital.

The Trained Women Nurses' Friendly Society, at its annual meeting held at 431, Oxford Street, W., on June 29th, decided to expend its annual surplus entirely in augmenting sick benefit for the members so that they will receive 14s. 6d. a week instead of 12s.

The Nurses' Insurance Society (in connection with the Pension Fund) has decided to expend its surplus on dental benefit, hospital accommodation and convalescent benefit.

Our experience is that hospital and convalescent benefit for nurses is obtainable without payment, and that increased sick pay, which they can expend as they choose, is preferable.

The London Hospital Nurses' Bazaar is in full swing as we go to press, and has received wide support from many friends. Queen Alexandra has sent for sale a lovely dolls' house, fitted exquisitely, which, if raffled, would bring a very large sum of money. Anyway, it is sure to find a generous buyer.

We wonder more girls do not follow the fashion of the time of Queen Anne and furnish a Dolls' House. In her day nothing was too fine, made in miniature, to fit such a delightful toy, and now these Stuart houses are most rare and valuable. The owners worked carpets in *petit point*, made hangings of rich brocade, utensils were made of silver, dinky to a degree, and gave a complete scheme of the house-proud dame. We have a friend who has fitted a very large Dolls' Mansion, everything complete, and the fun she has had arranging it has given her the greatest pleasure.

A very happy reunion of the members of the City of Westminster Infirmary Nurses' League and their former Matron, Miss Elma M. Smith, took place on Saturday, July 2nd, at the house of a friend, Miss Perkins, of Cowleaze, Hendon, where Miss Smith is at present spending a holiday. A good number of the old members availed themselves of this unique opportunity of once again meeting.

Tea was served on the lawn, the tables grouped about looking very inviting for cosy

chats. The Rev. Dr. Farrer, of Kingsbury, was amongst the guests, and to him fell the pleasurable task of presenting a beautiful gold bracelet to Miss Smith, also an autograph album in which were the signatures of the nurses, cut from letters received and artistically arranged in alphabetical order by Miss Schuller, the late Editor of the League's Journal. July 2nd was the day of the Air-Pageant at Hendon, thus making it both difficult and interesting to get there. From the gate of Cowleaze the guests had the pleasure of seeing the King and Queen and Queen Alexandra going to the aerodrome and returning. From the bottom of the garden a very good view of the Pageant was obtained. After a very pleasant time the visitors gradually departed, and one and all feel they owe to Miss Perkins' generous act, in thus inviting them to meet at her house the Matron and members of their old school, a very deep and heartfelt vote of thanks.

In a shady corner of the Bedford County Hospital grounds a large company assembled on Thursday afternoon last week to assist in raising funds for furnishing Quarry Cottage at the Convalescent Home at Aspley Heath, which is to be used as a Rest House for nurses at the Hospital, and all trained nurses and health visitors working in the county of Bedford. In order to raise funds for this deserving object the members of the Bedford County Hospital Nurses' League arranged a garden party and sale of country produce, cakes, sweets, etc., and their efforts were rewarded with great success.

The Matron, Miss Livingstone Charteris, was presented with an exquisite bouquet of flowers, the gift of the members of the League.

The wards of the Hospital were open for inspection, and a large number availed themselves of the opportunity, afterwards expressing themselves as highly pleased with all they had seen. From beginning to end the afternoon's function was immensely enjoyed, and all those who took part in the proceedings deserve great praise for the success they achieved.

Miss Charteris informs the press that through the generosity and sympathy of those who contributed to and attended the sale, the League has accomplished its aim and has raised £100.

The annual Prize-giving at the St. Marylebone Infirmary will take place on July 14th, and Miss Cockrell, the Matron, will be pleased to

hear from any Marylebone-trained nurse who has not received an invitation card.

The Infirmary Committee are issuing invitations to friends of the Institution, and Sir Arthur Newsholme, K.C.B., M.P., F.R.C.P., will distribute the Prizes to Probationers and deliver an address. Tea will be served in the garden, and no doubt a very happy reunion will take place.

The Unemployment Insurance Act, a scheme which includes trained nurses and to which they have to subscribe, is now law. During the debate on the Bill in the Lords an amendment, moved by Lord Selborne, permitting contracting out was carried against the Government by 18. Later, in the Commons, the Minister of Labour moved to disagree with the Lords' amendment, which was carried by 142 votes to 32. Trained nurses have been very sheep-like over this new tax, to which they object, but apparently have not the energy to defeat.

The Halifax Board of Guardians have decided to appoint a sub-committee to meet the managers of the Halifax Infirmary to discuss proposals for the appointment of a joint official for training the nurses at the Infirmary and at St. Luke's Hospital.

The Infirmary Committee has already prepared a scheme under which a sister tutor would be appointed, but the Hospital Committee desired that such official should spend half time at the Infirmary and half time at St. Luke's Hospital. The sub-committee will discuss the matter with the Infirmary managers.

Co-operation between groups of hospitals must be the order of the day if highly efficient teaching is to be available throughout the nursing schools. Halifax hospital authorities are doing wisely.

The Essex Nursing Association has always been run on very inefficient standards and unethical lines. We are therefore not surprised to learn that at the annual meeting recently held at River Plate House, E.C., the Rev. J. Bradford, in presenting the financial statement, pointed out that the work was run very largely on earned income, and that "Nurses in training, who had almost completed their training, had earned for them £3,600. (Applause.) Then expenditure had been very carefully watched, and when they divided the cost of maintenance over the number upon whom Miss Thresh had

reported they would begin to wonder how Sister Alice managed to do as well as she did with so small an expenditure. (Hear, hear.) The whole of the expenditure they had collated for the first time. He referred them to the financial epitome in the report, showing that subscriptions and donations amounted to £6,100, and grants from Boards of Guardians, from charities as the result of sales of work, and entertainments, £1,700; a total of £7,800. Their nurses earned £6,000, and the County Council grant amounted to £5,700, so that out of a total income of £19,500 the County Council only provided £5,700. He asked them, therefore, to realise how much they were indebted to voluntary and generous effort, and he claimed that they had fully vindicated the voluntary side of their work."

Nothing, in our opinion, vindicates the ruthless exploitation of the working nurses of a cool £6,000! or of employing "nurses in training" for commercial purposes.

Miss Kathleen M. Olmsted, the Associate Chief of the Department of Nursing and Director of Public Health Nursing, of the League of Red Cross Societies, Geneva, is proving a very able assistant to Miss Alice Fitzgerald. She was trained and graduated in 1912 at the Johns Hopkins' Hospital, Baltimore, U.S.A., and has done invaluable pioneer work as a member of the staff of the Instructive Visiting Nurses' Association in that city, for which Association she made a special survey of blindness and care of the blind. In Illinois she did much for the development of rural nursing. Miss Olmsted later became connected with the Wisconsin Anti-Tuberculosis Association and Director of Public Health Nursing. As a Red Cross nurse she did fine work in the war zone with a special commission composed of experts in public health, sanitarians and sociologists in Roumania, and conducted clinics for women and children along the Eastern front under horrible conditions in the devastated, typhus-stricken areas among Russians, Roumanians and Armenians. Miss Olmsted has a great work in front of her, and her colleagues, in their *Alumnae Magazine*, congratulate her on securing such a wonderful opportunity for applying the social ideal of which she once told them she was an ardent advocate in the following words:—"Health, Bread for all, and Roses, too."

That really is a lovely aspiration, calculated to promote civilisation and to make life worth while.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

NURSING EDUCATION UP TO DATE.

The letter recently sent out by the General Nursing Council for England and Wales notifying to those responsible for Training Schools for Nurses that they propose 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 Council, is receiving attention from Hospital Committees and Boards of Guardians, and we are glad to know that the Syllabus is being well received by those progressive Boards which realise that the organisation of Nursing Education together with Medical and Midwifery Education, has now become urgently necessary, if Nursing is to take its rightful place in any scheme for the raising of standards of national health.

The Hackney Guardians recently received a recommendation from their Infirmary Committee recommending the Board to apply to the General Nursing Council to place the Infirmary in the list of approved institutions, and proposed that the curriculum laid down in the Syllabus by the Council be adopted for training the Board's nurses.

We regret to note that the Rev. A. H. Dacombe (why are the clergy so reactionary?) said that if the Board adopted the recommendation "it would put them under the coercive and tyrannical option of the General Nursing Council." Having alluded to the success of their present *regime* and the substantial cost that the appointment of a Sister-Tutor would entail, he moved the reference back of the recommendation, which was supported by Mr. J. Cooper and carried.

We have no doubt wiser counsels will prevail, as the Clerk (Mr. Frank E. Coles) pointed out that the running of the infirmary was carried out economically owing to the large number of probationer nurses on the staff, and, in the event of the infirmary not being recognised, it would be difficult to attract probationer nurses, and that would mean eventually the employment of a highly paid staff of trained nurses.

Managers of Training Schools may as well recognise this fact. Women are not for the future going to train where they are not prepared for the State Examination preparatory to becoming "Registered Nurses."

We are of opinion that the General Nursing Council is only exacting the minimum standard of knowledge required in its very reasonable Syllabus, which has been most carefully considered by experts who fully realise the difficulties hospital and infirmary managers must confront in co-ordinating nursing education to bring it up to modern requirements.

But it is imperative that Hospital Committees, and Boards of Guardians, who expect to attract probationers, should organise teaching as laid down by the General Nursing Council.

GENERAL NURSING COUNCIL FOR SCOTLAND.

At a meeting of the General Nursing Council for Scotland, held at 13, Melville Street, Edinburgh, on June 29th, the Registrar submitted a letter from the Scottish Board of Health, dated June 24th, desiring to know whether it was proposed that the Draft Syllabus prepared by the Council for Education and Training in General Nursing would apply also to Fever Nursing as to the first part thereof. After discussion, the Council unanimously resolved that the first part of the Syllabus should apply also to training of future nurses for the Fever Register and future nurses for the Children's Register.

Correspondence in regard to the future training of Mental Nurses was remitted to the Registration Committee.

The Registrar reported that he had not heard further from the Scottish Board of Health in regard to negotiations on the subject of nurses on the Board's existing Register of Fever Nurses, and it was arranged that the Chairman of the Council should endeavour to see the Board with a view to having matters expedited.

The remaining business was formal.

THE GREEK NURSING UNIT.

A cablegram from Mme. Contostavlos announces the safe arrival at Athens of Sisters Baxter and Browne, who are going on to Smyrna.

Sister Evans writes from Smyrna that the hospital in which she and Sister Oakley-Williams are working is very nice, with good quarters and food for the Sisters, and they are very happy, awaiting hard work from the offensive. The Crown Princess Elizabeth has arrived at Smyrna.

Many things which cannot be bought in Athens are needed to complete the fitting up of the hospitals, and the Queen of the Hellenes is working hard to help secure comforts for the sick.

Before leaving Athens the Queen Mother, Queen Olga, received the Sisters most kindly at Tatoi, the beautiful country seat of the Royal Family.

THE INFANT WELFARE CONFERENCE AND CHILD WELFARE EXHIBITION.

The Second English-Speaking Conference on Infant Welfare, in connection with the National Baby Week Celebrations, was opened at the Central Hall, Westminster, on Tuesday morning last by the Right Hon. Viscount Astor, who gave the Presidential Address.

In the afternoon of the same day the Minister of Health, the Right Hon. Sir Alfred Mond, M.P., opened the Child Welfare Exhibition at the same place. Many of the exhibits were both interesting and instructive, and we hope in our next issue to devote space to describing these in some detail. The last Session of the Conference is on Thursday, July 7th, from 2.30 p.m. to 4.30 p.m., and the Exhibition remains open until the evening of Saturday, July 9th, at 9 p.m.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

DEPUTATION TO THE MINISTER OF HEALTH.

As we go to press we learn that Sir Alfred Mond, Minister of Health, is to receive a deputation from the Royal British Nurses' Association and other nurses' organisations on Thursday, July 7th, at 11 a.m. The representatives of the Societies will place before the Minister the views of the English nurses on the proposals of the Scottish Board of Health, to admit to the General part of the Register nurses trained in fever nursing only, and urge that the Rules for the Registration of Nurses under the English Act shall be signed forthwith, as delay means continued loss of status for nurses in England and Wales, and serious financial loss in the conduct of the Council's business.

The deputation will be introduced by Mr. Herbert Paterson, C.B.E., F.R.C.S., Medical Hon. Secretary R.B.N.A.; and will include delegates from the Royal British Nurses' Association; the Matrons' Council of Great Britain and Ireland; the Registered Nurses' Parliamentary Council; the National Union of Trained Nurses; the Fever Nurses' Association; the College of Nursing, Ltd.; and the Professional Union of Trained Nurses.

THE ANNUAL MEETING.

The Annual Meeting of the Corporation was held on Saturday, June 25th, at 3.30 p.m., at 194, Queen's Gate, S.W.

The Report of the Executive Committee dealt with the various activities of the Association during 1920, of which detailed reports have already been given to the members from time to time through their official organ. The Medical Honorary Secretary, Mr. Herbert Paterson, C.B.E., after reading the report in full, drew attention to the fact that it only dealt with a period of twelve months up to December 31st, 1920, and that therefore it did not incorporate details of the fulfilment of the scheme to establish a Club in connection with the Association.

The Hon. Treasurer's Report, presented by Dr. Kenneth T. Stewart, showed an excess of expenditure over income of £47 13s. 10d. on the accounts of the General Fund, and an excess of income over

expenditure of £1 14s. 7d. and £40 18s. 9d. in the Helena Benevolent, and Settlement Funds respectively.

The following were declared elected Members of the Council as a result of the ballot:—*Medical Men*: Dr. Rendel, Dr. Barton, Mr. T. Mark Hovell, Dr. Rob, Mr. Richard Lake, Dr. McOscar, Dr. F. W. Morison, Dr. Louis Parkes, Dr. Percy Jakins and Mr. M. C. Corner. *Matrons*: Misses G. R. Hale, R.R.C., Graham, Smith, Carruthers, Munro, Watt, Cowie, Brodie, M. Muriel and Bramwell. *Sisters and Nurses*: Misses Birch, Cooper, Macdonald, Robertson, Cox-Sinclair, Dempster, Aughton, Lord, Bishop and Denham.

MISS LIDDIATT'S GIFT TO HER ASSOCIATION.

The following is the inscription which has been placed upon the beautiful case which Miss Liddiatt, a private nurse, has presented to preserve the Banner:—

"The Royal British Nurses' Association took an active part in promoting legislation for the State Registration of Nurses. When this reform was achieved by the passage of the Nurses' Registration Acts in 1919 this Banner was presented to the Royal Association of Nurses by some of its Members in commemoration of the Victory.

"This case was presented by Miss Cecilia Liddiatt, Member of the Council, and of the Executive Committee of the Royal British Nurses' Association."

WHIST DRIVE.

A return whist drive was given by the Women's United Services Club on June 25th, when Miss Burke maintained the reputation of the nurses as whist players by bringing home the second prize.

THE TRAINED NURSES' ANNUITY FUND.

On each Monday evening nurses and their friends have been meeting at 194, Queen's Gate at 7.30 p.m., to prepare for the Sale of Work which we are to hold as usual in the autumn. Miss Cutler sees that they are provided with excellent coffee, and of conversation and laughter there is enough while the needles fly. On each evening we have been indebted to members and others for helping us to combine business with pleasure. Mrs. Fleming's singing charms everyone, and Miss Dolling's music

has been specially enjoyed. Then it meant a real dramatic treat to receive a visit from Miss Desart, who gave us three of her delightfully amusing character sketches. Any members who find themselves free on a Monday evening should come along and help to dress dolls or do other work. It is not necessary to bring material as we have enough to keep nimble fingers busy until August, when the sewing parties will be discontinued for a month.

PHOTOGRAPHS OF THE CLUB.

We have had the photographs of the Club, which have appeared in the Journal, reproduced on postcards, and members may have these at the cost of 1s. for twelve, or 1s. 2d. post free.



THE DINING ROOM, ROYAL BRITISH NURSES' ASSOCIATION CLUB,
194, QUEEN'S GATE, S.W.

GIFTS TO THE CLUB.

We acknowledge with warm thanks gifts of tickets for the Albert Hall from Lady Bowden Smith, of tickets for Ranelagh, and many illustrated papers from Mrs. Hayes Palmer, chocolates from Mrs. King Brown, and flowers from Miss Dalrymple Hay, Miss Hastie, Miss Glover and Miss Keene, R.R.C. We also sincerely thank the following members for gifts sent to the Club:—Mrs. Collett, waste paper baskets for "Honeysuckle" and "Trellis" rooms, butter from Miss Gilligan, tickets for Ranelagh from Miss Bedwell, cakes and book from Miss Conway, books from Miss Pinchbeck, and flowers from Misses Bishop, Burke, Bylett, Ogden, Watts and Wharton.

DONATIONS. CLUB FUND.

The Hon. Treasurer acknowledges with thanks donations from the following during April and May :

Mrs. Collett, Misses M. Dixon, M. Irwin, A. Lewis, Mitchell, Pugsley, M. Ramsbottom, Shorter, Workman, 10s.; Miss Vergette, 8s. 6d.; Miss Le Geyt, 8s.; Misses S. Anson, L. Bennett, A. Bousfield, M. Byard, L. Burgin, C. Careless, M. Colville, Denham, A. De Sousa, E. De Sousa, E. Dickson, N. Gerrie, Gilligan, Henderson, L. Jackson, E. Jarvis, McCoy, Mercer, M. Mitchell, J. Osler, M. Sleigh, Sinzininex, I. Thompson, E. Turner, 5s.; Misses D. Allen, M. Anderson, A. Ayres, A. Bartlett, J. Bennett, E. Erskine, A. Ford, B. Gilbert, A. Hird, Le Gros, E. Mellor, Hewat, Page-Henderson, A. Phillips, K. Saunders, E. Todd, S. Watts, J. McOwatt, E. M. Waind, 2s. 6d.; Misses K. Aldis, D. Bishop, S. E. Richmond, Sendall, 2s.; Miss L. Preston, 6d.

We regret that we have not until now been able to acknowledge, in the Journal, the following donations received this year prior to April 1st: Miss Mitchell, £4 1s.; Miss Harpham, £2 10s.; Miss K. Cox, £2 4s. 6d.; Miss H. Richardson, £1 2s.; Miss L. Legg, £1; Miss F. Vickery, £1; Miss N. Winton, £1; Misses D. Bishop and A. A. Bosworth, 10s.; Miss A. Dorrell, 5s.; Misses A. Bird, M. Erskine and Neighbour, 2s. 6d.

The Hon. Treasurer acknowledges with thanks the following donations during the month of June:

GENERAL FUND.

Mrs. Collett, 14s. 9d.; Miss C. Lord, 10s.; Miss MacLeod Orr, 5s.; Miss Bickerton, R.R.C., 4s.; Miss A. M. Ta Bois, 2s. 6d.; A Friend, 2s.; Miss Shorter, 1s. 6d.

CLUB FUND.

Miss Titherington, £2 15s.; Misses Bishop and A. Broadley, £1 1s.; Sister Akacogne D'Arcy, £1; Misses A. Fowler, Maclean and H. Mason, 10s.; Misses C. Bissett, A. Clarke and Irwin, 5s.; Miss A. Hurst, 3s.; Misses A. Bousfield, A. Gregory, Galway and Mellor, 2s. 6d.

NOTICE TO MEMBERS.

Will members kindly note that the only address of the Association is now 194, Queen's Gate, S.W.7. We are still receiving letters addressed to 10, Orchard Street, W.

ISABEL MACDONALD,
Secretary.

LONDON TEMPERANCE HOSPITAL NURSES' LEAGUE.

On Tuesday, June 28th, the formal inauguration of a London Temperance Hospital Nurses' League took place at the Hospital, Hampstead Road, N.W. 1. The Out-Patient Hall of the Hospital was transformed into a bower of flowers; at 6.30 p.m. the Matron, Sisters and Nurses received the guests who had come to show their interest and sympathy with the League, amongst whom were Major Rigg, O.B.E., T.D., J.P. (Chairman of the Board of Management), Dr. Porter J. Parkinson (Senior Physician), Mr. Herbert Paterson (Senior Surgeon), Lady Strong (Board of Management), Mrs. Rigg, Mrs. Parkinson, Mrs. Paterson, Dr. and Mrs. Sanguinetti, Rev. and Mrs. Sheppard, Rev. V. and Mrs. Hobart, Mr. W. W. Parkinson (Vice-Chairman of the Board) Miss Macdonald, Secretary R.B.N.A., Mrs. Rhodes, Secretary W.T.A.U., Miss Silk, Assistant Secretary London Temperance Hospital, and many others. During the reception delicious refreshments were dispensed by the trim maids who looked most businesslike in their dainty grey uniform, and some music was given by friends of the Matron.

A small platform had been erected at one end of the Hall, and at 7 p.m. the Matron took the chair, supported by Major Rigg, Mr. Herbert Paterson, Dr. Parkinson, Miss Macdonald, Mrs. Rhodes, and Nurses Taylor, Bannister and E. Moore, Secretary of L.T.H.N.L. Miss Donaldson explained that the League was formed entirely on the initiative, enthusiasm and hard work of the Nurses themselves. Until the fact was communicated to her that she had been elected President, she was in ignorance that such a step as the formation of any such association of Nurses was contemplated. That fact spoke for itself. The object of the League was to foster that public spirit among the L.T.H. Nurses which was so greatly needed in the world to-day and to bind them together to hand on untarnished to their successors the noble traditions which have been won for them by the self-sacrifice and enthusiastic devotion of a small band of pioneers. The League was also intended to counteract the tendency to narrowness in outlook and interest which resulted from the routine and absorbing character of hospital training. The League already boasted a Sports' Club, which was a very important branch of the association, for as has been well said: "Nurses may never become great sportswomen, yet at any rate they can learn to win modestly (a great gain to character) as well as to lose well." As Nurses we do need to take part in other things than "Shop," and in this way our sports' section may help us to advance the line by at least maintaining a sporting spirit.

At the same time the Matron hoped the L.T.H. League would keep before it the real aim of a true Nurse's life, and stand for all that is best and highest in our glorious profession. There was need to-day to emphasize above everything that

nursing was a vocation. She then called upon Nurse Ethel Moore, the first Secretary of the League, to read the report, and in doing so said: "It is largely to the energy, earnestness and influence of Nurse Ethel Moore that we owe the existence of our League to-day."

The Secretary in her Report stated that for some months a small body of Nurses had been meeting together week by week for discussion on a wide variety of subjects, and from that small beginning she now had to report:—

(1) A flourishing and very enthusiastic Debating Society with a large membership, with the Matron as Chairman and Nurse Moore as Secretary; papers are read, and rumour has it that at the next session it will be unanimously decided that Matrons are obsolete.

(2) A Sports Club, which has arranged for the renting of a Tennis Court, in Mornington Crescent, and which has a section for boating in Regent's Park; during last winter a Dancing Class was held once a week for some months, and rumour has it that certain dignified members of the Medical Staff attended "incognito" and were initiated into the mysteries of the Fox-trot, &c. It is hoped to develop this Section, seeing we have some good gardeners, and arrange for a small Sub-Committee to be responsible for the care of all plants and window boxes and the prolongation by treatment of the many beautiful plants and shrubs, &c., which we receive as gifts from time to time.

(3) The Nurses' Missionary League Section of the L.T.H. has for long been an active work of the League, and as Sister Mary Edwards has undertaken this section, ably supported by some Nurses who hope, if their training prove successful, to give themselves to Mission work, it is hoped that during the autumn and winter this work may be further developed. Last autumn a very successful Sale of Work was held in the Nurses' Home, and a sum of £30 was sent to maintain a hospital bed in a Mission station in Persia.

(4) The Guild of St. Barnabas Section has been given into the care of Nurse Annie Carlyle, and as this Guild admits to its membership those who wish to be banded together to uphold and keep ever before them the Divine side of our profession, it is hoped that this Section will prove a real help to young Nurses leaving home for the first time.

(5) The W.T.A.U. Section has been undertaken by Nurse Joy Bannister, herself an enthusiastic member of the W.T.A.U., and no Nurses will leave the L.T.H. without having heard all about its claims.

(6) The Hospitality Section, a very important one in these days, is under the care of Sister Kettle, who has already proved herself most able in this direction.

(7) The Study Circle, which was started by Mrs. Pearson, the much-beloved friend of the Nurses and a member of the L.T.H. Ladies' Association, is left in her wise and sympathetic hands, and we hope for a large and enthusiastic membership.

(8) The Dramatic Society, which has already won its laurels, and by the performances in April has contributed £160 to the Building Fund for the new Nurses' Home, is under the care of Sisters Loxton, Penman and Macdonald, assisted by Nurse Mirrielees.

(9) *The Ready to help Section*, under Nurse Ingram, will be of invaluable assistance in organising a band of helpers for the many public events such as Alexandra Rose Day, in which the Hospital is asked to lend a hand.

(10) The Royal British Nurses' Section consists of the members of the R.B.N.A. in the Hospital, under the able direction of Sister Bean, and will seek to keep the splendid ideals and claims of the Association, and the truths that the Association has ever promoted, before the young Nurses in training, and endeavour to win them as members before they leave their Alma Mater.

(11) The L.T.H. Nurses' League Journal will be published monthly with the Matron as Editor (*pro. tem.*) and Sister Wilkins and Nurse Sonia as Assistant Editors, beginning with October 1st, 1921. Copy is already pouring in.

The League is being placed on a thoroughly business footing: but it is not proposed to lengthen this meeting with the details.

Nurse Moore's Report was followed by a speech from Major Rigg, in which he expressed his extreme satisfaction at the splendid *esprit-de-corps* prevailing among the Nursing Staff, and the unselfish way in which so many outside interests were enthusiastically maintained by them. He was proud to be there on the occasion of the inauguration of the League, and he wished it every success. Major Rigg also laid special stress on the services rendered to the Nursing Profession by Mrs. Bedford Fenwick, and the debt that they owed her. He further emphasised the great need of following up the victories already won.

Mr. Herbert Paterson, who followed, said it was a great delight to him to do anything for the Nursing Profession and especially for the L.T.H. He had long waited for the birth of the L.T.H. Nurses' League, and looking forward into the future its possibilities were unbounded. Service, not self, was the motto given to the League by the Matron, and this was the only solution of life to-day. A League started to inspire loyalty in its members to the service of mankind, and the hospital that was training them, must be of inestimable value to any institution.

Mrs. Rhodes, the Secretary of the W.T.A.U., spoke of the aims of the Nurses' Section of that Union, and expressed great joy at the opportunity of winning recruits for the Union offered by the L.T.H. Nurses' League. Miss Macdonald, Secretary of the R.B.N.A., thanked the L.T.H. Nurses' League for the encouragement to the Association, and the hope for the future, if young and enthusiastic members of the profession sought to associate themselves with the ideals of the R.B.N.A. Mr. W. W. Parkinson (Vice-Chairman of the Board) added his hearty congratulations on the formation of the League and wished it success and long life.

Miss Donaldson was presented with an exquisite Bouquet of red rosebuds and asparagus fern by Nurse Mirrielees from the Debating Society, "with love and gratitude to the Matron."

The formal proceedings having been concluded by the thanks of the Nurses conveyed to the Visitors in a few gracious words from Miss Donaldson, the newly formed L.T.H. League proceeded to offer a most original programme for the entertainment of the guests, including the following items:—

(1) Who am I? (The guests on arrival had unknown to themselves been adorned on the back by a card bearing an inscription); (2) Hidden Word; (3) Aerial Football; (4) Musical Arms; (5) Elusive Chocolate; (6) The Mystery Tub; (7) Nursery Rhymes; (8) Joseph Yes Sir; (9) Kissing the Blarney Stone.

The fun and merriment caused by the inability of some of the dignified guests to perform these feats were fast and furious and the end came all too soon, when farewells and fervent wishes for long life and prosperity to the L.T.H. Nurses' League were echoed on all sides.

STATE REGISTRATION IN THE NETHERLANDS.

We have before us this week a translation of the Dutch Bill for "The Legal Protection of the Diploma for the Nursing of the Sick." The Minister of Labour states in his memorandum explanatory of this Bill that the conditions for the recognition of foreign diplomas must be such as to guarantee a training equal in value to that sanctioned by law in the Netherlands.

This Bill became law on May 2nd last, and both the Minister of the Interior and the Minister of Labour are entrusted with the execution of the law, and changes have been made accordingly in the measure.

The registered nurses do not appear to have any representation providing for any degree of self-government as conceded in British and American Acts, but we know that Nosokomos, the Dutch Nurses' Association, looks forward in the future to a more democratic form of registration.

Miss Lucie Hichens, the proprietress of a massage establishment at 169, Piccadilly, has had her licence revoked by the Public Control Committee of the London County Council. Mrs. Parker, the L.C.C. Inspector, was abused and threatened with libel. We congratulate her on her courageous exposure of the disgusting conditions, which has led to the suppression of this place. There are plenty more "massage" establishments run on the same lines!

INTERNATIONAL NURSING STUDENTS.

The second Public Health Course for International Nursing Students, arranged by the League of Red Cross Societies, is being organised at Bedford College for Women, Regent's Park, N.W., beginning in October next. The object of the course is to stimulate interest in Public Health Nursing, and to this end Red Cross Societies in various countries are invited to give scholarships for one year, selecting as the holders nurses of outstanding ability, and holding the highest certificates obtainable in their respective countries.

We believe the suggestion that more definite teaching in practical nursing should be included in a future course did not appeal to the Dean of King's College for Women, Dr. Janet Lane Claypon, who apparently has not yet realised the importance of trained nursing in a curriculum for public health, and further that she does not consider the nursing profession can provide a member capable of lecturing, with advantage, to these students. Such an attitude towards the skilled profession of nursing upon the part of any medical practitioner appears almost incredible in these days.

BEDFORD COLLEGE FOR WOMEN.

(University of London.)

SYLLABUS FOR PUBLIC HEALTH COURSE FOR INTERNATIONAL STUDENTS, 1921-22.

Theoretical.

I.—HYGIENE AND PUBLIC HEALTH.

(Tuesday and Friday, 9-10. 60 hours.)

- (a) *Personal Hygiene*: Importance of cleanliness—exercise—sleep, &c.
- (b) *Community Hygiene*: Water supply—sewerage—milk supply—housing—sanitation, &c.
- (c) *School Hygiene*: Physical conditions affecting health—indications of ill-health and defects—effects of fatigue, employment, &c.—recreation—care of defective, retarded, abnormal children. Schoolroom sanitation.
- (d) *Hygiene of Special Senses*: Eye—ear—nose—throat—structure, mechanism, preservation—treatment dangers.
- (e) *Prevention of Communicable Disease*: Micro-organisms in relation to disease—modes of attack—resistance of body. Disinfection, &c.
- (f) *Oral Hygiene*: Importance of care of Teeth.
- (g) *Maternity, Infant and Child Care*: (1) Principles and organisation of Child Welfare work—growth and development of child, mentally and physically. (2) Ante-natal hygiene—Causes of Mortality in infancy—Directions for maintenance of health. (3) Care of mother and infant: Symptoms of ill-health—common infant ailments—treatment and care. General care of infant, feeding, bathing, clothing, &c.
- (h) *Food Values, Dietetics, Nutrition*: (1) Principles of Diet; (2) Hospital Dietetics.

II.—TEACHING OF HYGIENE.

Five lectures in Third Term. (Time to be arranged.)

- (a) *Theory and Practice of Education.*

(b) *Practice in teaching*: Health talks to mothers—teaching health habits to school children.

(c) *Value of Visual Education*: Illustration of health facts, publicity and exhibit methods.

III.—ELEMENTARY BACTERIOLOGY.

Five lectures, followed by practical work, in First Term. Tuesday, 2-4.

IV.—ELEMENTARY PSYCHOLOGY.

(Including Infant Psychology.) 30 lectures. Tuesday, 10-11.

*V.—MODERN INDUSTRIAL CONDITIONS.

Including Industrial Problems. Thursday, 10-11.

*VI.—SOCIAL ADMINISTRATION.

Thursday, 11-12, followed by a Discussion Class, 12-1.

* Attendance in the Second and Third Terms, when the lectures will be on English conditions and Local Government, will be optional.

Practical Work.

(Two-and-a-half days a week.)

I. Attendance at Child Welfare Centres, Day Nurseries and Children's Hospitals (enabling students to study physical conditions of large numbers of infants and children, helping generally in all activities of clinic, such as weighing, filing records and home visiting). One day weekly.

II. Attendance at a Tuberculosis Dispensary.

III. Experience with District Nursing Associations in City district in order to get some insight into practical bedside nursing work in the homes.

IV. Experience in School Hygiene work—physical examination of children, home visiting, cleansing stations, schools for mentally and physically defective children.

V. About 30 excursions to places of interest in connection with Hygiene and Public Health course.

Classes in Public Health Nursing Subjects.

(To be given or arranged by a representative of the League of Red Cross Societies, with the approval and co-operation of the Principal of Bedford College for Women.)

1. History of Nursing.
2. Principles of Public Health Nursing.
3. Development of Health Visiting and Public Health Nursing in various countries.
4. The responsibilities and duties of the Public Health Nurse in relation to schools, factories, homes, hospitals, out-patient clinics and dispensaries, general public health and sanitation.
5. Development, Organisation and Administration of (a) Visiting or District Nursing, (b) Child Welfare Nursing, (c) Maternity and Infant Nursing, (d) Rural and Small Town Nursing, (e) Clinics and Health Centres—travelling—permanent, (f) Open-air schools.
6. Vital Statistics—use and value to public health nurse.
7. Records and Reports—value and method
8. Ways and Methods of Teaching (a) Home care of sick, (b) First Aid, (c) School Hygiene.
9. Supplementary Lectures: (a) Red Cross Activities, (b) Venereal Disease, (c) Tuberculosis Nursing, (d) Obstetrics, &c., Nursing.

THE PROFESSIONAL UNION OF TRAINED NURSES.

DEAR MADAM,—With regard to the article in THE BRITISH JOURNAL OF NURSING of June 25th, concerning the Probationer Nurses who have been dismissed from the Steyning Infirmary, perhaps the enclosed letter may be of interest. It is from the Rev. T. W. T. Miller.

Again, the worst feature of the whole business is that young girls have been turned out at a moment's notice, with no where to go.

Yours faithfully,

MAUDE MACCALLUM,
Hon. Secretary.

[COPY.]

The Rectory,
Southwick,
Brighton.
June 27th, 1921.

DEAR MADAM,—I thank you for your letter *re* Nurses from the Steyning Union. They were most disgracefully treated; turned out into the road and no provision made for them to secure rooms, that is why I took them in; and after three years of satisfactory work at the Steyning Union and passing their examinations, they have been refused their certificates because one of the doctors (the one who presented them for examination) refused to sign. The second doctor is quite prepared to sign if the other will.

All the Guardians have against them are two trivial complaints, which I, as a member of the Committee appointed to look into the case, declare to be without any foundation.

It is very unfortunate that they did not belong to the P.U.T.N., but I hope they will join the Union.

Unless someone does something, I fear the careers of these two nurses will be ruined.

The Ministry of Health will do nothing on their behalf; they seem to side with the Guardians.

Yours faithfully,

(Signed) T. W. T. MILLER.

The Hon. Secretary,
Professional Union of Trained Nurses.

This matter was again before the Guardians at their last meeting, when a letter was read from the two Probationer Nurses, who had been suspended, stating that they were told at the meeting of the 7th June to appeal to the Ministry of Health. They had done so, but no notice had been taken of that appeal. When they entered the service of the Board they made the contract with the Board, not with the doctors. They were presented for examination and satisfactorily passed it, and they therefore demanded their certificate on or before June 21st. After consideration it was decided, on the motion of the Chairman, to send to the nurses a copy of the minutes stating that they had successfully passed the examination.

In the Church of St. Mary, Bryanston Square, on Sunday last, Field-Marshal Lord Grenfell unveiled a memorial tablet bearing the names of 160 men and one nurse from the parish who fell in the war.

NURSES' SALARIES, HOURS OF DUTY, AND CURRICULUM OF TRAINING.

CONFERENCE OF POOR LAW GUARDIANS.

Mr. Tom Percival, Clerk to the Tynemouth Board of Guardians, has issued to Boards of Guardians which have established nurse-training schools the following letter:—

23rd June, 1921.

DEAR SIR,

SALARIES OF PROBATIONER NURSES, &c.

Adverting to my circular letter of the 5th April last, I am directed to inform you that a conference of representatives of Boards of Guardians who have established training schools for nurses will be held at the Offices of the City of London Union, 61, Bartholomew Close, E.C.1, on Friday, the 8th July proximo (the day following the National Conference of Assessment Committees) at 2 p.m., at which conference it is hoped your Board will be represented.

AGENDA OF BUSINESS.

(1) Standardisation of salaries of Probationer Nurses in Poor-Law and Voluntary Hospitals.

(2) Question of hours of duty of Hospital Nurses (to be introduced by a representative of the Hunslet Board of Guardians).

(3) Circular letter from the Registrar, General Nursing Council, dated May 28th, 1921, with reference to the adoption by Poor-Law Training Schools of the curriculum of training laid down in the Syllabus issued by that Council.

(4) Any other business deemed by the Chairman to be relevant to the purposes of the Conference.

Yours faithfully,

TOM PERCIVAL—Union Clerk.

THE HOSPITAL WORLD.

The street and other collections on Alexandra Day in London and metropolitan boroughs amounted to £38,667. This is an increase of nearly £3,000 on last year's total, and is considered extremely satisfactory.

Up to Saturday, £50,000 had been received at the Mansion House for the Metropolitan Hospitals Sunday Fund, including £5,000 from Lady Strathcona and Mount Royal.

Sir A. Mond announced in the House of Commons that he was now taking steps to appoint a Hospitals Committee, which would be responsible for the establishment of local voluntary hospital committees for the distribution of the State grant (£500,000), and for assisting in raising fresh revenue.

H.R.H. the Princess Royal, Duchess of Fife, will open the Great Northern Hospital of Recovery, at Grovelands Home Park, Southgate, on Saturday, July 9th, at 3 p.m.

APPOINTMENTS.

MATRON.

Ex-Deaconesses' Hospital, Alexandria.—Miss E. E. Walker has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has been Matron of the Anglo-American Hospital, Cairo, Assistant Matron at the Red Cross Hospital, and Matron of No. 14 Hospital for Officers in the same city, Matron of a Hospital at Newton Abbot, and Assistant Matron and Dispenser of the Ex-Deaconesses' Hospital, Alexandria.

Harefield Sanatorium, near Uxbridge.—Miss A. Ferguson has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and has been Nurse at the Royal Victoria Hospital, Edinburgh, and at Nordrach-on-Dee; Sister at the Royal National Hospital, Ventnor, and at the Mowsley Sanatorium, Leicestershire; and Matron of the Benenden Sanatorium.

SISTER.

General Hospital, Birmingham.—Miss Marguerite Davis has been appointed Sister of the X-Ray Department. She was trained at the General Hospital, Birmingham, where she has been temporary Theatre Sister and Ward Sister. She has also done private nursing.

Royal Hospital for Sick Children, Glasgow.—Miss M. Gavin has been appointed Sister. She was trained at the Royal Infirmary, Aberdeen, and has served for two years in Queen Alexandra's Imperial Military Nursing Service, and has had Children's training and also some experience of private nursing. She at present holds the position of Sister at Chalmers' Hospital, Edinburgh.

ASSISTANT BURSAR AND RESIDENT NURSE.

King's College for Women, Campden Hill Road, W.8.—Miss L. E. Down has been appointed Assistant Bursar and Resident Nurse. She was trained at the Metropolitan Hospital, where she held the position of Ward Sister, Theatre Sister, Night Sister, and Home Sister. She has been Nursing Sister on the Staff of the East Indian Railway Co., and Home Sister at the Mayo and Albert Victor Hospital, Lahore, Punjab. She has also been Night Sister at the Royal Liverpool Children's Hospital, Heswall, Cheshire.

QUEEN VICTORIA'S JUBILEE INSTITUTE

TRANSFERS AND APPOINTMENTS.

Miss Elsie A. Baker is appointed to Dartford; Miss Ethel Daniells, to Three Towns; Miss Kate E. Harrison to Sutton, Isle of Ely; Miss Frances E. Johnson to Somerset C.N.A., as Emergency Nurse; Miss Nellie E. Jones to Wheathampstead; Miss Cecilia Lambe to Riddings; Miss Ethel E. Tompsett to Somerset C.N.A., as Emergency Nurse.

MEDALS FOR NURSES.

The result of recent examinations at the Hackney Infirmary was announced at an interesting ceremony which took place at the Nurses' Home, when the Chairman (Mr. J. J. Fox) presented medals and certificates won by the third years' nurses. The summarised result of the examination was: First year nurses, 28 passed, 4 failed; second year, 18 passed, no failures; third and final year, 16 passed, no failures. The gold medal was won by Miss Louie Burton Fallows, for 266 marks out of a possible 280; the silver medal by Miss Alice Jacques, with 258 marks; and the bronze by Miss Ellen Jane Adams, with 248 marks. The seven

recipients of certificates were Misses Maud Brace, Mina Kaspara Langerud, Mary Stokeley, Emily Florence Birch, Edith Mary South, Louise Talbot, and Amy Estelle Lee Edwards.

Dr. Brander (Medical Superintendent), explained that the General Nursing Council of England and Wales required a common syllabus of training for nurses as a qualification for registration.

EXAMINATIONS AND PRIZES.

The Mayoress of Canterbury, Mrs. Wright Hunt, on Saturday, June 25th, presented the prizes to the nurses of the Kent and Canterbury Hospital, given for efficiency and skill in carrying out their professional duties. They were: *Surgical Nursing*, Nurse Greenhalgh; *Medical Nursing*, Nurse Phillips; *Practical Examination*, Nurse Austin; *Best Ward Work*, Nurses Greenhalgh and Phillips.

The results of the examinations were: *Surgical Paper* (possible marks 60), Nurse Greenhalgh (55 marks), Nurse Phillips, Nurse Norman, Nurse Thomas, and Nurse Austin. *Medical Paper* (possible marks 100), Nurse Phillips (86 marks), Nurse Greenhalgh, Nurse Austin, Nurse Norman, Nurse Thomas. *Practical Work*, Nurse Austin, Nurse Greenhalgh, Nurse Thomas, Nurse Phillips, Nurse Cox, Nurse Norman. *Best Ward Reports*, Nurse Greenhalgh and Nurse Phillips.

WEDDING BELLS.

The marriage of Miss Gesina Mary Dykes, who, we are informed, is a Scottish nurse, to Prince Andrea Doria-Pamphili, head of one of the oldest Roman families, and nephew of the Duke of Newcastle, is taking place in this country this week. Its special interest for nurses lies in the fact that the Prince is the son of the late Princess Doria who helped to build up the Scuola Convitto Regina Elena in Rome, the leading Nurse Training School in Italy.

All good wishes, on her marriage, to Miss Lucy M. Park, who was a member of the Registered Nurses' Society, London, from 1905 to 1919, and resigned to accept a position in a hospital at Port Said. On June 15th her marriage to Mr. G. H. Rorison took place in that seaport. Miss Park did good work while on the Registered Nurses' Society, and with Miss E. J. Haswell nursed Turkish wounded in the Balkan War in 1913. In 1915, as a member of the Society, she was selected for service in Egypt, and worked first at Victoria College, No. 17 General Hospital, Alexandria, and then at the British Red Cross Hospital, No. 7, Montarzah, Alexandria.

COMING EVENTS.

July 8th.—Conference of Poor-Law Guardians on Conditions of Nurses' Service, Offices of the City of London Union, 61, Bartholomew Close, E.C.1. 2 p.m.

July 9th.—Association of Hospital Matrons: Second Annual Meeting, St. Thomas's Hospital. Service in Hospital Chapel, 2.15 p.m.; meeting, 3 p.m.

July 14th.—St. Marylebone Infirmary. Probationers' Prize-Giving Day. Distribution, and Address by Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P. Tea in the garden.

August 3rd.—Central Midwives Board, Examinations, London, Bristol, Manchester, and Newcastle-on-Tyne. The Oral Examination follows a few days later.

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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.

THE IMPORTANCE OF TEACHING THE PHYSIOLOGY OF REPRODUCTION IN THE TRAINING OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Dr. Fairbairn's views as to including a knowledge of the reproductive system in the training of nurses are a cause for thankfulness to all those who have realised the reactionary influence its omission has hitherto exercised in connection with sex-teaching for children.

The complete confidence of women of all classes in the wisdom of the nurse is almost pathetic; too often it has been a case of the blind leading the blind, for many nurses are still hampered and prejudiced by the disastrous impressions on this matter received in their youth, regarding the topic as one to be avoided if possible, thus losing magnificent opportunities, especially among the labouring class, of freeing the subject from prurience and lifting it on to the plane where it rightly belongs, namely, as the most miraculous and beautiful of all the mighty works of God.

Until nurses are so educated I do not see how venereal disease is to be stamped out, or even reduced, for it has its roots in a wholly false regard of the reproductive system.

I am, dear Madam,
Yours faithfully,
MENA M. G. BIELBY.

Cranford, Middlesex.

KERNELS FROM CORRESPONDENCE.

THE GREATEST BOON.

Miss Lily S. Huggins, Durban.—"I had a very successful year last year, but this year owing to the numbers of trained nurses who have passed into S. Africa, and the numbers of nursing homes started, the last few years, there is not enough work to go round, and many nurses talk of returning to England where they are better known.

The B.J.N. is the greatest boon out here with its sound principles, and I always find that those who do not appreciate it are those whose sense of justice and right are lacking."

[Trained nurses will do well to get reliable information as to nursing conditions in the Overseas Dominions before leaving home, and it certainly is necessary to have definite work to go to. We appreciate compliment *re* B.J.N.—ED.]

A CLEAR CASE FOR COURAGEOUS ACTION.

Another Glasgow Nurse.—"It would appear that the Scottish Nurses owe thanks to the English Council for making, in the first instance, a stand against the policy of the Scottish Board of Health. Am glad to see Scottish Council is also holding up registration until justice is done. But I have not heard of one public meeting of Matrons and

nurses being summoned to approach the Scottish Board of Health on the matter of placing specialists on the General Register. It is this timidity upon the part of the nurses which makes men in Government Departments think they can do just as they please with us. I am a member of the College and think it should have moved to prevent injustice."

A REAL PENSION FUND REQUIRED.

Member Royal National Pension Fund.—"I quite agree with your remarks in last week's issue. An annuity of £26 is really of very little use in these days. The trouble is nurses hope for 'pastures new'—marriage, emigration, a home somehow—and fail to keep up their policies."

[Sir Thomas Dewey who presided at the recent annual meeting of the Fund, is reported to have said: "Our National Pension Fund was started with the object of assisting the nurse to obtain an assured income for life on reaching a certain age; but I am bound to say that to a certain extent we have failed in our endeavours. Many nurses have joined the Fund—I have just mentioned that we had a large increase last year—but I am sorry that only a small proportion continue to pay the premiums required before the annuity can commence. Unfortunately, the Pension Fund started with the provision that the policy-holder could practically draw out every penny paid in whenever she thought fit to do so. To show you to what extent this is taken advantage of, I may mention that during the past three years more than 3,000 policies have been surrendered, and the nurses have received in cash over £250,000—that is, a quarter-of-a-million—in respect of these policies during the last three years. At the present time we are only paying annuities to 2,891 nurses; the number should have been at least 10,000. The Council are to blame for allowing the National Pension Fund to remain so long on a Savings Bank basis; we cannot altogether blame the nurses for withdrawing, especially during the last few years. Our premium income is now decreasing instead of increasing as it should do annually, and some alteration must therefore be made in our methods. The ideal system, to my mind, would be for all hospitals to be grouped for the purpose of establishing a comprehensive Pension Fund for Nurses to which hospitals as well as nurses should contribute."

From the inception of this Fund we have criticised it. It is not and never has been a Pension Fund but an Insurance Society, for which the nurses paid the whole cost. We quite agree with Sir Thomas Dewey that a real Pension Fund for Nurses is required; but now that they are compelled by Labour legislation to pay for national and unemployment insurance we doubt if they will pay compulsorily for a Pension unless the three schemes can be organized in one.—ED.]

PRIZE COMPETITION QUESTIONS.

July 23rd.—What are the three principal methods of feeding infants? What are the symptoms of over-feeding, and what are the results?

The Midwife.

CENTRAL MIDWIVES' BOARD.

THE NEW RULES.

The revised Rules of the Central Midwives' Board, which came into force on July 1st, provide in the case of a woman who claims to be excused two months of the six months of training required, on the ground that she has had three years' training as a nurse in a general hospital of not less than 100 beds, that it must have had this number during the whole period of such training.

The two new qualifications entitling pupil Midwives to special concessions are:—

- (1) Registration by the College of Nursing, Ltd., where a period of four months' training is substituted for six months;
- (2) A new clause also provides further "that in the case of a candidate from a Children's Hospital, or a Gynæcological Hospital, approved by the Board, a Certificate from the Secretary of such hospital to the effect that the candidate has undergone a course of six months' instruction in nursing in such a hospital shall exempt such candidate from one of the six months' training."

This must not be confused with the clause providing that if a candidate produces a certificate from the Secretary of a Public Special Hospital for Women that she has undergone a course of three years' instruction in nursing in such a hospital, maintaining not less than fifty beds during the whole of the period of such instruction, such instruction shall exempt her from two of the six months' training.

Three months' training in (a) a Gynæcological Ward, and (b) a Children's Ward in which newborn babies are received for treatment, or six months' instruction in a Children's or a Gynæcological Hospital approved by the Board, exempt candidates from one of the six months of training only.

The subjects for examination include "Ophthalmia, including its treatment in cases in which the attendance of the medical practitioner, summoned in accordance with Rule E 20, is for any reason delayed."

Also, "The proper manner of keeping the Register, keeping records, filling in forms, and co-operating with Health Agencies."

Also, "The Examination of Urine."

"Malpractice" is added in Rule D1 to the offences for which a midwife may be cited to appear before the Board.

A new clause is added (D14) regulating the procedure to be adopted if the Board postpones sentence pending a report or reports from the Local Supervising Authority. If the Board eventually decides to remove the name of the accused Midwife from the Roll, a copy of the said report or

reports is to be forwarded to her, and her observations asked for in the matters contained therein.

CHANGE OF NAME AND ADDRESS.

All Midwives, *whether practising or not*, must immediately notify the Central Midwives' Board, and the Local Supervising Authority, of any change of name or address.

THE JUNE EXAMINATION.

At the Examination of the Central Midwives' Board on June 1st, held in London, Birmingham, Leeds, and Liverpool, 652 candidates were examined, and 525 passed the examiners. The percentage of failures was 19.5.

PENAL CASES.

At a Special Meeting of the Central Midwives' Board, held at 1, Queen Anne's Gate Buildings, S.W. 1, on June 22nd, charges were heard against three certified midwives, with the following results:—

Struck off the Roll and Certificates cancelled—Midwives Ellen Bidman (No. 828), Eliza Hunter (No. 2556), Elizabeth Jane Nicholson (No. 2965), Frances Amelia Preston (No. 1207).

Judgment postponed for Report of L.S.A. in three and six months' time—Midwife Margaret Scott (No. 31985).

In the sixth case the Board decided to take no action.

Midwife Harriet Elizabeth Amundsen (No. 7942) was also struck off the Roll, after the adjourned final report of the Local Supervising Authority had been considered.

THE CENTRAL MIDWIVES' BOARD FOR IRELAND.

The Central Midwives Board for Ireland held a meeting at the offices of the Minister of Health, 33, St. Stephen's Green, Dublin, on Wednesday, June 29th.

There were present Sir Edward Coey Bigger (in the chair), Sir Andrew J. Horne, Sir Wm. J. Smyly Dr. H. J. Warnock, Miss Michie and Miss J. H. Kelly.

The Chairman, in reviewing the work done by the Board for the year ended March 31st, 1921, mentioned that they had lost by death during that period two of their members, viz., Sir J. W. Byers, and Alderman Captain J. C. McWalter. Their loss has been very keenly felt by their colleagues on the Board.

The Irish Midwives Roll had been duly printed and published. It contained the names of 2,908 women. Of this large number only 167 were untrained who had been in bona fide practice as midwives prior to the passing of the Act, and who therefore were entitled to claim enrolment.

One case of malpractice, negligence or miscon-

duct had been dealt with by the Board during the year, and in this case the offender's name was removed from the Midwives Roll and her certificate cancelled.

Three examinations for midwives had already been held by the Board, and a fourth was about to take place. Out of 192 candidates examined up to the present 171 had passed satisfactorily.

The Board proposed certain amendments in the Rules, and directed that these alterations be forwarded to the Central Midwives Boards for England and Scotland for their consideration before being forwarded to the Privy Council for approval.

After transacting some other routine business the Board adjourned.

LONDON FEDERATION OF INFANT WELFARE CENTRE.

The Annual Meeting of the London Federation of Infant Welfare Centres was held at the Mansion House on June 28th. Sir Henry Harris, K.B.E., M.P., presiding. The speakers were the Right Hon. Sir Alfred Mond, M.P., Minister of Health, who said that directly and indirectly he had taken a deep interest in the subject for years. He doubted whether any movement had such immediate results for so little expenditure. The care of the health of the mother, and of the infant for the first twelve months of its life, was more important than anything that could be done afterwards. The education of young mothers, and of girls in schools, as to how to bring up a baby, was of the utmost importance, and the splendid effect of this type of work was very great. Whatever economies had to be made, he hoped the last would be this very important part of the work.

The Minister expressed his belief in women as practical economists, and said he would be pleased to receive any kind of suggestions as to how, and in what way, economies could be made. He spoke appreciatively of the work done by voluntary workers.

Other speakers were Dr. Alice Hutchison, Sir Arthur Stanley, Mrs. Joseph, and Miss Holford.

We note in the Annual Report, presented at the meeting, that a resolution has been passed by the Federation: "That in view of the urgency of standardising salaries and conditions of work, of Health Visitors and Superintendents of Municipal and Voluntary Centres in London, the Council requests the Ministry of Health to call a conference of all concerned to frame such a standard."

We hope this may be productive of good results.

The Report points out the necessity of adequate salaries for professional workers, and that the scale which the Borough Health Committees pay their Municipal workers (£200 to £350) is on the whole higher than that paid by voluntary associations (£80 to £320), and but few centres give up to the latter figure. "It is obvious that those at the bottom of this scale cannot have even the necessities of life unless they have private means."

QUEEN CHARLOTTE'S LYING-IN HOSPITAL.

It was a gala day for Queen Charlotte's Lying-in Hospital on Monday last. First and foremost, Queen Alexandra, accompanied by the Princess Victoria, came to visit the hospital, to charm the staff with the gracious sweetness which captivated the hearts of the nation in her radiant youth, and which has ever since endeared her to its people—and to delight the mothers, many of whose infants she held in her arms, and then handed them back to remember in later life the honour that was theirs at its outset. Her Majesty expressed great pleasure at her visit, and held out a hope to the Matron, Miss Blomfield, of another visit in the not too distant future.

Then there was the annual meeting of the governors and subscribers, when Lord Howard de Walden, the President, was in the chair, presented the annual reports of the Committee of Management for the year ending December 31st, 1920, the balance sheets and audited accounts, and moved their adoption. Thanks were also accorded to the Ladies' Association for the valuable assistance they have rendered to the hospital in the past year, and a number of ladies and gentlemen were elected Governors of the Corporation.

In moving a vote of thanks to the medical staff for the ability and kindness with which they have discharged their arduous duties during the past year, Sir Samuel Scott spoke in most cordial terms of the services they had rendered. There was further a meeting of the Ladies' Association, of which Her Royal Highness Princess Arthur of Connaught is Patron.

Then Lady Howard de Walden distributed prizes and certificates to the babies numbering over 100, who had earned them in five different classes, but all sweet and fresh and charming specimens of babyhood. We have often remarked on the healthiness and winsomeness of Marylebone School children, and on Monday we wondered how much they were due to the influence in infancy, and indeed, to the ante-natal influence on the mothers also, of this beneficent hospital set in their midst.

We have not yet exhausted the features of the day. It was "pound day" and many useful pounds of stores found their way to the Matron's office. The wards—especially those recently altered structurally and redecorated—came in for much admiration, and incidentally we learnt how badly an operating theatre is needed. But that is another story.

The Annual Meeting of the Clapham Maternity Hospital was held on Tuesday, July 5th, Miss Christine Gregory, J.P., being in the chair. The speakers were Dr. L. Garrett Anderson, Dr. May Thorné, and Dr. Annie McCall. Miss Marion Ritchie, Hon. Secretary and Treasurer, presented a most satisfactory financial Report. We hope to refer to this meeting at greater length in our next issue.

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SATURDAY, JULY 16, 1921.

Vol. LXVII

EDITORIAL.

"VICTORY OVER BLINDNESS."

"There is much that we cannot see, there is one thing we will not see if we can help it, and that is the gloomy side of our lives. This is the gospel of St. Dunstan's."

"The gospel of St. Dunstan's." Can there, we ask ourselves, be any gospel for men, who, in the prime of their manhood, have sustained so sudden, so overwhelming a disaster as the loss of their sight? Sir Arthur Pearson, and those who work with him, believe that there is, and at St. Dunstan's they have triumphantly vindicated their belief.

This all Londoners, and those whom business or pleasure bring to London during the next three months, may verify for themselves, for, at the Beaver Hut in the Strand, within a stone's throw of Charing Cross, they can see an exhibit of the men's work. They can, moreover, see the men themselves at their various crafts, and learn something of their joy of achievement. Sir Arthur Pearson tells us that "it is the blind man who, above all, needs occupation, and the more active, the more normal he can make his life, the happier he will be."

All of us admire those who, handicapped by a disability, rise superior to it, and resolutely place it in the background of their lives as if it did not exist. This the men of St. Dunstan's have done. True, they have been through their period of black depression, and then, in the hospital to which they were admitted, or elsewhere, men and women who have passed through the same bitter experience have come to them with the comforting message that this is a phase in their lives, and not life itself. St. Dunstan's has laid its healing, sustaining, bracing hands upon them, and they have found that life has still good things in store for them

—has taught them that it need not be un-fertile and useless; that there are trades and professions still open to them in which they can not only hold their own but can excel the work of sighted men, for their very disability leads to a concentration which produces fine results; and the sound and first-class workmanship of the goods made by St. Dunstan's men is known far and wide.

Go to the Exhibition of the Professions and Handicrafts taught at St. Dunstan's, now being held at the Beaver Hut, and you will see for yourself. St. Dunstan's men do not ask your charity. They ask you to purchase well-made goods which you need, at the price they command in the open market, from ex-soldiers who have lost their sight to secure your freedom—and in so doing to enable them to maintain themselves and their families. It is not much to ask, is it, from those who are enjoying the results of their sacrifice? So if you need mats woven of cocoa-nut fibre, oak tea-trays, baskets of all kinds, easy chairs, linen hampers, dog kennels, rabbit hutches, wooden bedsteads, valuable eggs for setting, and many other things at strictly moderate prices, make it a point of honour to see whether St. Dunstan's can supply you. It is the least you can do. Lastly, remember that 93 St. Dunstan's men are fully qualified masseurs—obtain a list of them and recommend them when occasion offers.

At 18, Christopher Street, Finsbury Square, E.C., an up-to-date massage and electro-therapeutic clinic has been established by the authorities of St. Dunstan's, where one sighted masseuse, and a number of blinded soldier masseurs, varying with the amount of work to be done at different hours of the day, are employed, under the direction of medical men.

OUR PRIZE COMPETITION.

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?

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

PRIZE PAPER.

This disease will often come to the notice of the district nurse, as it is an extremely common complaint among poor children where dirt and neglect are prevalent. Though extremely infectious, it is fortunately one of the easiest skin diseases to cure, that is, if the treatment be carried out carefully and systematically. Its contagiousness has been proved in schools where Rugby football is played, when epidemics occasionally break out; it is then known as "football itch" or "scrum-pox." The nurse must thoroughly understand the nature and course of the disease, so that she may give adequate advice. Of the several varieties, Impetigo contagiosa is the commonest form; it affects chiefly the scalp and face. The sufferer, however, invariably infects himself from the original sore, and a great extent of the body may be infected. At the outset the pustules may be mistaken for chicken-pox, but owing to interferences these rapidly merge into a large confluent sore, which may extend over the scalp or round the mouth and chin; if not treated septic poisoning may result, the neighbouring lymphatic glands may swell and suppurate, and serious consequences arise.

It must be impressed on the mother that the disease is no trifling complaint, and that immediate treatment is necessary; in some cases hospital treatment should be advised.

When the scalp is infected pediculi or nits are generally present; these must be sought for and removed, and the hair cut close to the head. It is useless to attempt to treat the sores without first removing the scabs, a mistake which is frequently made. They can, however, be easily removed by bathing and soaking with olive oil, or by boracic or starch fomentations, the part can then be dressed with a prescribed ointment, which, in the case of the scalp, may be spread on lint or linen and bandaged in position. A weak mercurial ointment, e.g., 5 grains of ammoniated mercury to $\frac{3}{4}$ i of vaseline is best, stronger antiseptics have been proved inadvisable. The face and other portions of the body are perhaps easier to treat. When the scabs form they must not be removed too readily; in about 24 hours they become very

loosely adherent, and when removed the skin beneath is merely reddened; if separated before the scab is completely dry the skin is still moistened with pus.

With small children it may be necessary to splint the arms and bandage the hands to prevent them from scratching. Attention to the general health is necessary, the bowels should be made to act regularly, a nourishing diet must be given, and tonics or cod-liver oil are almost always necessary to increase the power of resistance.

With regard to the other inmates of the house, the mother must be told to isolate those infected as far as possible; all linen, towels, feeding utensils, washing basins, baths, &c., used for those infected must be kept rigidly for them, and not used for other members of the family; she must be taught to disinfect her hands before going from one child to another. As each patient is cured he must have a final bath and a fresh set of clothing; everything used by him must be thoroughly disinfected. It is advisable to send bedding to be fumigated.

It must be borne in mind that impetigo acts as a mask to scabies, so the possibility of its presence must not be overlooked, as a course of special treatment for that disease would then be necessary.

Dr. Whitla points out in his Dictionary of Treatment that "as there is always some considerable departure from health upon which the pustular eruption depends, the treatment should be directed to the same cause. The diet should be plain and nutritious without being too stimulating. Fresh air, exercise, and every means by which the standard of health can be raised should not be neglected. Anæmia, constipation, dyspepsia and other troubles are to be met with appropriate remedies; and tonics, with cod-liver oil and malt extract, are afterwards given.

"Locally the treatment may be rationally carried out by regarding the disease as if it were a purulent eczema."

He further recommends that after the crusts are removed the hair should be cut close, and an ointment consisting of one part of white precipitate ointment and three parts of zinc ointment should be freely applied.

HONOURABLE MENTION.

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

QUESTION FOR NEXT WEEK.

What are the three principal methods of feeding infants? What are the symptoms of over-feeding, and what are the results?

NURSING ECHOES.

Queen Alexandra, accompanied by Princess Victoria, opened the Nurses' Bazaar at the London Hospital on July 6th. She was received by Lord Knutsford, and Miss Monk, the matron, and had an enthusiastic reception by the nurses and patients. The fête was a great success. Queen Mary's Doll's House sold for 150 guineas to Gamages of Holborn, and is on view at their shop for the benefit of the hospital funds. Queen Alexandra made many purchases, and the nurses hope to net £5,000.

Mrs. Lloyd George opened the annual sale of work and garden fête organised by the Sister Matron and Medical and Nursing Staff of King's College Hospital, Denmark Hill, assisted by the Ladies' Association, which is being held in the grounds and buildings of the hospital July 13 and 14. The Mayoress of Camberwell performed the opening ceremony on the second day.

It is quite wonderful what the nursing staffs of hospitals are doing to maintain the voluntary system of management.

We have received a copy of the Regulations for Admission to the Territorial Force Nursing Service dated May, 1921. We much regret to observe that daughters of "naturalised British subjects" are eligible as candidates for this military service. Naturalisation does not change the psychology of human beings—or endow them with British instincts and sympathies. The least the British taxpayer may expect after recent experiences is that the Naval and Military Nursing Services should be reserved for British nurses, but, as usual, it is evidently too much to expect War Office pundits to take a lesson to heart.

The correspondence continues in the *Poor Law Officers' Journal* on the registration of male nurses. Mr. Falkingham, Head Male Nurse of the Milton Infirmary, Portsmouth, appears to think that male nurses "are cut out of the Register." This, of course, is not so, as special provision is made for male nurses to be placed on the Male Nurses' Register and on the Mental Nurses' Register. Male nurses are not eligible for the general part of the Register, because they will not be able to comply with the Syllabus drawn up for the education of female nurses. The question of representation of male nurses on the elected

Council should be provided for in drafting its prescribed scheme. Mr. Christian, the male mental nurse who was appointed on to the existing Council, has helped his colleagues in many instances with his straightforward criticism and sound judgment. Looking back, however, on the 30 years' monumental fight for registration, the male nurses apparently did not take the slightest interest in the question, and the Asylum Worker's Association failed to associate itself with other groups of nurses in their demand for legal status or to contribute a penny towards that long-drawn out and costly campaign. All the same, male nurses are exceedingly useful to the community, and they must now wake up and help to build up the highly skilled nursing profession of the future.

The other day there unexpectedly descended from the clouds, at 431, Oxford Street, W., a guest whom we were delighted to welcome, Mrs. Breckinridge, of the Comité Americain pour les Régions Dévastées de la France. Really and truly from the clouds, for she came over in a Messageries "plane," which carried only three passengers, all intent on speed—busy Mrs. Breckinridge to attend the English-speaking Conference on Infant Welfare, a jockey to fulfil an engagement, and a tailor bringing in hot haste a robe for an Eastern Prince to wear at an important function. It was a hot day, and the little machine was run on castor oil!

Mrs. Breckinridge intended to return by train, but on inquiry she found that she would not arrive in Paris till 5.30 p.m., whereas if she went by air she would leave London at 10 o'clock and arrive in time for lunch, and have the whole afternoon for work. Can you doubt what her decision was? Not if you know the way our American friends just love to hustle.

Prince Arthur of Connaught recently presided at a meeting of the General Council of the King Edward VII Order of Nurses held at Cape Town, and Her Royal Highness Princess Arthur was also present.

In moving the adoption of the report for 1920 His Royal Highness congratulated the Order (of which he is President) on the excellent work done since its inauguration, and particularly during the past 12 months. It was very gratifying, he said, to record that six new stations had been opened. This showed that the Order was devoting its attention to outback stations and bringing relief into those

areas where no fixed nursing institutions had been established.

Next in importance came the populous areas where, owing to rapidity of development, there had not been time to establish adequate nursing services, and where there were invariably numbers of people who are unable, without assistance, to incur the expense of engaging the services of a nurse. The scheme for the formation of District Nursing Associations at Johannesburg and Maritzburg were pleasing evidences that this problem was being successfully grappled with.

Although there were at present only 17 nurses on the staff of the Order, 370 cases were dealt with last year. This was very creditable, but the amount of work to be undertaken in so vast a country as this was stupendous and could not be satisfactorily coped with until the staff was increased, and more funds became available.

His Royal Highness concluded by exhorting those qualified to join the Order.

Miss Rawson has been reappointed Hon. Secretary of the Trained Nurses' Association of India, and subscriptions and applications should be sent to her at Rahmatpur, Palwal, South Punjab.

The New York correspondent of the *Evening Standard* writes:—"The little red schoolhouse in which Clara Barton began to teach in 1853 and from which she went forth to world-wide fame has been restored and dedicated as a shrine. She left this school house in Bordentown, New Jersey, to work in the Patent Office in Washington, and soon after began her relief work for sufferers in the Civil War. Then she attended the wounded and dying on the battlefields of the Franco-Prussian War. She founded the American Red Cross on May 21st, 1881, serving continuously as its president until 1905. When she was ninety years old, in 1912, she died at Glen Echo, Maryland.

"The services at the dedication were really as simple as she would have wished."

We well remember meeting Clara Barton at the World's Fair, Chicago, 1903. When asked to address a huge audience of women from all quarters of the globe, she remarked: "Clara Barton is no speaker, but Clara Barton has an international heart." That, of course, brought the House down! This, of course, was long before the American Red Cross Nursing Department was organised on a professional basis, making it the most effective in the world.

DEPUTATION TO THE MINISTER OF HEALTH.

NURSES' REGISTRATION ACT, 1919.

OFFICIAL REPORT.

The Minister of Health received, on July 7th, a deputation representing various Nurses' Organisations. The deputation consisted of:—

Mr. Herbert J. Paterson, C.B.E., M.C., F.R.C.S., Medical Hon. Secretary, Royal British Nurses' Association.

Mrs. Glover, Miss Liddiatt, Miss Sinziniex, R.R.C., Royal British Nurses' Association.

Miss Steuart Donaldson, R.R.C., Matrons' Council of Great Britain and Ireland.

Miss M. Breay, Hon. Secretary, Registered Nurses' Parliamentary Council.

Miss H. L. Pearse (President) and Miss Nicholls (Secretary), National Union Trained Nurses.

Dr. Foord Caiger, Fever Nurses' Association.

Miss E. C. Barton, R.R.C., Miss M. S. Rundle, R.R.C. (Secretary), College of Nursing, Ltd.

Mrs. Paul (Chairman), Professional Union of Trained Nurses.

Sir Alfred Mond was accompanied by Mr. L. G. Brock, C.B., an Assistant Secretary of the Ministry.

In introducing the deputation, Mr. Herbert Paterson said that much unrest had been created in the Nursing world by the delay in the publication of the Rules under the Nurses' Registration Act for the admission of existing Nurses to the Register. They understood that this was due to the difficulty of securing agreement between the English and Scottish Councils as regards the standard of qualification to be required from candidates for admission to the Register. Section 6 of the Act, which dealt with reciprocity, was ambiguous, but it was understood that the Law Officers of the Crown had advised that the English Council must admit to the corresponding part of the English Register nurses admitted to the general or supplementary parts of the Scottish Register. This being so it was essential that there should be uniformity of the standard between the two countries, and the English nurses took the strongest objection to the Scottish proposal to admit to the general part of the Scottish Register, and therefore inferentially to admit to the general part of the English Register, Scottish Fever Nurses who held the Certificate of the Scottish Local Government Board and the Scottish Board of Health. On behalf of the deputation, which was of a very representative character, Mr. Paterson appealed to the Minister to protect English nurses from what they regarded as a grave injustice. The matter was urgent since the delay in establishing the State Register was giving rise to much unrest in the Nursing world.

The Minister, in reply, said that it was happily not necessary for him to enter into any discussion on the legal points which Mr. Paterson had raised, since the Secretary for Scotland had now agreed

to withdraw the proposal that Scottish Fever Nurses should be admitted to the general part of the Register. He was entirely in sympathy with the desire expressed by the deputation for uniformity of standard throughout the United Kingdom, and he thought that agreement was now in sight. As far as he was aware the points still outstanding were of relatively minor importance, and he anticipated no difficulty in their adjustment. But as the English Council had not yet received the draft Scottish Rules in their latest form he could not say definitely that all the difficulties had been removed. Sir Alfred Mond added that he had that morning received from the English Nursing Council a print of the Rules submitted for his approval, and he was prepared to sign them at once, subject to the reciprocity rule being deferred for the present. If the English Council accepted this suggestion, as he hoped they would, the Register could be opened at once. He was extremely anxious that the Act should be put into operation without further delay, and he undertook to use his influence to secure that uniformity of standard which he believed Parliament had contemplated when Section 6 of the Act was passed.

Mr. Paterson thanked the Minister for receiving the deputation, which then withdrew.

A member of the deputation writes:—I came away, and I am sure others did the same, very pleased with the grip the Minister appeared to have of the situation, with confidence in his wise statesmanship in conducting negotiations with the Scottish Office, and in his genuine desire to bring to a conclusion the present anomalous position. It was good to hear Sir Alfred Mond say that he was prepared to sign the Rules at once provided that the English Nursing Council agreed to the reciprocity clause being postponed for further discussion.

In regard to any conditions being attached to the withdrawal of the proposal that Scottish Fever Nurses should be admitted to the General Part of the Register, the Minister pointed out that the English Nursing Council was a Statutory Body, and he had no power to agree to conditions. This recognition of the status of the Council was as correct as it was tactful.

The Minister courteously remarked when Mr. Paterson thanked him for receiving the deputation that he was very pleased to meet so many distinguished members of the nursing profession.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

A Emergency Meeting of the Council will be held at the Ministry of Health, Whitehall, S.W., on Thursday in this week, July 14th, to consider a communication from Sir Alfred Mond, Minister of Health, on the Rules, to receive Reports, and also a Deputation from the Conference of Representatives of Poor-Law Nurse Training Schools.

If all goes well we hope to announce in our next issue that the Rules submitted by the Council have been approved and signed by the Minister, and that at last State Registration is in force.

We feel sure the nursing profession at large realises the arduous and responsible nature of the task entrusted by Parliament to the General Nursing Council, of drafting the Constitution for the conduct of its business, and the Rules for admitting existing and intermediate nurses to the Register, and that their colleagues, together with every member of the Council, have very carefully considered and guarded their interests in every particular. This they will be able to verify at an early date when the Rules approved by the Minister of Health are on sale.

The postponement for further consideration of Section 6 (a) which provides that the Council "shall make Rules . . . enabling persons registered as nurses in Scotland and Ireland . . . to obtain admission" to the English Register, as suggested by Sir Alfred Mond to the Deputation of nurses who waited upon him on July 7th, will, we have no doubt meet with the approval of the Council, especially as the Secretary for Scotland has withdrawn the proposal to put a section of certificated fever nurses on the General Part of the Scottish Register, and with it the demand (which the English Council would never concede) to place them on the corresponding (General) Part of the English Register, without practical experience in a general hospital or infirmary.

In the meanwhile, nurses trained in Scotland and Ireland who are resident in England, will suffer no injustice, as they are eligible for registration on the English Register upon the same terms as those trained in England.

CONFERENCE OF REPRESENTATIVES OF POOR LAW NURSE TRAINING SCHOOLS. CONDITIONS OF NURSES' SERVICE.

A Conference of Representatives of Poor-Law Nurse Training Schools, representing thirty-four Boards of Guardians, and the Association of Poor-Law Unions, was held on the afternoon of Friday, July 8th, at the City of London Union Offices, 61, Bartholomew Close, E.C.1, when the business placed on the Agenda for discussion included (1) the standardisation of salaries of Probationer Nurses in Poor-Law and Voluntary Hospitals, (2) Question of Hours of Duty of Hospital Nurses, (3) a Circular Letter from the Registrar, General Nursing Council (dated May 28th, 1921) with reference to the adoption by Poor-Law Training Schools of the Curriculum of Training laid down in the Syllabus issued by that Council.

Councillor Frater, Chairman of the Tynemouth Board of Guardians, was voted to the chair, and Mr. Tom Percival was appointed Hon. Secretary of the meeting. The latter read a letter from the Chairman of the General Nursing Council stating that the Council had decided it was not

desirable that he should attend the Conference personally, but that the Council was always open to receive a deputation.

He then made a statement concerning the salaries of probationers, and their standardisation, the first item on the Agenda for consideration. As this was subsequently deferred to an adjourned Conference we shall print these remarks next week.

The Chairman then said that the President of the Poor-Law Unions' Association was now present and he moved that he should take the chair. This was agreed, and the chair was then taken by the Rev. P. S. G. Propert, M.A.

The Circular Letter.

It was agreed that, as the matter of principal interest was the Circular Letter from the Registrar of the General Nursing Council, which was item 5 on the Agenda, this should be considered first.

MR. TOM PERCIVAL said that there was a wide diversity of opinion as to the Draft Syllabus issued by the General Nursing Council. Poor-Law Guardians had already endeavoured to attain some uniformity of standard. The object of the present Schedule was to wipe out the distinction between nurses in general, and poor-law hospitals in regard to training and examination.

The Poor-Law met with special difficulties of its own, these being lack of candidates, lack of trained teachers, and the low standard of education of the candidates who were coming forward.

He understood privately from the Registrar of the General Nursing Council that quite a number of Poor-Law Authorities had accepted the Syllabus. He thought the first criticism met with was that it had aimed too high. They must remember, however, that a similar Syllabus was already in operation in some Poor-Law Training Schools, and that they did not find it too difficult. It looked terrible, but it was not so terrible as it looked. He drew attention to the Explanatory Note printed with the Syllabus which indicated that the semi-scientific subjects referred to would be dealt with only in an elementary form.

They might appoint a Deputation to wait on the General Nursing Council as its Chairman had suggested, and ask it to consider in place of a Syllabus of Training a Syllabus of Examination. Such things as requiring a knowledge of the Metric System might be deferred, and, in conjunction with Poor-Law Hospitals, it was a question whether Preliminary Training Schools were necessary, whether experience in Poor-Law wards did not obviate the need for them.

MR. R. A. LEACH (Rochdale) pointed out that the Syllabus was a draft one. His own Board had said it would accept it when it had been adopted in its final form; but both the Board and its Medical Officer considered it too stiff. He enquired how many Boards had said they would accept the Curriculum when finally adopted.

One clerk of a major Training School had said that if the Curriculum were enforced he would

advise his Board to close down the Nurse Training School and nurse the patients with trained nurses.

MR. TOM PERCIVAL regretted he could not reply to the question, but said if the Poor-Law Hospitals were nursed exclusively by trained nurses the supply of such nurses would be cut off. Certain amendments had been recommended to the General Nursing Council.

A Delegate asked for the *personnel* of the body dictating this Curriculum. Mr. Percival pointed out that the General Nursing Council was a statutory body, with power over the training of nurses, and would control the Register of Nurses.

Another Delegate said they had heard from the Secretary that the Syllabus was not definitely settled. He thought they should interview the Council, but from what he heard he thought it would take some power to convince them. He approved of the suggestion made by Mr. Percival, that a Committee should be appointed to confer with this august body.

This was supported by other Delegates who hoped the result of such a conference would be that they would have a Syllabus which they would take a pleasure in working.

It was not quite the correct thing that the managers had been ignored in the way they had.

MR. MELLISH (Cardiff) agreed that the Curriculum was too hard for ordinary probationers.

MISS JAMES, Bethnal Green, said the Syllabus for the first year was exceedingly difficult. It was not the London Matriculation. Only one girl in a hundred gave herself to serious education until she entered a profession. Again, the eight hours' day very much lessened the amount of training given. It was urged that probationers were not so tired and were able to give more attention to the instruction received when they were on duty, but it was a painful fact that the girl going in for nursing was visited by the same microbe as others, and could not work so hard as her predecessors. This, at any rate, applied to girls who had been in air-raids and had been ricketed and racketed by visitors from above. The first year's Curriculum was certainly too difficult. On the other hand, if they stood out they would not get probationers.

MRS. ROBERTS (West Derby) upheld the Curriculum, and said she had attended the Conference convened by the General Nursing Council on the subject and very few difficulties were brought forward.

THE DELEGATE FROM LAMBETH thought the first speaker had struck the right note. Poor-Law nurses were regarded as maintaining a lower standard and level than nurses in voluntary hospitals. When the Syllabus was put before him he recognised that here was an opportunity for their Poor-Law nurses to come out at the end of three or four years' training with a similar certificate to the best. If a Committee were appointed, he hoped it would not be with the main object of making the service easier than that accepted by the best hospitals.

The opinion was further expressed that there

were pros and cons as to making the first year too easy. It was much better that if a nurse were to be plucked it should be in her first year rather than in the second or third. There was a good deal to be said for a stiff first year.

MR. WILLIAM DERBY (Birmingham Union) said that if the impression got abroad that they wanted to whittle down the Curriculum it would be a mistake, and they would prejudice the position exceedingly. He had put it before his hospital staffs and on the whole they approved, and thought there was very little difference to the Curriculum in the Birmingham institutions now in force. Two of their Matrons who attended the Conference in London supported the Syllabus, and, on the whole, approved it.

THE DELEGATE FROM MERTHYR TYDVIL thought that the effect might be to decrease the number of candidates, but it was sometimes an advantage to intensify evil in order to bring about reform.

He thought they should come to some understanding with the educational authority to educate girls sufficiently before they came into the hospitals.

Boards of Guardians had been too quiet; they should have taken direct action to obtain representation on the General Nursing Council.

THE DELEGATE FROM LEWISHAM said that they had adopted the Syllabus in their Infirmary. The Matron was greatly in favour of it. They found no difficulty either in the first, second, or third year. Since they had adopted it they had had more nurses applying for training.

MR. GLADSTONE WALKER (Newcastle-on-Tyne) said we had now come to the parting of the ways. That what all aimed at was standardisation of examination, and in order to have that there must be standardisation of training. Again, one speaker said, some delegates seemed to think that Poor-Law authorities were trying to whittle down standards. He had it on good authority that at the recent Conference of Matrons, convened by the General Nursing Council, the objections came not from the Poor-Law but from the general hospital matrons.

DR. BRANDER, Medical Superintendent of the Hackney Infirmary, said he had had twenty years experience of both large and small infirmaries. He would be very sorry if it went forth from that Conference that they did not wish to uphold a high standard of training, because the standard of training was an index of the standard of nursing the patients received. He thought any nurse should be able to understand the Metric System. If nurses were not well-educated and trained then the patients were going to suffer.

Criticising the constitution of the General Nursing Council, Dr. Brander said they felt very strongly indeed in the Hackney Union that Poor-Law Authorities should be represented on the Council. The Unions represented in that room controlled about 90,000 beds, probably three times as many as the voluntary hospitals. He would be delighted if they were to approach the Minister of Health and ask him to appoint at

least five representatives of the Poor-Law on the Council.

MR. CHAPPELL (Chairman, Medway Union) said they had been asking for standardisation of nursing. It was not true that Poor-Law training was inferior, but the only way to prove it was to put all nurses on the same footing. "Raise the standard and don't lower the salary."

THE CHAIRMAN intervening said that nothing practical had yet been evolved. He asked the proposer to move a Resolution he had sent up:—

"That a Committee be appointed by this Committee to confer with the General Nursing Council."

A DELEGATE enquired whether it was not practicable to agree to the Syllabus in principle.

The Chairman said "No," in that case the hands of the Deputation would be tied.

MRS. H. T. WILLIAMS thought the present time, when the Syllabus was in its draft stage, the right time to send the Deputation.

THE CHAIRMAN hoped it would not go out that they desired to lower the standard of efficiency in Poor-Law nursing. They were making one continuous struggle to get to higher levels.

The only criticism he would make was that the Syllabus was too scholastic and too theoretical. He imagined a clever girl might pass the required examination with honours and yet never go inside a ward.

He reminded the Conference that as a body the Guardians had approved the principle of Registration, and that involved certain consequences, amongst them a standard of training and examination. An amendment to the resolution was then moved by Mr. Chappell (Medway) and seconded by Mr. Lee (Leeds):—

"That we endorse the Syllabus, as suggested by the General Nursing Council, and that no Deputation be sent."

Twenty-seven delegates voted for the amendment, and thirty-four against; the original motion was then agreed to.

The Members of the Deputation.

The following Delegates were then appointed to form the deputation:—

The Chairman of the Conference (the Rev. P. S. G. Propert, M.A., President of the Association of Poor-Law Unions of England and Wales); Mrs. Roberts (Matron, West Derby Union); Dr. Spurrell (Medical Superintendent Poplar and Stepney Sick Asylum); Councillor John Frater (Chairman, Tynemouth Union Board of Guardians); Dr. Brander (Medical Superintendent Hackney Union Infirmary); Mr. William Derby (Chairman of the Birmingham Board of Guardians); Mrs. H. T. Williams (Swansea Board of Guardians); and Mr. Tom Percival (Clerk to the Tynemouth Union, Secretary to the Conference).

On the motion of Mr. R. A. Leach (Rochdale), it was then decided by 40 votes to 36 to adjourn the Conference to a later date, when the result of the Deputation could be reported.

NORTH MIDDLESEX HOSPITAL.

UNVEILING AND DEDICATION OF WAR MEMORIAL IN CHAPEL.

On July 6th the Memorial Tablet placed on the Chancel wall of the Chapel at the North Middlesex Hospital, in memory of five nurses who died at the post of duty during the War, was unveiled and dedicated, and the very beautiful and solemn service drew together not only the grieving relatives of the dead, but many friends of the hospital and well-known members of the Nursing Profession.

Miss A. Dowbiggin, C.B.E., R.R.C., Member G.N.C., the Matron, and a group of Sisters and Nurses, received their invited colleagues in the Hall of the Nurses' Home, the Imperial Nursing Service being represented by Miss Hodgins, R.R.C., Principal Matron; Miss Beadsmore Smith, C.B.E., R.R.C., Matron-in-Chief, was unavoidably detained, but sent a beautiful floral tribute tied with ribbon of the Q.A.I.M.N. Service, which was placed in the Chancel at the base of the Tablet. Amongst those present was Mrs. Bedford Fenwick, Member General Nursing Council, who received a very warm welcome from the Nurses, who expressed their great pleasure at her first visit to Edmonton; Miss E. Barton, R.R.C., President, Infirmary Matrons' Association; Miss Riddell, R.R.C., Miss Bickerton, R.R.C., and a large number of Matrons and past members of the Nursing Staff.

Miss Dowbiggin and Mrs. Bedford Fenwick led a long procession of Sisters, Nurses, and Probationers in uniform from the Home to the Chapel.

ORDER OF SERVICE.

The Service, which was opened with the National Anthem, was most impressive throughout. After the hymn "O Happy Band of Pilgrims," prayers were offered by the Chaplain. The Lesson, Wisdom iii., 1-6, was read by Councillor the Rev. Winston Haines.

The Rev. C. Knight then read out the names of those Nurses who died in the war, commemorated on the marble Tablet.

In Affectionate Remembrance of

The Nursing Sisters and Probationers
Of the Edmonton Military Hospital and the
Infirmary, who died during the influenza epidemic
in the Year 1918.

Catherine Meikle	..	Oct. 14th, 1918
Mary Evans	..	Oct. 15th, 1918
Minnie Yerbury	..	Oct. 20th, 1918
Ada Marian Johnson	..	Oct. 24th, 1918

Also in Loving Memory of

Lena Crowther, died Oct. 22nd, 1916.

"All you had hoped for, all you had you gave
To save mankind—Yourselves you scorned to
save."

This Memorial was Erected
By their Colleagues and Members of the Staff.

Prayers were offered by the Bishop of Willesden, and a solo, "O Rest in the Lord," was most beautifully rendered by Miss Amy Godfrey.

The "Last Post" was then sounded.

A very sympathetic Address was given by the Bishop, in which he laid great stress on the necessity for keeping alive spiritual influences in the vocational life of a nurse.

Major-General A. P. Blenkinsop, C.B., C.M.G., A.M.S., unveiled the Memorial, and spoke in warm praise of the work carried on in the hospital by the nurses during the war.

The Memorial was then dedicated by the Bishop, and a very consolatory service concluded with the hearty singing of the hymn "O God, our Help in Ages Past," the Blessing, and the Reveille.

THE REUNION IN THE GARDEN.

A Reunion of Nurses was held in the beautiful grounds, received by Mr. B. Weston, Chairman of the Edmonton Board of Guardians, and Mrs. Weston, at which were present the Bishop of Willesden, General Blenkinsop, Mr. J. A. Dunmore, Mayor of Hornsey, in his robes, and many friends of the hospital, the deceased nurses, and the staff. Tea was arranged at little tables under the trees, and the hospital, freshly decorated after military occupation for the use of civil patients, received enthusiastic commendation not only for its beautiful appointments, but for the practical utility of the arrangements.

A TOUR OF THE HOSPITAL.

After tea a party, conducted by the Matron, Miss Dowbiggin, and Dr. Gregorson made a tour of the hospital and were delighted with the cheerfulness, the immaculate cleanliness and neatness of the wards, the professional appearance of the nursing staff, and the manifest happiness of the patients. The tiled corridors, green and white in tone, as were also the wards, the deep windows on either side, by means of which the patients could get a maximum amount of air, while lying in the ward, and the open air balconies all testified to the care with which the Edmonton Guardians provide for the welfare of their sick poor. We noted that the sanitary towers in these long wards were built off the middle, not the end of the ward, a thoughtful arrangement which saves the nurses many steps. The top ward of the blocks has a view of the surrounding country, which is beautiful in the extreme; indeed, we do not know any hospital with so extensive an outlook on all sides.

The Nurses' Home is charming, and their mess-room most attractive. The kitchens also are well appointed and were beautifully clean.

The District Maternity Hospital is delightful. Nothing but the best is good enough for the medical officer in charge, who takes a great pride in all its details. A feature is that the Hospital is entirely separate from the main Hospital, and the patients, all of whom pay while in the institution are not admitted under the Poor-Law. The department, which has 60 beds, and is a recognized

training school under the Central Midwives Board, has an Ante-Natal Clinic, by means of which, as all nurses and midwives know, many an untoward accident during labour is averted. A number of convalescent patients were in the garden, and it was evident that the lot had fallen for them in pleasant places. It was difficult to tear oneself away from the beautiful babes!

THE HIGHER EDUCATION OF NURSES.

It will be gathered from this short report that the North Middlesex Hospital is well-equipped to prepare probationers for the State Examination, to be conducted by the General Nursing Council for England and Wales, and that well-educated women need have no fear in entering this fine institution for training, that the Nursing Syllabus laid down by the Council will not be complied with. Indeed, we took the opportunity of conversing and discussing the Syllabus with many Matrons of Poor-Law Infirmaries who were present, and in many instances found them fully prepared and anxious to carry out the Syllabus, which we have no doubt their Boards of Guardians will help them to do. For far too long nurses trained in Poor-Law Infirmaries have suffered depreciation of professional status from their association with the Poor-Law, and now that all these fine institutions are assuming more and more the status of general hospitals the State examination and certificate will be an effective lever in providing just recognition for the skill and knowledge of their pupils.

Space prevents further reference to the beauty of the grounds and gardens surrounding the North Middlesex Hospital, especially that lovely bower of roses, which is the Matron's special pride.

THE MATRONS' COUNCIL.



The quarterly meeting of the Matrons' Council on July 30th will be held at the Royal British Nurses' Association Club, 194, Queen's Gate, S.W., at 3 p.m., and after the routine business Mrs. Bedford Fenwick, member of the General Nursing Council for England and Wales, will speak on the "Rules," which it is hoped will be in force by that date. Every nurse who makes application to be placed on the State Register should carefully study and understand the Rules framed by

the Council under the Nurses' Registration Act. It is thought it will be a help to many nurses if these Rules are interpreted for them by a member of the Council who has helped to draft them, and can explain the reasons for so doing. Now we are a legally-constituted profession, do let us cease to behave like sheep!

A HOSPITAL PARTY IN A ROYAL GARDEN.

To celebrate the Jubilee of the opening of St. Thomas's Hospital on its present beautiful site a Garden Party was held, in aid of the funds, on July 7th, in the garden of St. James's Palace, graciously lent by H.M. the King. It was a lovely day for such a function, which was graced by the presence of the Queen, who was received by the President of the hospital, the Duke of Connaught, the Hon. Sir Arthur Stanley (Chairman), and the Matron, Miss Lloyd Still. Princess Christian and Princesses Helena Victoria and Marie Louise were also present, and formed a happy family party seated opposite the garden terrace, which formed a charming stage, backed by a herbaceous border full of lovely flowers. Here a succession of entertainments took place, the most delightful, in our opinion, being given by the choir of Nightingale Nurses, who sang glees most harmoniously, and the dancing of the pupils of Miss Vacani—nine cherubic bare-footed little maidens, in short, gauzy pink garments and flower girdles—who charmed everyone with their happy grace. The Queen made friends with these little fairies, and pictures of Her Majesty surrounded by these lovely children appeared in the press next day. The Queen also greeted the group of "Nightingales," who sang so sweetly—all looking so cool and fresh in their dainty mauve gowns and simple quilled net caps, designed by Florence Nightingale sixty years ago, worn now at a less nun-like angle, but still with becoming sobriety. In the Centre Room of the Palace there was an exhibition of the Old Charter of St. Thomas's Hospital, a letter written in the beautiful Victorian handwriting of Florence Nightingale, old books, and pictures, and many interesting things belonging to the hospital.

The tea tables, decorated in pink and white, with cakes to match, were set out most invitingly under the trees, and ices and iced drinks were in great demand.

The Party was well attended, and it is to be hoped the hospital will benefit financially, as its annual expenditure has leaped up from £76,174 in 1913 to £171,983 in 1920.

THE HOSPITAL WORLD.

The Prince of Wales, as President of Guy's Hospital, will unveil the war memorial and open the new message building on Friday, July 15th, at 3 o'clock.

Sometimes one wonders was there ever a war—evidence of its horrors seem so long past; and then one meets a stray "boy in blue," and conscience pricks for having forgotten that the aftermath of suffering is still with us. Also we ought to remember with gratitude those who spent years of their lives in ministering to the sick and wounded,

often at great self-sacrifice; and we were reminded of this duty at a dinner presided over by Sir Alfred Mond, the Minister of Health, at the Hotel Cecil, of the staff and former patients of Queen Alexandra's Hospital for Officers, Highgate, when he read, amid enthusiasm, the following message which Queen Alexandra had addressed from Marlborough House to Mr. Herbert J. Paterson, honorary surgeon in charge of the hospital. The letter stated:—

"Queen Alexandra remembers so well the splendid work which you and your staff carried on during the war, and upon her constant visits was particularly struck with the efficiency of the nurses and of all those concerned with the management of her hospital. Her Majesty also cannot forget that it was mainly through the generosity of Sir Alfred Mond that the hospital was so perfectly maintained. Her Majesty thinks that it is a happy thought holding this dinner, and she feels sure that the former patients present will rejoice to meet again those to whose kind care and attention they owe so much."

Part of the St. Pancras Workhouse is to be converted into a nurses' home at a cost of £10,000.

The following nominations to the Voluntary Hospitals Commission have now been made:—

Lord Onslow (Chairman), Lord Clwyd, Captain Elliott, M.P., Sir Robert Hudson, and Mr. D. O. Malcolm, nominated by the Minister of Health; Lord Linlithgow, nominated by the Secretary for Scotland; Sir Napier Burnett, M.D., nominated by the Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem; Sir Cooper Perry, M.D., nominated by the King Edward's Hospital Fund; Mr. H. Wade Deacon, nominated by the British Hospitals Association; Sir John Rose Bradford, F.R.C.P., nominated by the Royal College of Physicians; Sir George Makins, F.R.C.S., nominated by the Royal College of Surgeons; Dr. R. A. Bolam, nominated by the British Medical Association.

The remaining member will be nominated by the Scottish Committee of the British Medical Association.

Mr. L. G. Brock, C.B., Ministry of Health, has been appointed secretary.

We regret to note no woman has been appointed on to this Commission.

A conference of representatives of London Hospitals was held at the Mansion House on Wednesday, July 6th, Lord Stuart of Wortley, Chairman of the King's Fund Policy Committee, presiding. Invitations were issued to 112 Hospitals and 161 persons were present, of whom 154 represented 94 hospitals. The object of the conference was to discuss the three schemes of "mass contributions," referred to by Lord Cave's Committee in their final report, as likely to provide the key to the problem of hospital finance.

After an enlightening discussion:—

On the motion of Lord Hambleton, seconded by Sir Edward Penton, it was unanimously agreed

That this Conference suggests that King Edward's Hospital Fund should co-operate with the London Regional Committee of the British Hospitals Association, the Hospital Fund, the Hospital Saturday Fund, and the League of Mercy, in the organisation of local collections from employees throughout the London area.

The Duke of York opened King George's Sanatorium for Sailors at Bramshott, on Tuesday, July 12th.

The Metropolitan Hospital Sunday Fund collection already amounts to £70,000.

THE GREEK NURSING UNIT.

The Queen of the Hellenes arrived at Smyrna on July 7th, where she will inspect the Military Hospitals, and encourage those who are tending the sick and wounded.

Sister Oakley Williams reports the hospital St. Charalombos, Smyrna, in which they are working, very nice; "we hope to run it like an English one. Every body is kindness itself to us; we have so many engagements, we can hardly fit them in. We are making the best of time, before our work begins in real earnest. Two *B.J.N.'s* to-day, so nice to see all the home news."

As the press reports the advance of the Greek Army led by King Constantine, no doubt the Sisters are by now at work in "real earnest." Sisters Baxter and Browne crossed to Smyrna in a hospital ship escorted by one of the "Palace policemen!"

A good many surgeons and others speak English so difficulties in this particular are minimised. The Sisters find their knowledge of French (which we laughingly call "kitchen French") exceedingly useful.

We wonder if the day will ever come when the General Nursing Council will have an Honours Exam. for foreign languages. At present, of course, we dare not suggest such an innovation!

Sister Bellamy, who writes an excellent letter, is thoroughly enjoying the change of scene and work. She says: "The patients appear to think the English Sisters can accomplish all things." The Queen has paid three visits to the hospital where she and Sister Dumvill are on duty and they are naturally much encouraged by her Majesty's appreciation of their work. To be told "how nice and clean everything is, quite like an English hospital," is the sort of praise they enjoy. Play is pleasant as well as work. "Last Tuesday," Sister writes, "we went for a glorious picnic up Mount Pentelikos—part of the way by car, and then we had donkeys. I was on excellent terms with mine all the time; he was rather slow but picked his steps beautifully, especially coming down. We descended by the light of a big, splendid full moon, the most delightful experience I have ever had. Everything so quiet and mysterious."

We know those mystical moonlit nights in Greece after the pink flush of evening has suddenly faded. A scent of thyme and quite far, far, away the sound of a pipe. It is then the world belongs to the old Gods!

Other treats have been provided for the Sisters by numerous kind friends in Athens. A trip to Dionysis, to the Marble Mountains, was, of course, greatly

enjoyed. Sister Dumvill sends us a photograph of Daphne Church, situated on the sacred road. We remember seeing all these historic and beautiful places a quarter of a century ago. They are never to be forgotten. As one grows old it is delightful to have a memory furnished with lovely pictures of the world. Far more interesting than colours on canvas.

APPOINTMENTS.

SUPERINTENDENT.

Infant Welfare Centre, Sydenham.—Miss Janet Howes has been appointed Superintendent. She was trained at Guy's Hospital, and has been Assistant Superintendent of the Salamon's Welfare Centre there.

NURSE MATRON.

Snarestone Hospital, Leicester.—Miss M. J. Walley has been appointed Nurse Matron. She was trained at Crumpsall Infirmary and has been Sister at the Royal National Sanatorium, Bournemouth.

ASSISTANT MATRONS.

Wingrove Hospital, Newcastle-on-Tyne.—Miss Mary Conway Taylor has been appointed Assistant Matron. She was trained at the Western Infirmary, Glasgow, and has been Assistant Matron at the Leith Hospital, Leith, and Matron at the Children's Home, Scotstown House, Scotstown. She also served as a member of Queen Alexandra's Imperial Military Nursing Service Reserve from 1914 to 1919.

Royal Eye and Ear Hospital, Bradford.—Miss Ella Mallinson has been appointed Theatre Sister and Assistant Matron. She was trained at the General Hospital, Altrincham, and has been Staff Nurse and Sister of the Children's Ward at the Royal Eye and Ear Hospital, Bradford.

SUPERINTENDENT NURSE.

Gateshead Union.—Miss Elsie Fletcher has been appointed Superintendent Nurse. She was trained at the Mill Road Infirmary, Liverpool, and has been Superintendent Nurse under the Bedwelty Union.

HOME SISTER.

Wingrove Hospital, Newcastle-on-Tyne.—Miss Isabella Russell has been appointed Home Sister. She was trained at the Lambeth Infirmary, and has been Night Sister at the Royal Infirmary, Aberdeen, and Sister-in-Charge of the Infirmary Cottage Homes, Marston Green, near Birmingham. She has also worked as a Sister in the Territorial Force Nursing Service.

THEATRE SISTER.

Hospital for Women, Liverpool.—Miss E. F. Potter has been appointed temporary Theatre Sister. She was trained at the Coventry and Warwickshire Hospital, and has been Ward Sister at a War Hospital in Chester, and Night Sister at the Hospital for Women, Liverpool.

NIGHT SISTER.

District Hospital, West Bromwich.—Miss A. Blakey has been appointed Night Sister. She was trained at the Royal Infirmary, Preston, and has had experience on the Private Nursing Staff, and been Sister of the Children's Ward, and Temporary Night Sister at the same hospital.

We regret that in our prize paper last week, in the description of the small intestine, the duodenum should inadvertently have been printed after the jejunum. As every reader knows, the sequence of the three parts of the small intestine is (1) duodenum, (2) jejunum, (3) ileum.

PRESENTATION.

As a mark of their esteem and regard and of their appreciation of her faithful and meritorious service for 33 years, for 24 of which she has held the position of Matron of the City of London Infirmaries, Miss E. Stewart has recently, upon her retirement, been presented with a very handsomely fitted dressing case, canteen of cutlery, and fish and poultry carvers by Mr. G. R. Woodward, Clerk to the Guardians, on behalf of the officers and nurses past and present.

Miss Stewart, in returning thanks for the very beautiful gifts, said that during her years of service with the City of London she had always had abundant proof of loyalty and true friendship extended to her from her fellow chief officers and staffs. She took pardonable pride in the fact of so many of the nurses gaining certificates during her term of office. Many had since leaving the City of London gained other honours on the battlefields, in military hospitals, in hospitals and infirmaries at home, and even in such distant lands as China, Central Africa, India and the Congo, where they continued their nursing, coupled with religious teaching. Miss Stewart added that she would look back with very many happy recollections of her service with the City of London Guardians, and in closing, she would ask them all to accept her heartfelt appreciation for these most valued gifts, which she would prize very much indeed and with every sense of gratitude.

VERSE.

Sunset and evening star

And one clear call for me
And may there be no moaning of the bar
When I put out to sea.

But such a tide as moving seems asleep,

Too full for sound and foam,
When that which drew from out the boundless deep,
Turns again home.

Twilight and evening bell,

And after that the dark;
And may there be no sadness of farewell
When I embark.

For tho' from out our bourne of Time and Place

The flood may bear me far
I hope to see my Pilot face to face
When I have crossed the bar.

COMING EVENTS.

July 14th.—General Nursing Council for England and Wales. Meeting. Ministry of Health, Whitehall, S.W. 2.30 p.m.

July 14th.—St. Marylebone Infirmary, Probationers' Prize-Giving Day. Distribution, and Address by Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P. Tea in the garden.

July 30th.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. 3 p.m. Mrs. Bedford Fenwick will explain the Rules for Registration.

August 3rd.—Central Midwives Board, Examinations, London, Bristol, Manchester, and Newcastle-on-Tyne. The Oral Examinations follow a few days later.

BOOK OF THE WEEK.

THE GLASS OF FASHION.*

To students of contemporary history "The Glass of Fashion" (Some Social Reflections by "A Gentleman with a Duster") will give food for thought, and room for hope, for the author, who is an unsparing critic of certain persons in high places, and emphasises the danger of their pernicious example, realises also that "empty vessels make most noise," that "it is by realising his kinship with the universe that man becomes the creative agent of joy. This, perhaps, is our way to a greater renaissance than that which illuminated the sixteenth century, and went astray in the seventeenth."

What are we to understand by "Fashion" of which this book is "the glass"? The author tells us in his introduction:—

"By the term Fashion I mean all those noisy, ostentatious, and frivolous people, patricians, plutocrats, politicians and financiers, lawyers and tradesmen, actors and artists, who have scrambled on to the summit of England's national life, and who, setting the worst possible examples in morals and manners, are never so happy as when they are making people talk about them. It is of these ostentatious people I write, and my chief hope is to make the Gentry of England talk about them in such a manner as will either bring them to a sense of their duties or lead to their expulsion from the heights."

Dealing first with the "Principles of the Commonwealth" and the endurance exhibited by Englishmen in the Great War, the author writes: "For the sake of England, let us never cease to remind ourselves, men endured greater horrors than ever before in the history of mankind visited and afflicted the human soul . . . With a higher sensibility than was known to ancient warriors, with a far more delicate nervous organism, and with the greater tenderness of heart which we hope is one of the fruits of British civilisation, young Englishmen were called upon to take part in such a mangling of butchery, such an indiscriminate anarchy of slaughter and mutilation, such a filthiness of Bedlamite carnage, as no man had witnessed from the beginning of time."

"What was it that held them to their posts? Men who never reasoned before are turning their minds to consider the cause for which their continued endurance is demanded." And the ultimate answer is: "The Englishman sees with clearness that neither the doctrine of Prussianism nor the doctrine of Bolshevism squares with his inherent notions of the purposes of existence. He has freedom in his blood . . . He prefers to march onward as a free man than to find himself trapped by a tyranny."

"England, still far short of her ideal, stands in a world of many diverse doctrines, and a world at

* Mills & Boon, Ltd., 49, Rupert Street, London, W.1. 5s. net.

many different levels of civilisation, for Liberty and Character . . . It is vital to the higher life of the human race that she should continue to stand for this great thing, since tyranny never sleeps, and the victory for Freedom will not be won till all nations have acquired the moral character which renders liberty a power and not a danger.

"The question we now have to ask ourselves is whether those people in England who set the nation its standards in morals and manners are helping us to stand for this great thing, are strengthening our moral fibres, quickening our spiritual ideals, or whether they are leading the nation into an ambush while tyranny waits to strike another blow at his chief enemy."

The author then proceeds to test Fashionable Society by its own documents, and the documents which he uses are the "recent published work of fashionable people," which "give us valuable information concerning a great number of other fashionable people. They have been published without shame, have achieved a considerable popularity, and are acknowledged by the best judges to be thoroughly indiscreet—that is to say, truthful but unwise." He then discusses at some length Colonel Repington's Diaries, and Mrs. Asquith's Autobiography. He reminds us of the Diaries that they were written and filled with their trivial details when "an iron hand was closing over the soul of freedom. A grasp of slavery like that which now holds Russia in its ruthless clutches was tightening round the writhing body of this world's liberty. And during those months of almost unendurable suspense the flower of England's youth was bleeding to death in the most frightful shambles that even a maniac could imagine." It is "then at that moment, in those very days, when Colonel Repington was filling his diaries . . . No one reading this book would understand that England was fighting for the greatest political ideal which has ever risen from the furnace of slavery, and that her sons were offering their lives in no less a cause than the higher life of the human race."

Quotations are given by which one is "not only shocked, but filled with a dull nausea . . . The manner is flippant, but the spirit is unmistakable. It is the fatal spirit of self-satisfaction. Beneath all their frivolity and trivial persiflage, these people are profoundly convinced of superiority, profoundly unaware of unworthiness."

From the document of a man of the world the author turns to the document of a woman of the world, "The Autobiography of Margot Asquith."

Of the subject of this autobiography the author writes: "Mrs. Asquith belongs to that insurgent class of the commercial rich which broke into Society soon after the second Reform Bill and during the years of King Edward's reign completely overwhelmed it . . . Nature would have appeared to have fashioned her with a thirst for self-expression so burning, so grieved with the sand of the spiritual Sahara that she could not brook

the ancient limitations with which the wisdom of society long ago hedged about the development of character . . . Mrs. Asquith seems to me from the evidence of these pages to have sought notoriety by shock tactics. She has arrived at the wall by trampling down the flowers." We think our readers will endorse this judgment when they study the author's brilliant summary of this Autobiography, and the deductions therefrom.

The author points out that it is one of the many deplorable consequences of these two books that "while perfectly true of the sets in which their writers move they quite cruelly misrepresent English Society as a whole."

"Never before in the history of England did so deep and earnest a desire to minister to the soul of humanity move upon the waters of our national life. Never before were all classes of the community in closer touch. And this great labour, so far as aristocracy is concerned, was done, not by fashionable people who hurried to the photographer in their nurse's dress or their Red Cross uniform, not by people who discovered in the war an opportunity to display their talents as actors and actresses, but by people who were doing solid work before the war, and who are still quietly toiling for the higher life of the human race."

We are grateful that the author should have set out in some detail the story of women who did not play at war work but threw themselves into it with a sincere devotion, and who are still doing work of national importance—"figures almost unknown in plutocratic circles but Englishwomen of the first class, all of them with an intimate knowledge of the British Empire."

There is a reference to the "life of the jazz, the life of the Victory Dance," which will appeal to nurses, for with most of them the iron entered into their souls at this hideous and callous offence against good taste, this "social rout" for which they were made the excuse. There is a reference also to the scornful indictment of Sir Ian Hamilton, heart-broken by the Peace of Versailles. "He speaks of the angel who led our boyhood to the sacrifice of their lives, an angel of spiritual exaltation, and then of Versailles, where 'the diplomats danced with their typists.' His soul rebels against this anti-climax. The banners of self-sacrifice have been dragged through the dirt. The names of the valiant dead are writ in water."

It is in the quiet, unostentatious, self-sacrificing lives of many good and true men and women of all classes that the hope of the future lies.

E. G. F.

A WORD FOR THE WEEK.

"There is only one antidote to industrial unrest and only one road to commercial success—that is work. The people in this country have not sufficient understanding of the meaning of work, and there rests all the trouble."—*Mr. Gordon Selfridge.*

LETTERS TO THE EDITOR.

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

A REAL HOME FROM HOME.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have just returned from a short visit to town, and having made "Our Club" my headquarters, I feel I would like to let other nurses (especially country nurses) know what a delightful place it is to stay in—a real "home from home."

On arrival a very smiling maid attended to my luggage, and at once our ever courteous and kindly Secretary appeared with her hearty Scotch welcome. From then until I left (when that same Secretary was on the step to "speed the parting guest") everyone seemed to vie with each other in making one comfortable and happy.

The food is excellent and tariff most moderate. Any nurse wanting a real restful holiday in town could not do better than spend it at 194, Queen's Gate.

Those staying at the Club fully realise how ably Miss Macdonald is seconded in her endeavours to make her guests comfortable by Miss Cutler, who is kindly acting—as "second in command," *pro tem.*

Hoping you will find space in your journal for this small mark of my appreciation.

Yours faithfully,

C. M. COLLETT, M.R.B.N.A.

The Homestead, Morte Hoe,
N. Devon.

KERNELS FROM CORRESPONDENCE.

Sister, T.F.N.S.—"True tale, July 2nd, hits the nail on the head. We Territorials who did home service during the war unless with plenty of influence at our backs have nothing to show for years of national service. Is it too late to 'put a bit of punch into' a demand for recognition, and if so how can we take the 'initiative?' That Club lady knows her way about."

[We believe if their Majesties the King and Queen could be approached, and the truth made known to them, the neglect of the War Office in this particular would be remedied. Mr. Winston Churchill, the Minister responsible for the unjust treatment of home service military nurses, is no longer Secretary of State for War—the new Minister should be directly approached. Joint action by the Trained Nurses' Organisations should be taken. Thirty thousand such nurses at least are enrolled. Why do they not act?—ED.]

PRIZE COMPETITION QUESTION.

July 30th.—What are the principal dangers to health in hot and dry weather? What precautions should be taken to avert them?

The Midwife.

THE CLAPHAM MATERNITY HOME.

Miss Christine Gregory, J.P., presided at the Annual Meeting of the Clapham Maternity Hospital, Jefferies Road, Clapham, on Tuesday, July 5th, which was attended by a large number of friends of the hospital. The financial statement, presented by Miss Marion Ritchie, the Hon. Secretary and Treasurer, was most encouraging, and unique, we should imagine, in the annals of hospitals at the present time, proving once again the excellence of women as financiers.

The number of in-patients had been 1,130, and the cost of management £5,393 rs. 3d. Like "an ordinary honest family" they had kept their expenditure within their means, and with a total income of £6,475 rs. 3d., they had a balance in hand to begin the new year with of £1,082 rs. The Battersea District Maternity had also a small balance in hand.

Dr. Louisa Garrett Anderson, in moving the adoption of the report of the Hon. Treasurer, described it as a most moving and wonderful document, which made her feel not only extraordinarily proud, but extraordinarily envious. She offered her congratulations to the Committee and to her old and very valued friend, Miss Ritchie, who had put her sweetness and humanity into the work of raising funds. She wished the Treasurers and Chairmen of other hospitals were there to hear this report of big expenses incurred and big expenses met, with a balance of over £1,000 carried on to the new year.

The system there differed from the General Hospital system, inasmuch as the payments by patients were 20s. out of 25s. The nurses also contributed to the upkeep of the hospital in exchange for their training. She moved the adoption of the Report. This was seconded and carried.

Dr. May Thorne, who added her testimony to the unique character of the Report, congratulated the Committee of the hospital, which was founded in 1889, and was the oldest maternity hospital founded by medical women.

She then gave a brief account of the "romance of medical women," beginning away back nearly 70 years ago, when it came into the mind of Miss Elizabeth Blackwell to qualify, the need of medical women having presented itself to her because of the illness of a friend who could not make up her mind to consult a medical man. She then moved the re-election of the Chairman, Dr. Caroline Sturge, and this was seconded and carried unanimously.

Dr. Annie McCall, who expressed her pleasure at having with them Dr. Louisa Garrett Anderson and Dr. May Thorne, devoutly hoped that the hospital had reached its climax in regard to

numbers, and that they would now come down. They had dealt with 1,130 in-patient mothers, and as many babies, but now there were municipal hospitals at Wandsworth, Battersea and Tooting, and the pressure was not so great. There had been three deaths, all of women who were bad cases when taken in.

In connection with the Battersea District maternity, 657 mothers were attended during the year.

The meeting concluded with a vote of thanks to the Chairman and speakers.

Those present then visited the sunny and airy wards, and then were hospitably entertained to tea, the Matron (Miss Chippendale) and the nurses and pupil midwives being indefatigable in their care of their guests.

Every one was pleased to have the opportunity of congratulating Miss Ritchie not only on the present year's report, but on her thirty-two years' strenuous work for the hospital, and she held quite a court in a corner of one of the tea rooms.

THE CHILD WELFARE EXHIBITION.

The Child Welfare Exhibition, held last week at the Central Hall, Westminster, included many interesting exhibits. The Paddington and St. Marylebone District Nursing Association, 117, Sutherland Avenue, Maida Vale, W., was well to the fore with many interesting exhibits. We particularly noticed a very simple and effective pattern for a head bandage, which would keep a dressing snugly on a child's head, and a Mother's Emergency Box containing simple first aid appliances.

The stall of the National Union of Trained Nurses, 46, Marsham Street, Westminster, S.W., was a real nurses' stall, illustrating how wide and varied a field of preventive work is open to nurses, and that truly the motto of the N.U.T.N. *Per Ardua Ad Astra* (Through Effort to the Light) is most appropriate.

The Midwives' Institute, 12 Buckingham Street, Strand, demonstrated how a room in an ordinary working class house can be prepared in accordance with the laws of order, cleanliness and general efficiency, and a midwives' ante-natal room, in which were to be seen simple and practical contrivances in connection with this work was admirably arranged.

Messrs. E. T. Morriss & Co., Ltd., 139, Finchley Road, N.W.3, were exhibiting the Marmet Baby Carriages and Pram Accessories, than which no babies, however fastidious, could wish for better.

We were particularly attracted by the Marylebone Accouchment Outfits in sterile tins shown by Messrs. John Bell & Croyden, Ltd., of 50, Wigmore Street, London, W.1, costing only 30s. We cordially commend them to the notice of midwives and maternity nurses.

An interesting exhibit was the Baby "Welfare" Napkin shown by Miss Adamson and Mrs. Webb, Bures, Suffolk. It is a new shape, designed and made by an Infant Welfare Centre, and while having the necessary thickness where required, is not so cumbersome as the ordinary napkin.

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EDITORIAL.

THE OPENING OF THE STATE REGISTER OF NURSES.

It is rarely indeed that any paper has the opportunity of making so momentous an announcement as that which it is our privilege to make in this issue, namely, that the State Register of Nurses in England and Wales is now opened, and the Profession of Nursing is founded firmly on a legal basis, under Statutory Authority. Only those who, for over thirty years, have worked unceasingly to attain this end can appreciate to the full what is implied in this announcement, or share wholly in the joy of its achievement. Henceforth, the trained nurses in this country who fulfil the requirements of its General Nursing Council, will be able to use exclusively the title of "Registered Nurse," and thus will be on an entirely different footing from amateur and partially trained women.

But Registration implies much more. At the back of the Register is the organisation of Nursing Education, with the enforcement of a common standard of training and knowledge, and after the first State Examination is held, there will be one portal only through which admission is obtained to the Nursing Profession, namely, the State Examination.

Again, the only way in which trained nurses can participate in the government of their Profession is as Registered Nurses. Here is seen the wisdom of those who contended so earnestly for a preponderating voice for the Registered Nurses on their Governing Body, and who would accept nothing less.

On the General Nursing Council for England and Wales, out of twenty-five members, sixteen are trained nurses. In the first instance they were appointed by the Minister of Health, but in the near future, when a sufficient number of nurses are registered, the present Council

will give place to one on which the sixteen nurse members are the elected representatives of the Registered Nurses.

This is at once a privilege and a responsibility, and it will behove every Registered Nurse to see that she discharges that responsibility wisely and well, for the efficiency of the Council, and, therefore, the well-being of the profession at large, depends upon the representatives thus elected. The present Council have accumulated a great deal of experience, and have worked hard in the interests of the nurses, as will be seen by studying the Rules for Existing and Intermediate Nurses, signed by the Minister of Health on July 14th (an auspicious augury to students of French History). Registered Nurses will do well to follow closely the full Reports of the meetings of the General Nursing Council issued in this JOURNAL. They will thus be able to estimate how they are served by the members of the Council, and to vote for their representatives accordingly. Once they have returned them they should give them their full confidence and support.

In the meantime every nurse should obtain from the Registrar, General Nursing Council, 12, York Gate, Regent's Park, N.W., an Application Form for Registration, should fill it in, and, supported by the necessary documents and Registration Fee, should forward it to the Registrar with the least possible delay.

At the present time, those entitled to registration need pass no examination, but if they permit the period of grace to expire, they will have to conform to the Rules and pass the State Examination.

We heartily congratulate those who have worked long and faithfully for the organisation of Nursing Education, and the welfare of the sick, through the establishment of a State Register, on the joy of achievement.

OUR PRIZE COMPETITION.

WHAT ARE THE THREE PRINCIPAL METHODS OF FEEDING INFANTS? WHAT ARE THE SYMPTOMS OF OVER-FEEDING, AND WHAT ARE THE RESULTS?

We have pleasure in awarding the prize this week to Miss M. M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

The three principal methods of feeding infants are: (i) *Breast-feeding*; (ii) *Wet-nursing*; (iii) *Bottle-feeding*, with an imitation of human milk; or cow's milk.

(i) Of these the first method is incomparably the best. (a) Because it is Nature's own plan; without loss through sterilization; (b) the milk is at the right, and uniform, temperature; (c) it is the simplest method, obviating the troublesome task of preparing a pure food for the infant. When the mother is unable to suckle the child the inability may be remedied by the use of a galactagogue during the later months of pregnancy, and through lactation; or by taking Glaxo daily. Undeveloped nipples should be drawn out during pregnancy. Tea and coffee have an inhibitory effect in some cases. Insufficiency of breast milk should be supplemented by alternate feeds of Glaxo, or the "Allenbury's" Infant Food No. 1. Experience has shown that where the mother's milk does not suit the infant, a saltspoonful of Albulactin given before each feed will aid digestion. In no case should breast-feeding be abandoned until all measures to achieve its success have been tried, so great is the advantage the breast-fed infant has over the artificially-fed child.

The best authorities now advise a feed every three hours during the day, and no feed between 10 p.m. and 6 a.m. Very delicate infants may require feeding two-hourly, and once during the night. The feeds must be given by the clock, rousing the child when necessary.

(ii) *Wet-nursing*. If this method should be decided upon by the medical attendant care should be taken to select a woman of good character, between the ages of 25 and 35. She should be in perfect health and free from any taint; preferably a happy woman, and a total abstainer. Her own infant should not be more than three months old; her temperament should be placid. The same punctuality should be observed; and cleanliness concerning the nipples. She should live and sleep in pure air and her diet should be very simple.

(iii) *Bottle-feeding*. Sometimes the doctor orders artificial human milk for the infant.

That prepared according to the formula of Dr. W. S. Playfair has given excellent results. Certain large dairy companies also supply humanised milk in sealed bottles. Both these forms of milk involve considerable trouble and expense. One of the best and cheapest infant foods now procurable is Glaxo, which is cows' milk so treated that it is germ-free, and contains 25 per cent. of butter-fat; the curd forming in tiny flakes in the stomach instead of as a solid mass. Being in powder form, requiring only the addition of boiled water, it is most suitable for poor homes and busy mothers. Dried milks are also prepared by dairies.

The "Allenbury's" Infant Foods; Albulactin; and unsweetened condensed milk are all good substitutes for breast-feeding. Failing these, sterilised milk, or cow's milk and barley-water may be used, though lack of cleanliness at its source may make cow's milk dangerous. In all bottle-feeding strict cleanliness is essential, using only the boat-shaped bottle with teats that can be turned inside out, e.g., Ingram or Glaxo teats. The food must be freshly prepared and given at blood-heat.

The symptoms of over-feeding are returning food immediately after a feed; vomiting; diarrhoea; stools of undigested curd; flatus; constipation; sore buttocks; profuse perspiration; a rash or other skin trouble; strongly-smelling urine, and anguished crying. A baby who doubles his birth weight during the first four months is probably overfed. All these symptoms point to an overworked digestive system, which in turn throws overwork on to the kidneys. Permanent injury to the digestion, the brain and nervous system; overheated blood; restlessness, suffering during dentition; convulsions; spots on the skin; and rickets are some results of over-feeding.

A teaspoonful of boiled, warm water should be given to an infant suffering from thirst.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss B. James, Miss T. Collier.

QUESTION FOR NEXT WEEK.

What are the principal dangers to health in hot and dry weather? What precautions should be taken to avert them?

The full official reports of the work of the Red Cross Society and the Order of St. John of Jerusalem during the war have been issued by H.M. Stationery Office. They fill a volume of 823 pages, the price of which is 12s. 6d. net. "Paid and volunteer nursing are exhaustively dealt with, to which we shall refer again.

SLEEP REQUIREMENTS OF CHILDREN*

The School Medical Department of the London County Council has issued the following leaflet for the instruction of parents regarding the sleep requirements of children:—

(1) Medical authorities and others agree that school children need the following amount of sleep:—

Age in years.	Hours of sleep required.
4	12
5 to 7	11 to 12
8 to 11	10 to 11
12 to 14	9 to 10

(2) Children grow mainly while sleeping or resting. Do you want your children to grow up stunted?

(3) Tired children learn badly, make little progress at school, and often drift to the bottom of the class. Do you want your children to grow up stupid?

(4) When children go to bed late their sleep is often disturbed by dreams, and they do not get complete rest. Do you want your children to sleep badly and become nervous?

(5) Sufficient sleep draws a child onward and upward in school and home life. Insufficient sleep drags it backward and downward. Which way do you want your child to go?

(6) Tiresome children are often only tired children. Will you put the truth of this to the test?

(7) Time spent out of bed means more wear-and-tear of children's clothes and boots. Why not save such wear-and-tear?

(8) A tired mother might get a quiet hour or two if the children were in bed by 6.30 p.m. Why not take advantage of this?

(9) The fact that a neighbour's child is sent to bed too late is not a good reason for sending your child to bed too late. Two wrongs don't make a right, do they?

(10) Going to bed late has now become a bad habit, which may be difficult to cure. Will you persevere till you succeed in curing it?

SERIOUS ILLNESS OF MISS COX DAVIES.

Just as the Rules have been signed and the seal placed on a year's hard work, the General Nursing Council for England and Wales has to deplore the very serious illness of Miss R. Cox Davies, one of its most devoted members, who was taken suddenly ill a fortnight ago. Her many friends and colleagues will hope for better news of her condition from day to day.

NURSING ECHOES.

Miss Steuart Donaldson is shortly leaving the London Temperance Hospital as she has been unanimously appointed Matron of the Royal Infirmary, Glasgow. London's loss is Glasgow's gain, and the Royal Infirmary—Glasgow's largest Hospital—is to be congratulated on securing the services of such an energetic, capable and exceptionally efficient Matron. It is less than eighteen months since Miss Donaldson was appointed to her present post, but in this short time she has proved her sterling worth and has effected a remarkable improvement in the efficiency and tone of the nursing staff, and in addition has gained the regard and affection of the medical and the nursing staff.

It is an open secret that the views of certain members of the lay Board of the Temperance Hospital on hospital administration are somewhat out of date, and that they have not given that whole-hearted support either to the Medical Staff or to the Matron which is so necessary for the smooth and efficient running of a hospital. Nowadays no hospital can afford to lag behind either in matters of administration or of nursing efficiency, especially now that in future all nurses will have to pass a State Examination to secure admission to the Nurses' Register. Our best wishes will go with Miss Donaldson to Glasgow where at its fine Royal Infirmary of 800 beds she will have fuller scope not only for the exercise of her great organising ability but of her proved capacity for training nurses, at the same time inspiring them with that spirit of loyalty and devotion so essential to those whose care it is to tend the sick, and of the *esprit de corps* to their profession without which few nurses attain the highest ideals. Miss Steuart Donaldson on assuming office at the Royal Infirmary, Glasgow, will have no easy task in maintaining its high nursing traditions, moulded and perfected by two such forceful pioneers in nursing education as Mrs. Strong, the initiator of the preliminary training course for nurses, and Miss Janet Melrose, R.R.C., her pupil and successor.

Miss Steuart Donaldson has throughout her nursing career been a consistent supporter of the movement for the organisation of Nursing Education by the State, and of the State Registration of Nurses. She is a member of the Royal British Nurses' Association and was naturally gratified to receive the congratulations of Her Royal Highness Princess Christian, the President, upon her appointment to so

influential a charge in the following telegram. "Please accept my very sincere good wishes and the congratulations of the R.B.N.A.; Helena."

A Complimentary Dinner will be held at the Royal British Nurses' Association Club, to which Miss Donaldson has been invited as the Guest of Honour, on Thursday, July 28th, at 7.15 p.m. Tickets may be obtained from the Secretary of the R.B.N.A.

The Garden Fête held at King's College Hospital, Denmark Hill, on the 13th and 14th of July was a great success. The opening ceremony on the first day was performed by Dame Margaret Lloyd George, who was received by Viscountess Hambleden, the Hon. Mrs. Anthony Henley and the Sister-Matron, Miss M. A. Willcox. Dame Margaret stated that she came with great pleasure, as it enabled her to make some return for the attention paid to her son when he was a patient during the war.

A little patient presented her with a Welsh doll in the place of the usual bouquet, which she accepted with much pleasure.

On the second day the Fête was opened by the Mayoress of Camberwell, who was introduced by the Chairman, Viscount Hambleden. Four of the closed wards were used for stalls and side shows as well as the Nurses' garden and the grounds surrounding the Hospital.

We hope a substantial sum was gathered in at the Fête towards the upkeep of this beautiful Hospital. Since the days of Miss Monk the Nurses' Training School at "King's" has always been in the front rank, and attracted well-educated women of the right type—a class we are hoping will be more and more inclined to adopt nursing as a life's work now it is numbered amongst the statutory professions.

We congratulate the London Hospital Nursing Staff upon the grand success of its Bazaar held in the grounds of the Hospital, by which it raised the splendid sum of £7,300. It is reported, and we hope it is true, that this fine result has been the means of saving 200 beds which must otherwise have been given up, for it has secured to the hospital four other gifts of £5,000 each which were dependent upon this contribution.

The Brussels correspondent of the *Times* reports:—"The Disciplinary Council of the Brussels Bar has been considering an affair arising out of the case of Miss Cavell. Nearly a year ago Me. de Leval, Legal Adviser to the American Legation, who had defended Miss

Cavell, reproached a colleague, Me. Kirschen, who had pleaded for numerous Belgians before German tribunals, with having failed in his duty as defender of Miss Cavell, whose counsel he originally was.

Me. de Leval declared that if Me. Kirschen had informed him of the situation at the time Miss Cavell could have been rescued from the clutches of General von Sauberzweig, then Governor of Brussels. Me. Kirschen retorted by setting about his colleague with a stick. The Disciplinary Council censured Me. Kirschen and reprimanded Me. de Leval for having made unjustified charges."

HONOURS FOR NURSES.

The King held an Investiture at Buckingham Palace on Tuesday, July 19th, when the following members of the Nursing Profession were decorated by His Majesty with the Order of the British Empire and the decoration of the Royal Red Cross:—

THE MOST EXCELLENT ORDER OF THE BRITISH EMPIRE.

COMMANDER. — *Military Division.* — *Queen Alexandra's Military Nursing Service (India).*—Miss Agnes Waterhouse.

THE ROYAL RED CROSS.

RECEIVED A BAR.—*Queen Alexandra's Imperial Military Nursing Service.*—Matron Alice Bond, Matron Emily Cox, Matron Lilian Mackay, Sister Gertrude Smith. *Queen Alexandra's Imperial Military Nursing Service Reserve.*—Matron Henrietta Burton. *Territorial Force Nursing Service.*—Matron Ida Turner.

MEMBER: RECEIVED A BAR.—*Queen Alexandra's Imperial Military Nursing Service.*—Matron Adelaide Walker.

MEMBERS: *Queen Alexandra's Imperial Military Nursing Service.*—Matron Elizabeth Cooke, Matron Mary Grierson, Sister Susanna Daly, *Queen Alexandra's Military Nursing Service (India).*—Nursing Sister Dorothea West. *Queen Alexandra's Imperial Military Nursing Service Reserve.*—Matron Mary Duff, Assistant Matron Mary Sketchley, Sister Dorothy Black, Sister Marion Leppard, Sister Kathleen O'Reilly. *Territorial Force Nursing Service.*—Matron Mabel Allibone, Assistant Matron Alice Allan, Assistant Matron Mary Dando, Sister Mary Mee, Staff Nurse Minnie Byrne. *Civil Nursing Service.*—Matron Theodora Bickerton, *British Red Cross Society.*—Matron Ellenor Stevenson. *Civil and War Hospitals.*—Nursing Sister Kate Sunderland.

Queen Alexandra received at Marlborough House the Members of the Military and Civil Nursing Services who have been awarded the Royal Red Cross, subsequent to the Investiture at Buckingham Palace.

Miss A. B. Smith (Matron-in-Chief, *Queen Alexandra's Imperial Military Nursing Service*) was also received by Her Majesty.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Sixteenth Meeting of the General Nursing Council for England and Wales was held on Thursday, July 14th, at the Ministry of Health, Whitehall, S.W. Mr. J. C. Priestley, K.C., Chairman, presided.

Correspondence.

AUTOMATIC REMOVAL FROM THE REGISTER.

The correspondence included :—

1. A letter from the General Nursing Council for Scotland. The Scottish Council proposed that if a nurse registered by any of the three Councils should be removed from one Register, for cause, she should be automatically removed from the other two.

The CHAIRMAN said this proposal had been dealt with in a previous letter from Scotland, and the Council had adhered to Rule 29.

MRS. BEDFORD FENWICK said that she had always been most anxious that Registered Nurses should have an appeal to the High Court if removed from the Register. The Act provided for this. If the Council agreed to the proposal made by the Scottish Council, nurses would be removed from the English Register without a hearing, and would in the first instance have to appeal to the Scottish Courts and not to the High Court in England. She objected to the Council being liable to an appeal to the High Court unless it had removed a nurse from the Register after investigation. She hoped the Council would not reopen the question but would adhere to its former decision now incorporated in the Rules. English nurses would be greatly aggrieved if deprived of their right of appeal to their own governing body and to the English High Court.

MRS. FENWICK proposed that a reply should be sent to the Scottish Council in this sense.

MISS SPARSHOTT supported Mrs. Fenwick's views and seconded the resolution.

DR. BEDFORD PIERCE enquired what would happen in the case of a frivolous appeal.

The CHAIRMAN replied that the procedure incorporated in the Rules was that, on the Council being notified that the name of a nurse on the English Register had been removed from the Scottish Register, the Registrar would communicate with the nurse, who would have the right, if she so desired, to be heard by the Council in this country before her name was removed from the English Register. The principle underlying this provision was that the nurses felt strongly that those on the Register here should not be at the mercy of any other Council. In the same way, nurses on other Registers might feel that they should not necessarily be removed from the Register in their own country because they were removed from ours, though no doubt this would usually be the case.

DR. GOODALL thought the Council was quite prepared to take the risk of a frivolous appeal.

The CHAIRMAN then put to the meeting the proposal that the English Council should notify Scot-

land that it had considered the letter, and adhered to the opinion which had been previously expressed. This was unanimously agreed.

NURSING OF TUBERCULOSIS.

2. A letter from Dr. Peter Edwards, Hon. Secretary of the Society of Superintendents of Tuberculosis Institutions, asking the Council to remit part of the general training in the case of a nurse who had passed through a prescribed course of training in a Tuberculosis Institution, and to receive a deputation on the subject.

DR. GOODALL thought it was not necessary to receive the deputation. All the members of the Council were alive to the desirability of affiliated training, which would be considered in due course.

It was agreed to reply in this sense, and, if necessary, when affiliated training was under consideration, the Council would communicate with the Society again.

INSPECTION OF TRAINING SCHOOLS.

3. A letter from the Matron of the Mildmay Mission Hospital, Bethnal Green, asking if a representative of the Council would visit the hospital, which was a general hospital of 50 beds, giving a three-years' course of training, in order that they might know what would be required of it to be approved as a training school.

DR. GOODALL pointed out that the Council had not yet settled the principle on which beds should be recognised for training.

DR. BEDFORD PIERCE thought the letter showed the right spirit.

MISS DOWBIGGIN thought there were many hospitals in the same position wishing for information.

MRS. BEDFORD FENWICK hoped that every hospital would be inspected before being placed on the list of Approved Training Schools for the training of "future" nurses.

It was agreed that the Matron be informed that the matter would be dealt with when the question of reciprocal training is considered.

Letter from the Minister of Health.

The next Business was to consider the following letter from the Minister of Health, addressed to the Chairman :—

Ministry of Health,
Whitehall, S.W. 1.

DEAR MR. PRIESTLEY, July, 1921.

I have received your letter of the 6th instant, submitting for my approval the Rules framed by the General Nursing Council under Section 3 of the Nurses' Registration Act, 1919, for the admission of existing nurses to the Register. I am prepared to sign these Rules at once, subject to the omission for the time being of Rule 16. I feel grave doubt as to the validity of a reciprocity Rule which inferentially excludes Scotland, and its publication in this form could not fail to prejudice the negotiations in which I am now engaged, with the object of securing the adoption in Scotland of a standard uniform with that of England and Ireland. A settlement is now in sight, and I do not anticipate that the outstanding points will be incapable of a satisfactory solution. I am entirely

in sympathy with the desire of your Council to secure uniformity of standard throughout the United Kingdom, but I am convinced that the approval of the Rule in its present form, even assuming it to be *intra vires*, would not conduce to the end which we all have in view. I trust, therefore, that the Council will agree to leave the question of reciprocity in suspense for the time being, so that they may be able to proceed at once to open the Register. On hearing from you that this course would be acceptable to your Council, I will at once sign the Rules.

Yours sincerely,

(Sd.) ALFRED MOND.

J. C. Priestley, Esq., K.C.,
General Nursing Council,
12, York Gate,
Regent's Park, N.W. 1.

MISS MACCALLUM hoped that the Rule would only be held up temporarily, after the Council's experience of Ministerial delay. She hoped the letter really meant what it said.

On the invitation of the Chairman MISS MACCALLUM moved that the Council agree with the Minister's letter.

MRS. BEDFORD FENWICK, in seconding, said it was a most enlightened letter, and she was delighted to receive it, because it was the question of reciprocity without "equivalent standards" referred to in Rule 16 which had held up the opening of the Register for so long. She pointed out that there was no provision for "reciprocity" in any of the Nurses' Registration Acts, although the Law Officers of the Crown had decided that the Nursing Councils had no power of discretion.

The Registration Committee had recommended a Rule providing, as suggested in the Acts, for "uniformity of standard" between the three parts of the United Kingdom. This had been agreed to by the Council for Ireland, but they had been up against the demand of Scotland to place privileged specialists — Fever Nurses — on the General Part of the English Register.

The Council now learned with satisfaction that Scotland had withdrawn this demand.

If the proposal to leave the question of reciprocity in suspense did an injustice to Scottish and Irish nurses, she would not agree to it, but it did not, as nurses trained in Scotland and Ireland, whose qualifications were approved, could be admitted to the English Register on the same terms as nurses trained in England and Wales.

She was pleased to second Miss MacCallum's resolution that Rule 16 should be deleted from the Rules, as suggested by the Minister, and the consideration of reciprocity deferred.

The CHAIRMAN then put to the meeting the motion that the suggestion made in the Minister's letter be adopted, and this was carried unanimously.

DR. BEDFORD PIERCE proposed that a copy of the Minister's letter be sent to the Council for Ireland, and this was agreed.

Register to be Opened.

MRS. BEDFORD FENWICK then moved :—

"That the Registration Committee be empowered to seal the Rules for Existing and Intermediate Nurses as soon as the Minister shall have signed them, and to open the Register for Existing and Intermediate nurses forthwith."

This was seconded by Dr. Goodall, and unanimously agreed.

MRS. BEDFORD FENWICK then moved :—

That the Council authorise the Registration Committee :

(1) To consider applications for Registration.

(2) To scrutinize testimonials as to character and professional efficiency.

(3) To submit a list of applicants recommended to the Council for its approval, so that approved names may be entered on the Register of Nurses kept by the Council under Section 2 of the Nurses' Registration Act, 1919.

(4) To report to the Council applications other than those recommended for approval.

This was seconded by Miss Swiss, and carried.

Announcements in Press.

DR. BEDFORD PIERCE then moved that the Council, on receipt of the Minister's signature to the Rules, should announce in English and Colonial papers that it was prepared to receive applications for Registration.

This was seconded by Miss Worsley and agreed.

Report of the Registration Committee.

MRS. BEDFORD FENWICK, Chairman of the Registration Committee, then moved that the following Report of the Committee be received.

This was seconded by MISS WORSLEY.

The Registration Committee has met once on June 23rd :—

(1) To recommend that the alterations and deletions in the Rules conveyed by letter to the members of the Council on June 24th after the Registration Committee, be agreed to (the letter has been minuted).

(2) To report that the printed copy of the Rules as amended was corrected by the Chairman of the Council, Mrs. Bedford Fenwick, Chairman of the Registration Committee, and the Registrar, before the final copy was submitted to the Minister of Health for signature on July 7th, 1921.

MRS. FENWICK moved that the Report be agreed, and explained that the alterations to the Rules included :—

(1) The extension of time before the publication of the first Register by six months, from January to July, 1922 ;

(2) That the words "of not less than one month without the option of a fine" shall be deleted from Rule 18 (4) ;

(3) That the General Purposes Committee shall consist of five members instead of eight, and that the quorum shall be three.

This was seconded and the Report was approved.

Election of General Purposes Committee.

Mrs. Bedford Fenwick, Miss Cox-Davies, Miss Villiers, Miss Coulton, and Miss MacCallum were appointed to form the General Purposes Committee.

Report of the Education and Examination Committee.

MISS LLOYD STILL, R.R.C., Chairman of the Education and Examination Committee, then moved that the following Report be received.

The Education and Examination Committee met on June 16th and 30th, and July 7th.

I.—To report that a letter was received on June 17th from the General Nursing Council for Ireland on the subject of the admission of nurses to the Register by examination, and stating that the Irish Council were of opinion that it would be desirable that the Rules in all three countries should be identical as far as possible, subject to modification on points of detail required to meet the different conditions obtaining in the three constituent countries. In respect of this to recommend :—

(1) That it would be desirable to have closer co-operation with the other two Councils in this matter.

(2) That there should be a basis of agreement between the three countries with the view of having the same set of Rules.

(3) That members of the three Councils should confer with this object in view, to lay down points to be agreed on before the Rules are drafted.

II.—To report that the Draft Syllabus of Lectures and Demonstrations for Education and Training in General Nursing had been amended (circulated).

To recommend its adoption in its amended form and to sanction its publication.

III.—To report that the Draft Syllabus for training in the Nursing of Sick Children and of Nursing of Infectious diseases is now under consideration.

IV.—To recommend that owing to the lapse of time the following resolution approved by the Council on February 2nd, 1921, be rescinded :

"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."

MISS LLOYD STILL then moved that the Report be agreed, and moved each item *seriatim*.

The following discussion took place on item II.

Its adoption was moved by MISS LLOYD STILL, seconded by Miss Sparshott, who made a suggestion as to whether it would be advisable to defer sending out the Syllabus of Training until the Examination Syllabus was sent out, or that a letter should be sent out to say that it will be coming along. People were not understanding the Syllabus of Training, and did not want to.

MISS WORSLEY agreed.

A member of the Council expressed the wish to discuss this question freely, but found a difficulty in doing so if everything was to be reported in the press.

THE CHAIRMAN thereupon desired the press not to report what followed.

After further discussion, Mrs. Bedford Fenwick said opposition to the Syllabus was largely the aftermath of thirty years' opposition to State Registration of Nurses — opposition to the establishment of a Central Body with statutory power to compel the training schools to conform to a general standard. The whole trend of the voluntary hospitals had been individual. Individually, training schools had done splendid work, but there was no lever without a central authority to enforce a uniform standard.

It was only in recent years that medical men had ceased to deny the right of nurses to knowledge. They had been expected to make bricks without straw.

She hoped the Council would support the Education Committee, and approve the amended Syllabus.

The Council had considered the Syllabus in a most conciliatory spirit, but it must prove itself a vertebrate body.

MRS. FENWICK pointed out that if the amended Syllabus was not issued now, no examinations could be held in July, 1924, as arranged.

It was then proposed by MISS LLOYD STILL, and seconded by MRS. BEDFORD FENWICK, that the Syllabus should be adopted in its amended form and its publication sanctioned; this was supported by Dr. Goodall, who expressed the opinion that those who opposed the Syllabus had not properly studied it. Opposition must be expected in these days whenever any advance was proposed. If he had to choose a Syllabus he would choose this one.

The motion was unanimously adopted, and it was agreed to recommend to the Education Committee to send out an explanatory letter with the Syllabus if they saw fit.

The Report was agreed.

Deputation from the Conference of Representatives of Poor-Law Nurse Training Schools.

The next business was to receive a Deputation from the Conference of Representatives of Poor-Law Nurse Training Schools.

The Deputation, received by the Chairman on behalf of the Council, consisted of the Rev. P. S. G. Probert (Chairman of the Association of Poor-Law Unions, Chairman of the above mentioned Conference), Mr. Tom Percival, Clerk to the Tynemouth Union (Secretary to the Conference), Councillor J. Frater (Chairman, Tynemouth Board of Guardians), Dr. Spurrell (Medical Superintendent, Poplar and Stepney Sick Asylum), Dr. Brander (Medical Superintendent, Hackney Union

Infirmary), Mrs. Roberts (Matron, West Derby Union), Mrs. H. T. Williams (Swansea Board of Guardians), also Mr. A. B. Chapman (Holborn Union), Canon Glossop (St. Albans Union), Rev. W. Mahon (Uckfield Union).

REV. P. S. G. PROPERT stated that the Conference of Representatives of Poor-Law Nurse Training Schools held at the Board Room of the City of London Union on July 8th, which had sent the Deputation, was highly representative of all Boards of Guardians with Nursing Schools. The Conference had no desire whatever to keep down standards, or to have two standards of training. The history of Poor-Law Nursing was one of continuous struggle to attain a higher level. The Conference approved of the principle of Registration, and that implied a qualifying examination before Registration.

In regard to the Syllabus put forward by the General Nursing Council the Deputation would like to make the following suggestions while agreeing with the principle. It wanted specific assurances that the knowledge of elementary science required was elementary only.

It urged the Council to prepare a Syllabus of Examination, so that training schools might know in what subjects these candidates would be examined. They were rather alarmed at the Syllabus of Training.

It urged that the first compulsory Examination should be deferred until July, 1925.

It considered that amongst the examiners, Medical Superintendents and Medical Officers of Poor-Law Infirmaries should be included.

MR. TOM PERCIVAL said that difficulty was arising from the alarm created by the elaborate nature of the Syllabus in the minds of the smaller schools. The larger schools had made up their minds to accept it.

He next referred to the subjects included in the Syllabus in the first year's training. The Drainage System, and the Disposal of Waste were items which should be taken out of the Syllabus as they were Public Health questions. The whole of the column in the 2nd and 3rd year relating to Elementary Science should be taken out entirely. It was a mistake to have optional subjects.

It would mean a variation of standard between School and School, and consequently they would be faced with variation in the Examination.

Gynaecology should not be included as it was a purely midwifery question.

The elaborateness of the Syllabus was a matter of form rather than of substance, and this would reduce its fearsomeness. The idea in the minds of teachers was that each item meant a separate lecture which would mean some 70 lectures.

MR. PERCIVAL urged the Council to put forward as early as possible any Scheme for the amalgamation of Training Schools. He instanced the case of the Tynemouth Union Infirmery which provided good medical training, while a voluntary hospital of 50 beds in the locality took surgical

cases. Affiliation of the two would be useful to both. The sooner the Council announced its recognition of such affiliated training the better.

The last point he wished to support was that the compulsory examination should be deferred and the optional period extended for another year.

Reply of the Chairman of the Education and Examination Committee.

The Chairman invited MISS LLOYD STILL, Chairman of the Education and Examination Committee, to reply to the points raised.

MISS LLOYD STILL said that, in view of the variety of standards of education it was thought best to leave the question of how elementary science should be dealt with, whether in the first year entirely, or amplified in the second and third years, to the Matrons and Sister-Tutors. To understand principles of drainage and hygiene was the foundation of a nurse's work. The science required in this connection was elementary entirely, but it must be included in the training of nurses, especially of district nurses.

In regard to gynaecology, the amount which should be taught was a question which was much discussed, but every nurse should know something of it. The methods of teaching anatomy were left in the hands of the teacher, to meet all grades of schools and all forms of education. It was not contemplated that each subject mentioned in the Syllabus should be dealt with in a separate lecture. The subject-matter of the lectures would be left to the discretion of the teachers.

The Deputation was assured that the Council were preparing a Syllabus of Examination.

In reply to a question as to whether any nurse would be permitted to come up for the Examination prescribed by the Council, no matter how and where she was trained, the Chairman said not unless she was trained at an Approved School.

In reply to the point as to whether Medical Superintendents of Poor Law Infirmaries would be appointed as examiners, MRS. BEDFORD FENWICK said that a Resolution had been agreed to and recorded on the minutes of the Council that registered medical practitioners should examine in the theory of scientific subjects, and Matrons and nurses in theoretical and practical nursing.

In reply to Mr. Propert, the CHAIRMAN said the Board of Examiners had not yet been appointed, also that the Syllabus did not require the sanction of the Minister of Health. It was not a Rule. In regard to conjoint training, it would be a simple thing for institutions to suggest schemes for local affiliation to the Council. The Council would be glad to have them.

MRS. H. T. WILLIAMS said she came from a working class district where girls left school at the age of fourteen. Was it the intention of the Council that Preparatory Courses should be established?

MRS. BEDFORD FENWICK said the Council had already accepted the principle and had recommended the establishment of Preliminary Schools. This was largely a financial question.

In reply to MR. CHAPMAN, it was elicited that their establishment would not be compulsory.

REV. P. S. G. PROPERT expressed the pleasure of the Deputation that the Council were willing to receive suggestions. He would like it to know that there were some 640 Unions in the country, and when a suggestion was sent by the Association of Poor Law Unions it represented the considered opinion of about 600 of them.

THE CHAIRMAN said that the Council considered all suggestions sent to it, and if it turned a suggestion down he hoped the Association of Poor Law Unions would realise that this was the considered opinion of the Council after it had deliberated the question in the light of all the available knowledge at its disposal.

In reference to the training of male nurses, DR. BRANDER, Medical Superintendent of the Hackney Union Infirmary, said that the male nurses in that institution received the same training, and passed exactly the same examination, as the female nurses.

In reply to MRS. BEDFORD FENWICK, DR. BRANDER admitted that the male nurses nursed men only, while the female nurses nursed men, women and children.

It was pointed out that the Nurses' Registration Act provided for a Supplementary Register of Male Nurses.

MR. FRATER, on behalf of the Conference of Poor-Law Training Schools, extended the thanks of the Deputation to the General Nursing Council for its courteous reception. It welcomed the enforcement of a standard of training, and would do everything it could to conform to the Statute.

MRS. ROBERTS seconded. Speaking on behalf of the nurses, she expressed their appreciation of what the Council had done. She concluded: "We feel now there will be one standard. Thank you very much indeed."

REV. P. S. G. PROPERT said that the atmosphere in which the members of the Deputation had found themselves had delighted them. Deputations of Poor-Law representatives were by no means always received so sympathetically. He thanked the Council for its reception, and expressed the opinion that its objects were identical with those of the Poor-Law Unions Association, which wanted to give good nursing, and to maintain good hospitals.

The Deputation then withdrew.

Report of Finance Committee.

In the absence of SIR JENNER VERRALL, Chairman of the Finance Committee, the CHAIRMAN presented its Report and moved that it be received. He asked the Council to sanction the recommendation that the Clerical Staff, whose engagements were terminable monthly, should be paid weekly. This was seconded by MISS SPARSHOTT and carried.

The Committee recommended that the estimate of Messrs. A. & E. Walter, Ltd., for stationery, should be accepted. This was agreed.

A proposal by DR. BEDFORD PIERCE, seconded by MISS MACCALLUM that the reports of the

various committees should be printed on papers of different tints was referred to the Finance Committee for consideration.

The CHAIRMAN proposed and MISS COULTON seconded that Miss Hatty Smith be appointed as accountant.

The Report was then submitted by the CHAIRMAN seconded by MISS COULTON, and agreed.

The meeting then terminated.

STATE REGISTRATION IN FORCE.

We hope our Editorial this week will be carefully read. It contains stupendous news. Nothing less than the official information that the Rules have been approved and signed by the Minister of Health and that State Registration of Nurses is in force. Thus trained nurses may make application to the General Nursing Council to have their names placed on the Register.

All nurses who completed three years' general training, or training and service before the 1st of November, 1919, may be registered as Existing Nurses in the General Part of the Register if approved by the Council, during a two years' term of grace from July 14th, 1921, when the Rules were signed—upon the payment of a fee of One Guinea.

From and after the 1st of November, 1919, nurses must hold a certificate of three years' training from a general hospital or infirmary approved by the Council, and may be registered as Intermediate Nurses on the General Part of the Register, if approved by the Council, upon the payment of a fee of Two Guineas. The General Part of the Register is reserved for female nurses whose legal title will be "Registered Nurse."

The Register contains Supplementary Parts for the registration of Male Nurses, Mental Nurses, Sick Children's Nurses, and Fever Nurses, both for Existing and Intermediate Nurses.

THE MATRONS' COUNCIL.

After the routine business has been disposed of at the quarterly meeting of the Matrons' Council, which will be held on July 30, at the Royal British Nurses' Association's Club, 194, Queen's Gate, S.W., at 3 p.m., Mrs. Bedford Fenwick will speak on the Rules for Registration. As the splendid news is announced this week that the Rules have been signed by the Minister of Health—with the result that the State Register is open—it is well that as many nurses as possible should have an opportunity of thoroughly understanding the Rules which will affect their profession in the future.

Matrons and nurses who are not members of the Matrons' Council are therefore cordially invited to be present on this interesting occasion, and will be admitted upon the presentation of their visiting cards.

After the meeting Tea will be served at 1s., and there will be Music.

REGISTERED NURSES PARLIAMENTARY COUNCIL.

The following letters of thanks and gratitude have been addressed by the President of the Registered Nurses Parliamentary Council to the Right Hon. Sir Alfred Mond, Bart., M.P., Minister of Health, and to the Right Hon. Christopher Addison, P.C., M.D., M.P., who, during his tenure of office at the Ministry of Health, carried the Nurses' Registration Act through Parliament as a Government Measure:—

431, Oxford Street,
London, W.1.

July 15th, 1921.

To the Right Hon. Sir Alfred Mond, Bart, M.P.,
Minister of Health.

SIR,—The Registered Nurses' Parliamentary Council has learnt with much satisfaction that the Rules framed by the General Nursing Council for England and Wales, for the admission of Existing and Intermediate Nurses to the State Register to be set up under the Nurses' Registration Act, 1919, have now received your signature, and that the Register will be opened forthwith.

We realize that this is the consummation of the work and hopes of thousands of nurses associated together in the Society for the State Registration of Trained Nurses, which was reconstituted as the Registered Nurses' Parliamentary Council on the passing of the Act, and desire to express to you our sincere thanks for approving and signing the Rules.

I am, Sir, your obedient servant,
ETHEL G. FENWICK, *President*.

DEAR DR. ADDISON,—The Rules framed by the General Nursing Council for England and Wales, for the Registration of Existing and Intermediate Nurses having been signed yesterday by the Minister of Health, I hasten to convey to you the sincere thanks of the Members of this Council, as we do not forget that you carried through Parliament the Act on which these Rules are based, thus constituting the Profession of Nursing on a legal basis, and providing for the protection of the sick.

The far-reaching benefit of the Act will only be appreciated by the community as a whole when the Rules have come fully into effect.

With kindest regards,

I remain, dear Dr. Addison,
Yours faithfully,
ETHEL G. FENWICK, *President*.

To the Right Hon.
Christopher Addison, P.C., M.P., M.D.

Offices of the Cabinet,
2, Whitehall Gardens, S.W.1.
July 16th, 1921.

DEAR MADAM,—I am desired by Dr. Addison to thank you for your letter of July 15th with reference to the establishment of the Nursing Council.

Dr. Addison is naturally gratified to hear that the result of his efforts in this direction have now been finally crowned with success, and wishes me to convey his thanks to you for the sentiments which you have so generously expressed.

Yours faithfully,
M. WHITE, *Private Secretary*.

Mrs. Bedford Fenwick,
20, Upper Wimpole Street, W.1.

"OPPRESSED—UNDERTAKE FOR ME."

Author of good and Giver, lend Thine ear
In this our needy time, lest it befall
Thine handiwork to crown the fruitful year
Lies waste, without Thy blessing over all.

Though He delay, and tho' the time seems long
To those of us who think on wilted sheaf,
On streams that creep bereft of rippling song,
On sorry roses knit to brittle leaf

He will arise and heed! "To what?" you say—
Just this at last—the sound, on parching sod,
Soft padding thro' the dust, night after day,
Of famished beasts, "These seek their meat from God."

C. B. M.

July 19th.

A SYMPATHISER WITH MODERN NURSING.

We are anxious to express our regret that in our short report of the interesting ceremony at the North Middlesex Hospital last week our representative omitted to mention that amongst those who took a leading part in the ceremony was the Medical Superintendent and Surgical Director, Colonel Spencer Mort, M.D., to whose fine work during the war General Blenkinsopp alluded. Nurses owe Colonel Spencer Mort sincere gratitude for the keen interest he takes in their work and status, and it was quite recently that he was specially invited to attend the Opening Ceremony of the Headquarters of the General Nursing Council by Princess Christian, at 12, York Gate, N.W., and gave the Council much pleasure by being present. The list of important persons present at the Memorial Ceremony at Edmonton was by no means an exhaustive one, but amongst them was Mr. E. Ridley, the Clerk to the Guardians, and the unavoidable absence of Mr. E. Metivier, the Chairman of the Hospital, was generally regretted.

THE GREEK NURSING UNIT.

Those like ourselves with warm Hellenic sympathies are thankful to note from the meagre Press reports that the Greeks are driving back the Turkish forces in Asia Minor, and that they have cut railway communication between Angora and Ismid. Alas! they admit to severe losses in driving the Turkish Nationalists from their trenches, which means that our Sisters working at Smyrna and Athens will be called upon for the devoted service they are only too anxious to render to the sick and wounded. In the 1897 war we nursed the wounded enemy prisoners when captured, and in these more enlightened days the same humanitarian spirit will surely prevail.

There are great rejoicings in Athens over the fall of Kutahia.

LEAGUE NEWS.

The Committee of the Victoria and Bournemouth Nurses' League have voted to allow £1 a week for six weeks to members incapacitated by long illness, after they have been members of the League for not less than twelve months. In many cases this will, we feel sure, be a great help to nurses working on the co-operative basis.

The members of the League are eagerly awaiting the announcement (which will reach them this week) that the Rules are signed and the State Register is open. No member of the profession has worked more loyally for this reform for thirty years than Miss Christina Forrest, the President of the V.B.N. League. Miss Forrest, who was then Matron of the York County Hospital, was one of the fourteen nurse signatories to the Royal Charter granted to the Royal British Nurses' Association in 1893.

THE PROFESSIONAL UNION OF TRAINED NURSES.

A Members' Meeting of the Professional Union of Trained Nurses will be held at the "Plane Tree" Tea Rooms, on Monday, July 25th, at 5 p.m., to be followed by a meeting of the Social Club—whist, etc.

As it seems expedient that there should be only one Nurses' Trade Union, a Section for Fever Nurses who are eligible for the State Register has been formed. This Section is entirely separate from the P.U.T.N. proper, but will be affiliated to it and represented on the Council by members who are generally trained and who hold Fever Certificates.

A Midwives' Section has also been formed, to be worked on the same plan.

MAUDE MACCALLUM
(Hon. Secretary).

NURSING IN PARLIAMENT.

STEYNING INFIRMARY, BRIGHTON.

(DISMISSAL OF NURSES).

Mr. T. Griffiths asked the Minister of Health whether it has been brought to his notice that two nurses in the Poor Law Service at Steyning Infirmary, Brighton, having passed their examinations, have been dismissed at a few hours' notice and refused their certificates; whether a member of the committee appointed to inquire into the matter states that he has found the charges made against them to be without foundation; and whether, as the shortage of nurses is so great that it is a matter of public importance that suitable women should not be discouraged from entering the nursing profession, he will hold an inquiry into the matter?

Sir A. Mond: I am informed by the Board of Guardians that they appointed a special committee to inquire into this case, and that the

committee came to the conclusion that the charges made against the nurses had been proved, and that they had been guilty of gross unkindness to a patient and also of insubordination. I am also informed that the Guardians have decided to furnish the nurses with an extract from the minutes of the Board stating that they had passed their examination. In these circumstances I do not think that any useful purpose would be served by my directing a further inquiry into the matter.

A PLEA FROM A NURSE.

Are nurses losing their sense of loyalty? Loyalty it seems to me is one of the most essential characteristics in any institution which is happily and successfully run—in any institution, whatever its size.

I have just returned to hospital after a year and a half of rest and a change seems to have come—the hospital atmosphere is different.

I find that that keen sense of loyalty which governed our actions and which was apparent even in our "grousings" and "grumbles," is disappearing. Often, I own, we used to criticize Matron and those in control, but always behind was the thought and feeling that she was our Matron and it was our hospital.

Now a certain disrespect seems to have crept in. A nurse refuses to obey, a Sister speaks half-sneeringly about the Assistant Matron, the Matron rebukes a Sister too openly, the probationer criticises the hospital, while the patient listens open-eared.

Little things, perhaps, but all bearing the same way, and all indicating that something is missing which before helped us to work in unity for the welfare of our patients and the honour of our hospital. I think, too, something has crept in from the outside world. We are infected—mildly yet, perhaps—by the same germ which is causing revolts and strikes and Bolshevism.

I know there are many wrongs and ills and many matters which are unfair in our nursing world, but disloyalty will be no cure for them. Much has already been done for us and much more will be done if we show ourselves worthy of the improvements for which much striving is being made.

What is to be done? Is there an antitoxin for disloyalty? What is to be done to subdue the strength of the attack?

Much can be done by every nurse who has the welfare of her profession at heart. Chiefly she must be absolutely loyal herself, and she must let her loyalty so irradiate from her that new arrivals in the nursing world may see her loyalty and adopt it. It naturally follows that only by her strict obedience to her superiors can a nurse expect the same from her own inferiors.

If we want to stop this rock which is rolling down hill to hurt us and spoil us, we must all help. There must be no slackers, even the month-old probationer must help; in this respect, she is as important as her Sister or her Matron.

POOR LAW NURSING CONFERENCE.

At the Conference of Representatives of Boards of Guardians who have established Training Schools for Nurses, held on July 7th at the City of London Board Room, Bartholomew Close, Mr. John Frater, Chairman of the Tynemouth Guardians, who opened the proceedings, said it was not so many years since probationers paid, and willingly paid, a premium for their training now the more democratic principle was adopted that they should be paid a salary so that no one should be disqualified for want of cash. At the same time, in view of the value of the training she received, and the importance of the profession for which she was qualifying, it had been generally considered that the salary should be merely sufficient for maintenance.

Before the war, probationers were paid about £12 for the first year, £14 for the second, and £18 the third. Then the position was altered by the adoption by most Unions of the Civil Service scale of War Bonus, under which women officials were paid a somewhat lower scale of War Bonus than men. The position was now altered once more as in the last award of the Whitley Council it was decided that women should be paid at the same rate as men, which brought the probationer's commencing salary up to £48 15s. in the first year, £55 17s. in the second year, and £57 3s. in the third year. He submitted that the serious burden upon the rates necessitated by these salaries was unnecessarily high. This was also the opinion of the College of Nursing. It was suggested that £18, £22, and £30 respectively, was a suitable scale for the years of training. His Board had recently had to add 11 additional probationers to the staff, and it had meant an additional expenditure of £1,224 per annum. There was no suggestion that the salaries of existing probationers should be interfered with, but that they should be reduced in the case of new entrants, while those of staff nurses should be increased.

It was felt that the higher scale was not attracting the right class of probationers. It was further thought that if there was to be closer co-operation between the infirmaries and the voluntary hospitals and the two were to link up, this question must be settled. The poor-law infirmaries paid probationers at the rate of £48 15s. per annum (which, he submitted, was unnecessarily high) the voluntary hospitals at the rate of £20, and they said they could not pay more. The V.A.D.'s who did such valuable work in the war, had not come forward in sufficient quantities. He thought they had not had the service they might have had from them. The speaker suggested, as a basis for discussion, that the salaries of probationers should be £24, £30, and £36, and that they approach the voluntary hospitals and then secure a joint conference to fix the future rate.

It will be remembered that the discussion of this important question was held over till an adjourned Conference.

APPOINTMENTS.

MATRON.

Royal Infirmary, Glasgow.—Miss Mary Stuart Donaldson has been appointed Matron. She was trained at the Great Northern Hospital, and was subsequently Matron of the Mount Vernon Hospital for Consumption for nine years. During the war she was Matron of a large Unit in Serbia, and later in France. Since March, 1919, she has been Matron of the London Temperance Hospital, Hampstead Road, N.W.

Sanatorium, Mogerhanger Park, near Sandy, Bedfordshire.—Miss E. A. Winter has been appointed Matron. She was trained at the Royal Hospital, Sheffield, and has been Sister and Night Sister at the Lincoln County Hospital; Sister at the Infants' Hospital, Vincent Square, Westminster; Home Sister, Night Sister and Assistant Matron at the Royal Berks Hospital, Reading. She is a member of the Territorial Force Nursing Service, with which she served at home and abroad for four and a half years.

Borough of Crewe Maternity Home, Linden Grange, Crewe.—Miss Florence Fox has been appointed Matron. She was trained at the Essex County Hospital, where she has held the position of Assistant Matron.

ASSISTANT MATRON

Workhouse Infirmary, Portsmouth.—Miss Clara Maria Priest has been appointed Assistant Matron. She was trained at the Birmingham Infirmary and has been Home Sister, Charge Nurse, Midwife, and Night Sister at the Parish of Portsmouth Workhouse Infirmary, Head Nurse at the Warwick Infirmary, Charge Nurse at the Birmingham Infirmary, and Staff Nurse at the Christie Hospital, Manchester.

SISTER.

District Hospital, West Bromwich.—Miss E. Teal has been appointed Theatre and Casualty Sister. She was trained at the Royal West Sussex, and City of London Maternity Hospitals, and has served as a member of the Territorial Force Nursing Service at home and abroad, and has also had experience of private nursing.

City of Leicester Maternity Home, Westcote's Drive, Leicester.—Miss Nora Scott has been appointed Sister. She was trained at the Whitehaven and West Cumberland Infirmary and the Sunderland Maternity Home. She has been Staff Midwife at the Sunderland Maternity Home, and at the Haslam Maternity Home, Chorley New Road, Bolton, Lancs.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Edith I. Townsend is appointed to Northants., as Assistant Superintendent and School Nurse; Miss Margaret S. A. Hind to Kingston-on-Thames, as Senior Nurse; Miss Lily Bridges to Stockton and Thornaby; Miss Ellen M. Gaule to Reigate; Miss Catherine Hammonds to Accrington; Miss Lilian H. Hodges to Burwell; Miss Helena Mathieson to Cleator (Frizington); Miss Emmeline M. Morgan to Warwickshire C.N.A. Training Home, as Midwife; Miss Rose Palling to Lydney; Miss Cecilia Worthington to Frodsham.

Sir A. Mond, in a written answer, states that 60,672 children were in receipt of institutional relief and 174,097 in receipt of outdoor relief under the Poor Law on January 1st.

THE HOSPITAL WORLD.

Sir Alfred Mond, the Minister of Health, has sent a long personal letter to each of the members of the newly-appointed Hospitals Commission, the chairman of which is the Earl of Onslow. Sir Alfred is emphatic in his letter that the £500,000 is a final gift to be made by the Government. If the voluntary system is to be saved, it must be saved by public, and not State support, and Sir Alfred Mond is wise in impressing this fact upon hospital managers.

At a special meeting of the General Council of King Edward's Hospital Fund for London, held on July 13th, the following paragraph appears in a letter from the President, the Prince of Wales, who was unable to be present:—

"If the Government cannot do as much as Lord Cave's Committee think will be required, a still greater effort is required of the Hospitals and the Central Funds, backed, I hope, by the public, to carry out the suggestions in Lord Cave's report, and thus to avert the injury to the welfare of the sick and the enormous expense to the State which the Report rightly says would follow if the Voluntary Hospital System fell to the ground."

In the absence of the Prince of Wales, President of Guy's Hospital, the Duke of York unveiled a War Memorial at the Hospital on July 15th. The War Memorial takes the form of new entrance gates on the eastern side of the hospital building, with the names of the fallen men of the hospital engraved on its two pillars. The new massage annexe was also opened.

The Governors of Guy's Hospital are not in favour of setting aside a certain number of beds for the middle classes. They maintain that the provision of paying beds at a moderate fee would help the funds only if a large number of the existing beds were reserved for paying patients, and these beds are fully required for the service of the sick poor.

The British Medical Association has had a busy time at its Annual Meeting at Newcastle. Amongst the resolutions adopted were: (1) "That the Association use all its power to support a member who refuses to divulge, without the patient's consent, information obtained in the exercise of his professional duties, except where it is already provided by Act of Parliament that he must do so." (2) Approving of the maintenance of the voluntary hospital system; and (3) Against affiliation with any other medical or non-medical bodies in this country. Sir William MacEwen, Regius Professor of Surgery at Glasgow University, was elected next President of the Association. The 1923 meeting will be held at Portsmouth.

COLLEGE OF NURSING, LTD.

BIRMINGHAM AND THREE COUNTIES CENTRE.

On Tuesday, July 26th, at 5.30 p.m., in the Lecture Theatre of the General Hospital, Birmingham (by kind permission of the Governors), Dr. Harries, Medical Superintendent of the City Hospital, Little Bromwich, will lecture on "Barrier Nursing in Fever Cases."

Admission: Members, free; Non-Members, 1s.
G. M. E. JONES,
Hon. Press Sec.

MESSRS. BROOKS & CO.'S UNIFORMS AND OUTFITS.

The nurses' uniforms and outfits supplied by Messrs. Brooks & Co., Nurses' Outfitters and Hospital Contractors, 149, Borough High Street, London Bridge (near Guy's Hospital, Southwark Cathedral, and London Bridge stations) have obtained a widespread popularity, and are supplied to nurses in all parts of the world.

The prices of this firm are very moderate, thus a dress (the Patricia) suitable either as uniform or mufti costs in cotton from 17s. 11d., or in alpaca from 48s. 9d.; it is made with two tucks over the shoulder, continuing down the back, with a broad panel in front.

The "Imperial" coat, recently introduced by this firm is a very useful shape, and can be worn either as uniform or with ordinary dress.

There is a large selection of uniform bonnets and hats, to suit all varieties of tastes and pockets. Aprons and overalls are also a distinctive feature. The firm have a large Post Order Department, and supply forms for self-measurement, with patterns and prices. Their Crown Catalogue for Nurses is lavishly illustrated, and nurses who cannot visit the establishment will have no difficulty in selecting what they require with its help, whether articles of uniform, or bags and trunks. We advise our readers to write for this catalogue. There is a 5 per cent. discount on catalogue prices during July.

COMING EVENTS.

July 28th.—Complimentary Dinner to Miss Stuart Donaldson. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. 7.15.

July 30th.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. 3 p.m. Mrs. Bedford Fenwick will explain the Rules for Registration.

August 3rd.—Central Midwives Board, Examinations, London, Bristol, Manchester, and Newcastle-on-Tyne. The Oral Examinations follow a few days later.

WORD FOR THE WEEK.

"I tell you that in matters of government force means justice as well as virtue."—*Napoleon.*

"He who leaves the game loses it."—*Bernadotte.*

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.

PRACTICAL NURSING FOR INTERNATIONAL STUDENTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

Via Sala 8, Milan, Italy.

DEAR MADAM,—I wish most emphatically to endorse the remarks you make in your issue of July 9th, on the advisability of including definite teaching in practical nursing in the Public Health Courses for International Nursing Students.

Usually foreign Red Cross societies, while giving their nurses excellent scientific teaching, and a great deal of practice in operation theatre and surgical wards, have so far never given real systematic teaching in the art of practical nursing.

What our excellent Italian Red Cross nurses know on the subject they have found out for themselves or learnt from English books, never having had professional Matrons or Sisters to teach them, and until lately the subject of practical nursing was not included in the Red Cross curriculum. Now, I am happy to say, a new curriculum has been compiled at Red Cross headquarters which gives a prominent place to the teaching of practical nursing. But most foreign nurses (except those trained in English training schools) who have already taken their diploma, know very little on the subject, and when a Public Health Course for Italian Red Cross and other nurses was arranged in Rome by the American Red Cross, at my suggestion a great many lessons on bed-making, washing of patients, and other nursing details were included in the course, with great benefit to the students and ultimately I hope to the patients.

Believe me, dear Madam,
Yours faithfully,

WINIFRED TERNI DE GREGORY.

President of the Lombard Branch, National Association of Italian Nurses.

THE PHYSIOLOGY OF REPRODUCTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with very great interest the important paper by Dr. Fairbairn on "Teaching the Physiology of Reproduction in the Training of Nurses," in a recent issue of the JOURNAL. Surely there are few people responsible for the education of nurses who, in these days, hold that this should not be taught, just as much as the physiology of the brain, the respiratory, or any other system.

It cannot logically be claimed that only midwives are concerned with this system. Certainly it often occupies their horizon to the exclusion of the other parts, concerning which they should

have knowledge, for the human body cannot be nursed in sections, but inasmuch as nurses in general practice have to nurse patients suffering from fibroid growths, intimately connected with the uterus, cases of the removal of ovarian cysts, to say nothing of salpingitis, and pyo-salpinx. Cæsarian Section comes quite as often into the sphere of the trained nurse as of the midwife, both at the time of operation, and in regard to the after nursing. If a nurse therefore knows nothing of the anatomy and physiology of reproduction, she is handicapped indeed. Such ignorance is unfair both to her patient and herself. It is surely forgotten also by the critics that many maternity nurses are not midwives, *i.e.*, women who are qualified to conduct normal labour without a medical practitioner, nor do they desire to assume this responsibility. Are they therefore to know nothing of the physiology of reproduction? The claim surely is a remnant of that conventualism which prohibits nuns from washing a patient below the second button of the nightshirt or nightdress, and ignores the fact that he has a body, which needs attention below the waist.

I am, Dear Madam,

Yours faithfully,

SUPERINTENDENT.

We have to thank Mr. W. Falkingham, Head Male Nurse, for a letter on the question of registration of Male Nurses, for which we hope to find space next week.

KERNELS FROM CORRESPONDENCE.

Esther G. Martin.—"Will the General Nursing Council do something to help to preserve Private Nursing as a means by which Registered Nurses can make a living? So many of the hospitals with training schools attached, now use private nursing as a means of profit, that it is narrowing down to nothing for independent workers. It is so unfair. I often wonder how the medical profession would like the system if applied to themselves. Then again in Nursing Homes, which charge high fees as such, V.A.D.'s are now constantly employed. It is not only depriving sick people who pay high fees for skilled nursing, of the skill to which they have a right, but encouraging these semi-trained V.A.D.'s to enter the labour market in competition with trained women.

[We hope the moral effect of State Registration may act in two ways. "Registered Nurses" if united will be able to ask training schools for justice, and if strong enough obtain it. They have the remedy in their own hands so far as V.A.D.'s are concerned. "Registered Nurses" must refuse to "cover" untrained women in private practice, that is to work with them on terms of equality.

—ED.]

PRIZE COMPETITION QUESTION.

August 6th.—What do you know of cholera, including its causes, symptoms, and nursing care?

The Midwife.

THE DANGERS AND TREATMENT OF ANTE-NATAL SYPHILITIC ENVIRONMENT.

Dr. J. H. Sequeira, F.R.C.P., F.R.C.S., Physician to the Skin Department and Lecturer on Dermatology and Syphilology at the London Hospital, in a paper on the above subject read at the second English-speaking Conference on Infant Welfare at the Central Hall, Westminster, pointed out:

(1) That the mother may be suffering from syphilis in an active or in a latent stage when impregnation takes place, and may already have had one or more miscarriages or still-births.

(2) That the mother may be infected with syphilis at any time during pregnancy.

The environment of the embryo may, therefore, be infected from the beginning or at any time during the pregnancy.

We can, for practical purposes, leave out of account the possibility of an embryo being syphilitised by the father alone.

Having given figures to show the importance of dealing with ante-natal syphilis, Dr. Sequeira, said:

I maintain that the mortality in utero and early life and the grave later effects of congenital syphilis can be rendered insignificant, if not entirely removed. As a matter of fact, it has been largely reduced already.

The scientific basis of this contention is as follows: The spirochæta pallida circulating in the blood of the mother swarms in the wall of the uterus in which the embryo is embedded in the earliest stage, and in the placental tissue whence the foetus derives its nutrition during the major portion of pregnancy. The embryo may be infected near the beginning of its development and then easily perishes, or it may be infected late and then has a better chance of survival. In some rare instances infection only takes place in the act of birth. Dr. Eardley Holland had one such case where a primary sore developed in an abrasion made by the forceps during delivery, and Dr. Lomholt, of Copenhagen, has recently published similar cases.

The next fact is that the treatment of the mother by Salvarsan and its allies while the foetus is still in utero is remarkably efficient. In December, 1918, I showed at the London Hospital 45 healthy babies born of syphilitic mothers who had been treated in my clinic during their pregnancy.

There is a spirit of friendly rivalry in the statistics which have been published recording the results of the treatment of pregnant syphilitic women. Statistics vary from 90 to 100 per cent.

The scientific bases being those determined

by repeated tests, we have now to direct our attention to the machinery by which they can be made of service to the State.

(1) It is important above all things to impress upon the public that no person who has contracted syphilis should marry while likely to infect the other partner to the marriage. We must, therefore, insist on the obligation to remain under treatment until medical sanction is given to the proposed union. At present we have no compulsion, no certificate of freedom from disease. Perhaps this may come.

(2) If a woman comes to a V.D. Clinic suffering from syphilis and is found to be pregnant energetic treatment must begin at once no matter what the stage of the pregnancy.

(3) Any woman who has had repeated miscarriages should have her blood examined by the Wassermann test. If this is positive she should at once begin treatment. We must, therefore, have close co-operation between the general practitioners, the Hospitals, maternity centres and a laboratory where the examination can be made. These facilities are provided by the State. The examinations are made free of charge. All that is wanted is that they should be used.

Notification of miscarriages and still-births would be of service, but it is doubtful if it would be practicable.

(4) Should a married man or woman attend a venereal clinic the other partner should be examined, and if found infected, treated. Any children of the pair should also be seen and examined. One may thus find early evidence of congenital disease.

(5) If a child is brought to a clinic suffering from congenital syphilis, the parents should be seen, and if necessary treated. I make a point also of seeing, whenever possible, all the other children. One cannot always get both parents to come up, but by persuasion and tact it can usually be effected. But we have no compulsory powers.

The machinery for effecting this most desirable and beneficent work is at hand. We have the Maternity Clinic, the Infant Welfare Centre, School Inspection, whence the cases can be drawn; the Laboratory where the necessary blood examinations can be made, and the Venereal Clinic where the treatment can be carried out. Let us use them, and we may hope for the gradual disappearance of a grave menace to life and health.

INTERNATIONAL CONGRESS OF CHILD WELFARE.

The International Congress of Child Welfare was opened on Monday in Brussels. The subjects of juvenile courts and of the illegitimate child were discussed.

CENTRAL MIDWIVES' BOARD.

Intending candidates for the certificate of the Central Midwives Board are asked to note that they are required to present a certificate signed by an approved person as to having undergone a course of training in midwifery (including antenatal instruction) extending over a period of three, four, five or six months.

The period of training must:

(1) *Not be less than three months* in the case of a candidate who presents a certificate of three years' training in a general hospital Examination Schedule (Form V (a)), together with a certificate (Form V (d)) that she has undergone a course of training during a period of not less than three months in (a) a gynaecological ward, (b) a children's ward in which new-born babies are received for treatment in the General Hospital referred to in Form V (a) and providing systematic instruction in certain subjects required for the Certificate of the Central Midwives Board.

(2) *Not be less than four months* in the case of a candidate who presents a certificate of three years' training as a nurse in a general hospital (Form V (a)) or of three years' training as a nurse in a Poor-Law Institution recognised by the Ministry of Health as being a training school for nurses (Form V (b)) or of enrolment as a Queen's Nurse, or of Registration by the College of Nursing, Ltd. (Form V (c)), or of having undergone a course of three years' instruction in nursing in a Public Special Hospital for Women (Form V (e)).

(3) *Not be less than five months* in the case of a candidate who has undergone a course of six months' instruction in a Children's or a Gynaecological Hospital approved by the Board (Form V (f)); and

(4) *Not be less than six months* in all other cases.

CENTRAL MIDWIVES' BOARD FOR IRELAND.

The fourth examination of the Central Midwives Board for Ireland was held simultaneously in Dublin, Belfast and Cork on June 30th and July 1st, 1921. One hundred and nine candidates entered, of whom one was unable to attend. Of the remainder, ninety-seven passed satisfactorily.

The List of Successful Candidates includes those from the following hospitals:—

Dublin.—Rotunda Hospital, 20; Coombe Hospital, 15; National Maternity Hospital, 25.

Belfast.—Incorporated Maternity Hospital, 11; Workhouse Hospital, 8; Malone Place Refuge, 1.

Cork.—Maternity Hospital, 7; Lying-in Hospital, 4.

Limerick.—Lying-in Hospital, 3.

Lurgan.—Workhouse Infirmary, 1.

Curragh.—Military Families' Hospital, 1.

Private Tuition.—1.

CHILD WELFARE WEEK AT BURNLEY.

At a meeting held in Burnley recently to inaugurate Welfare Week at the Parker Street Centre, Dr. Holt, Borough Medical Officer of Health, said that in coming immediately to Burnley from the South of England—from perhaps the most salubrious town in the country, Bournemouth—he was struck by the character of the poor little children who seemed to swarm in that immediate neighbourhood. The contrast between them and the children in Bournemouth was a very painful one. It was not so much that they were thinly clad—that was not always a disadvantage. It was not so much that they were not always well washed—that, too, might not always be a disadvantage. But their thin and mis-shapen limbs spoke only too eloquently of the grave disabilities under which they laboured and would labour to the end, and of the great duty that lay very immediately before the authorities in the town. He was glad that a real attempt was now being made, through such a Centre as that, to ensure that what was so evidently wrong should be ultimately put right.

THE LADY FORSTER GUEST HOUSE FOR MOTHERS AND BABIES.

The Guest House for Mothers and Babies at Peak Hill Lodge, Sydenham, organised and maintained by the National League for Health, Maternity and Child Welfare and the Save the Children Fund, which was opened by the Duchess of Albany on July 6th, is available for breast-feeding mothers and their babies (twins if necessary), the wives of unemployed or disabled ex-Service men, who would benefit by good air and food, but are not definitely ill. Guests must have attended a local Infant Welfare Centre at least twice before admission. Applications for admission must be made through the local Medical Officer of Health, or a maternity and child welfare Medical Officer or through a voluntary Infant Welfare Centre.

Guests must pay their own fares to and from the Home, but no charge whatever will be made for their stay there.

The maximum length of each mother's visit will be four weeks, but it would be shortened if the father obtains employment, or if, in the opinion of the Medical Officer of the Home, or of the Matron, the mother is found to be an undesirable guest. Any extension of the visit recommended for health reasons by the Medical Officer of the Home would have to be approved by the Committee.

All applications for admission should be addressed to Miss Reed, Secretary Babies' Homes' Department, National League for Health, Maternity and Child Welfare, 4 and 5, Tavistock Square, London, W.C. 1, and *not* to the Home itself.

The House, which is a charming one, has been placed at the disposal of the Committee by Lady Forster.

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EDITORIAL.

INTERNATIONAL UNION AGAINST TUBERCULOSIS.

When the Second International Conference of the International Union against Tuberculosis met on Tuesday, the opening day, in the Great Hall of the Institution of Civil Engineers, Great George Street, Westminster, under the presidency of Professor Sir Robert Philip, M.D., a distinguished company was present to welcome the foreign delegates, including two Cabinet Ministers, and Ambassadors and Ministers of sixteen countries.

The Chairman called at once upon the Marquis Curzon of Kedleston, K.G., His Majesty's Secretary of State for Foreign Affairs, to address the assembly. Lord Curzon then extended to the Conference the official welcome of the Government. Its members were, he said, engaged just as much as any Foreign Office in this or any other country in endeavouring to restore the world equilibrium, so rudely shattered by the war, to relieve mankind of untold, preventable misery, and to give back to the world the blessings of contentment and prosperity.

The international movement against tuberculosis, started in 1914, set before itself no less an object than the final eradication of this terrible scourge, which, in spite of the discoveries of medical science, still claimed its hecatombs of victims, and left the country or the city which it devastates in a worse condition than a battlefield.

He expressed the opinion that the war, in its appeal to every instinct of humanity, in its demonstration of the incalculable horrors of suffering, and in the spirit of cosmopolitan fellow-service in great causes which it had engendered, had drawn men together and rendered international co-operation more easy.

He concluded by delivering the following

MESSAGE OF WELCOME FROM HIS MAJESTY THE KING.

"I welcome to my capital the distinguished representatives of many nations united in a common effort to combat the great scourge of tuberculosis. The encouraging success which is already manifest from these co-ordinated efforts in the cause of health leads me confidently to hope that further advances will attend the efforts of the present Congress, in whose work, following the example of my dear father, I take so deep an interest."

The Right Hon. Sir Alfred Mond, Bart., His Majesty's Minister of Health, also expressed the great pleasure it gave him to extend, in his official capacity, a cordial and hearty welcome to this extremely important and representative Conference.

Nothing was more useful than that men and women should meet together to discuss these questions, and he had no doubt that the officers of his Department of the Ministry would take note of, and be able to report to him later, new methods of dealing with this scourge.

Delegates of thirty-nine countries, and the Representatives of the Secretariat of the League of Nations and the League of Red Cross Societies were then presented to the Conference, each saying a few words. They included representatives of the oldest civilisations, such as China and Japan, down to Czecho-Slovakia, whose representative, speaking as a young man, on behalf of a young Republic, thanked the Great Nations for the welcome they had extended to his country.

Addresses were then given by Monsieur le Sénateur André Honnorat, late member of the French Government, Representative of France, and Colonel George E. Bushnell, United States Army, Representative of the United States of America.

Lastly, Sir Arthur Stanley, on behalf of the National Association for the Prevention of Tuberculosis, made the welcome announcement that the Prince of Wales had accepted the office of President of that Association, and, in His Royal Highness's name, welcomed the members of the Conference.

In the successful fight against tuberculosis the trained nurse is a most important factor.

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL DANGERS TO HEALTH IN HOT AND DRY WEATHER? WHAT PRECAUTIONS SHOULD BE TAKEN TO AVERT THEM?

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

1.—*Intestinal Diseases*, due to (a) rapid decomposition of foodstuffs; (b) to pollution of food and water by dust containing disease germs, and by flies or other insect pests. These diseases include summer diarrhoea, causing appalling infant mortality; cholera and typhoid. To avert them all perishable food should be bought in small quantities, perfectly fresh, and after cooking should be kept in a cool, dust-proof and fly-proof larder. Milk should be scalded on its reception, and all milk vessels should be scalded daily. No doubtful vegetables or fruit should be entertained. Drinking-water, unless beyond suspicion, should be boiled and allowed to cool. All salad should be carefully washed.

Air-borne dust should be removed by a cloth rung out in some germicide, not further disseminated by sweeping. A window in a patient's room, even in a dusty street, may be kept open with safety if it be covered by a length of plain muslin, the lower end of which rests in a pail of water. A couple of large cup-hooks and a slender wooden rod will hold it in position. This, also, by evaporation, reduces the temperature of the room; it allows air to enter, but catches all the dust.

No flies should be allowed in the house. Those who consider it hardly worth effort to kill a single fly should remember that one fly in a normal summer can be responsible for over a trillion descendants, and that in our country the fly is in the forefront of death-dealing agencies. Water butts should be screened, and stagnant water covered by paraffin in order to prevent the breeding of mosquitoes, which account for the spread of malaria. All refuse should be burnt

each day; and an efficient disinfectant should be used when house cleaning. Fleas, lice, and all parasites multiply rapidly in hot weather and carry disease wherever they go. Dry, dust-laden winds cause bronchitis, therefore special care should be exercised against mouth-breathing.

2.—*Heat Stroke*: This may be caused by long exposure to the fierce rays of the sun; by violent exertion, agitation or excitement. An over-loaded stomach may be a contributory cause. The heads of children, infants especially, should be protected from the direct rays of the sun during the hottest hours of the day. Clothing should be of the lightest weight, white and scarlet being the most protective.

The diet in hot weather should be light, especially in the middle of the day. All heat-giving foods should be avoided as they are unnecessary. The skin should be kept scrupulously clean, and constipation prevented. Headache as the result of heat should be regarded as a danger signal, and the patient should lie down in a cool and darkened room, and live on milk and soda-water until recovered. Those able to do so should arrange their laborious work and exercise for the early morning and evening hours, keeping the midday portion for the lesser exertion and rest.

3.—*Depression of the Nervous System*: This may result in insomnia, sciatica, neuralgia, flat-foot, and kindred ailments; also mental disorders. All liable to it should select a nerve-feeding diet, sleep and rest as much as possible, and should so order their lives that they do not become over-heated. The state of mind plays an important part in contributing to suffering through a heat wave. A tranquil mind, freedom from worry, and refusal to dwell on the thought that it is hot are conducive to a sense of coolness.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Catherine Wright, Miss B. James, Miss T. Horton, Miss Griffiths.

Miss Catherine Wright writes:—"Personal hygiene should be carefully attended to, the whole body receiving daily ablutions of soap and water, with friction, so keeping the pores of the skin open and active to perform their functions. Breathing should be through the nose; here the air is filtered and enters the respiratory tract cleaner."

QUESTION FOR NEXT WEEK.

What do you know of cholera, including its causes, symptoms and nursing care?

NURSING ECHOES.

Professor M. Adelaide Nutting, R.N., Teachers' College, New York, in passing through London this week, found time to visit the Headquarters of the General Nursing Council for England and Wales at 12, York Gate, and take tea there, on Wednesday afternoon.

On Thursday Miss Nutting, as a Guest of Honour, supported Miss Steuart Donaldson at the Dinner given to her upon her appointment as Matron of the Royal Infirmary, Glasgow, at the Royal British Nurses' Association Club, 194, Queen's Gate, S.W.

We shall refer further next week to the pleasure of showing to Professor Nutting the progress of Nursing Organisation in England and Wales, in which she has always taken a deep interest.

Miss Eleanor Barton, President of the Poor Law Matrons' Association, calls our attention to the injustice of depreciating nursing in Poor Law Infirmarys, in comparing it with nursing in voluntary hospitals. She writes:—

There are two trite sayings which are well worth considering; they are the following: "Comparisons are odious," and "Live and let live." One is specially reminded of them when reading of late speeches and also letters to the press which, while pleading for financial help to maintain the Voluntary Hospital system, strive to strengthen their appeal by decrying the Poor Law and all its works.

We all agree in revering the great Hospitals with their fine traditions, and must rejoice that successful efforts are being made to maintain in being the Voluntary Hospitals whether large or small, which all over the country are doing such wonderful work, but why need they be invidiously compared to the Infirmarys which are also doing useful and splendid work, even though they are supported by the rates?

Lord Knutsford in a letter this week to one of the Nursing Papers, says, "The standard of nursing in Poor Law Infirmarys (speaking generally) is below that in the Voluntary Hospitals," and adds, "there is hardly a matron in one of the latter who has not said to an unpromising probationer, 'You will not quite do here; I advise you to apply to a Poor Law Infirmary.'" It is assertions such as these which, if taken seriously, tend to do a grave injustice and to belittle a most honourable section of the nursing profession. Naturally there are varying standards in Infirmarys as there are in General Hospitals, but I, for one, feel inclined to challenge the assertion that the general standard which, I presume, includes that of teaching work and kindness, is lower in the one than the other, or that the Infirmarys could be staffed with the

failures from the Hospitals. The very fact that many of the Infirmary patients are of the poorest and most destitute class of the community calls for, and often commands, the best type of woman as probationer."

Miss Barton draws attention to the fact that under the rules of the General Nursing Council all nurses trained either in voluntary or Poor Law Hospitals, which conform to the Syllabus laid down by the Council for the training of nurses, so as to enable them to pass the State Examination for Registration, should in the future do away with invidious distinctions and comparisons between training-schools.

The quarterly meeting of the Poor Law Infirmary Matrons' Association will be held on July 30th, at the Eustace Miles' Restaurant, Charing Cross.

It is widely advertised in the press that Lady Marjorie Dalrymple, sister of the Earl of Stair, is acting as a commercial traveller for the Moorland Suede Company in America. Why not, in these democratic days? But why should this titled saleswoman be depicted throughout the picture press wearing trained nurses' uniform? The nursing pose of titled amateurs had passed, we hoped, with the war, and it cannot "help any," as they say in the States, in disposing of gloves, hats, skirts and coats. What a relief it will be when "Registered Nurses" have their uniform protected.

And this reminds us that after the holidays the G.N.C. must tackle the "registered" uniform question in earnest. We intend to propose a live exhibition, to be held in London where uniforms complete from hat or cap to boots and shoes can be on view. Imagine fair nurse mannikins parading in useful and becoming garb before a critical professional audience. Good firms might compete. It would really be the most practical way of choosing a "registered nurses'" uniform. Seeing is believing.

The late Miss Jane Delano, Director of the Department of Nursing of the American Red Cross, who was a very rich woman, left a legacy of 25,000 dollars and the royalties from the sale of text-books on Home Hygiene and Care of the Sick to be used for the support of public health nurses in rural districts. This important legacy has been considered at a recent meeting of the National Committee on Red Cross Nursing Service, and it has been decided that the Nurses appointed will be known as

"Delano Memorial Nurses." The *American Journal of Nursing* considers that Nurses who are selected as Memorial Nurses should consider it a great honour to be asked to carry on a form of work in which Miss Delano was herself so much interested—the care of the poorer people in remote rural districts.

Members of the International Council of Nurses have met on several occasions—and fallen under the charm of her personality—"Our beloved Miss Maxwell," as her friends and pupils call her. Miss Anna Caroline Maxwell, R.N., M.A., has, after thirty years, resigned the honourable position of Director of the School of Nursing of the Presbyterian Hospital, New York, and her fruitful work and brilliant personality is commanding wide appreciation throughout the American Nursing and general press in the United States.

Miss Maxwell has been suitably entertained, and amongst other gifts a cheque for 4,000 dollars has been handed to her by past pupils to be used for "a little spree." We learn that Miss Maxwell's work for American Nursing is to be recognised, as it should be, by a substantial pension amounting to her full salary. Thanks, bouquets, speeches are happy modes of expression, but we are pleased to record that academic honours and financial recognition are not omitted by our practical American cousins.

Now we hope Miss Maxwell will find time to pay a visit to "this side." A warm welcome awaits her. We have missed nothing more during the dreary years of war and armistice than the stimulus of personal intercourse with our American colleagues. Also, we want to introduce them to the beautiful new Headquarters of our G.N.C., as no group of nurses will rejoice with us more, or realise the significance of such a centre in London, than they will.

"BEHOLD."

(AS IN ISAIAH'S DAY !)

Now the war's at an end and the hatchet interred
And we're finally seated on velvet,
When we've carried our point after hope long deferred

And we luckily hadn't to shelve it !
It is "joyful" and "good" that the brethren are seen

To be all of one mind in our alley ;
With the asp and the cockatrice truly serene,
And the lamb and the lion quite pally !

C. B. M.

July 14th, 1921.

[With compliments to the G.N.C.—not to Lloyd George and De Valera !]

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

As directed by the recent meeting of the General Nursing Council for England and Wales, an official notification of the signing of the Rules by the Minister of Health, and the consequent Opening of the Register has been sent to the press. The correspondence addressed to the Registrar is, we learn with pleasure, likely to be of such dimensions that it is not improbable that the Council will need its own locked post bag !

It is quite natural that the thousands of nurses who have given such whole-hearted service in procuring legislation, will be anxious to be amongst the first to register, and they will greatly facilitate the work by filling in their Forms, especially their signatures, in very clear writing and carefully supplying the information required.

We feel sure the profession generally will not grudge the members of the G.N.C. a month's holiday, so that it will not meet again until the middle of September. In the meanwhile, the clerical staff will be busy gathering in testimonials to be placed before the Registration Committee, which will have its work cut out to investigate the thousands of applications, which are sure to pour in, preparatory to being placed before the Council for approval. It just comes to this, that every nurse who wishes to be amongst the first batch of candidates for registration in September must procure her Form and fill it in with the greatest dispatch possible. Every nurse who completed three years' training, or training and service before November 1st, 1919, may register for the small fee of one guinea. Nurses certificated after that date pay two guineas. In forwarding the Forms and fees to the Registrar, nurses will save much correspondence if they will realise this Rule. To be able to secure this great privilege of legal status for a guinea or even two, means very careful control by the Finance Committee. We note that the Regulations for a Diploma in Nursing, recently instituted at the Leeds University, which confers academic status only, and which will not admit to the State Register when the State Examination is in force, is to cost the candidate Ten Guineas.

FORMS OF APPLICATION.

Forms of Application can be obtained from the Registrar, General Nursing Council, 12, York Gate, Regent's Park, London, N.W. 1. A stamped and addressed long envelope should be enclosed. Copies of the Rules can also be obtained from the same address, price 1s.

GENERAL NURSING COUNCIL FOR IRELAND.

As we have reported, the Irish Register has now been open for several weeks, and we hope is meeting with success. The wish of the English Minister of Health that Rules to provide for some form of reciprocal registration between the three Councils, should be deferred for further

consideration, was naturally disappointing so far as Irish trained nurses are concerned, because the English and Irish Councils had arrived at a basis of agreement, their Rules and Regulations being almost identical.

At present, Irish trained nurses are eligible to register in England, on the usual terms, and the same privilege is accorded to English nurses resident in Ireland; and this we feel sure will be arranged without friction between the two Councils for the present.

GENERAL NURSING COUNCIL FOR SCOTLAND.

The General Nursing Council for Scotland has not yet convinced the Scottish Board of Health that it would be inadvisable to place nurses trained in Fever Nursing only, on the General Part of the Register. We learn the Scottish Council is just as opposed to this demand, as are the English and Irish Councils. It would be most unjust all round, and especially to Fever trained nurses who do not hold the certificate of the Scottish Board of Health.

It is a very great pity that this lay authority is attempting to overrule the considered opinion of the three Professional Nursing Councils, as it must concede their just and united conclusions in the end. In the meanwhile, Scottish trained nurses can register in England and Ireland on the usual terms.

At a recent meeting of the Public Health Committee of the Aberdeen Town Council, a communication was read from the Glasgow Town Council regarding the proposed rules of the General Nursing Council for Scotland under the Nurses' Registration Act, 1919. Aberdeen Town Council was requested to support Glasgow in a protest against the arrangements proposed to be made for the registration of nurses trained in fever hospitals, it being held by the Glasgow Town Council that the placing of those nurses in a supplementary register in place of in the General Register was derogatory to the position.

It was proposed to request the General Nursing Council to delay their final approval of the regulations until the Public Health Committee had time to consider them fully.

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh (Register not yet open).

THE ILLNESS OF MISS COX-DAVIES.

We are glad to hear that Miss Cox-Davies whose very serious illness we reported last week, is holding her own and is making a little progress towards recovery. Of course, she is being treated and nursed with the highest skill; of that all her friends may rest assured.

DIPLOMA IN NURSING AT LEEDS UNIVERSITY.

The Regulations for the Diploma in Nursing recently instituted at Leeds University provide that—

1. Each candidate who satisfies the Examiners shall receive a Diploma, and shall be styled a Diplomate in Nursing, University of Leeds.

2. Candidates for examination must have completed four years' training in a General Hospital recognised by the University for the purpose, and have received a certificate to this effect.

3. Candidates shall furnish evidence of having attained an adequate standard in general education satisfactory to the University.

4. The four years' hospital training shall include—(a) Practical instruction and tuition in (i) Ward Nursing—medical, surgical and special; (ii) The Principles of Surgical Technique and operation service; (iii) Bandaging and the preparation and use of splints and other appliances; (iv) Invalid Cookery; (v) The Feeding and Management of Infants; (vi) The Principles of Ward Administration; (vii) Elementary urine testing; (viii) Preparation for autopsies. (b) Attendance on courses of lectures and Lecture Demonstrations in (i) The Principles and Practice of Nursing; (ii) Elementary Anatomy and Physiology; (iii) Elementary Medicine; (iv) Elementary Surgery; (v) Elementary Obstetrics and Gynæcology; (vi) The management of infancy and childhood; (vii) Elementary Hygiene.

Candidates must furnish certificates of such attendance, and of having passed satisfactorily a class examination in each subject.

At least three months must be spent in attendance on courses in the University of Leeds (lectures delivered in the Leeds General Infirmary are recognised for this purpose). The number and character of the courses to be determined by the University.

5. Candidates must also attend a course of lectures in the University of Leeds on Social Economics or some other approved subject.

6. A nurse may be registered as a candidate for the examination *at any time* after she has been accepted for full Hospital Training upon (a) Payment of a registration fee of Five Guineas; (b) Producing the necessary evidence of general education.

7. The examination may be taken at any time after lodging the certificate of completion of training, and (a) Payment of a further fee of Five Guineas; (b) the production of the necessary certificates of attendance upon the prescribed course of lectures.

8. The examinations will be held twice annually (a) By written papers; (b) in practical work; (c) *viva voce*.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE DIPLOMA OF THE ROYAL BRITISH NURSES' ASSOCIATION.

It has been decided that the Examinations for the Diploma of the Corporation will be recommenced and the next will be held at a date early in December of this year. As will be remembered, the Diploma Examinations were suspended during the war, and, owing to circumstances connected with the Registration Bill and the necessity for finding new headquarters for the Association, the continuance of the Examinations had to be postponed for a longer period than had been expected.

With reference to the decision of the Committee to hold an Examination next December we desire to make clear a point in connection with which there has been considerable misunderstanding in the past. The fact that the Association held Examinations led many nurses to believe that, in order to become Members of the Corporation at all, it was necessary to submit themselves for Examination. This is not the case. The possession of a Certificate from a recognised training school for nurses is sufficient to make a nurse eligible for Membership of the Corporation. The possession of the Diploma is a distinction altogether apart from Membership. A very high standard is required by the Examiners for various reasons. In the first place it is the wish of the Committee that the Diploma of the Royal British Nurses' Association should stand as a mark of high distinction in the Profession of Nursing, and in the second place the very fact that the Examination is intended to lead up to the grant of a Diploma and not a Certificate demands that the standards required by the Examiners shall be high ones. There is a wide difference in meaning between a Diploma and a Certificate. A Diploma means a special honour or privilege conferred in recognition of high attainment in the particular profession in connection with which it is given. A Certificate on the other hand is simply a voucher or testimony that a nurse has received a certain amount of training or, perhaps, convinced the examiners of the body which grants the certificate that she has come up to a certain "dead level" standard.

The Royal British Nurses' Association is the only body of Nurses which is able to grant a Diploma in Nursing, and this Diploma should

prove especially valuable in the future for, while every nurse should see to it that she has her name on the State Register, the fact that she holds the Diploma will advance very greatly her claims to promotion. Several of those who hold it have told us it has helped them in obtaining certain posts of responsibility. Apart from this, the mere fact that one is working up to a certain definite point, that one is preparing oneself for examination, will prove an excellent stimulus for keeping the mind alert and receptive and for providing all sorts of side tracks whereby new knowledge may be attained.

We hope, therefore, to hear from many nurses that they intend to enter for the Examination in December next in order that they may gain the Diploma of the Corporation and the right to wear the very beautiful badge connected with it. The fee for Examination is two guineas, but this, if her references prove satisfactory, also entitles a nurse to have her name on the list of those who, in the opinion of the Executive Committee, are fit to become Members of the Corporation. Thereby it follows that, whether the nurse is successful in passing the Examination or otherwise, she may still, if she so desires, become an ordinary Member of the Corporation, without the payment of the usual entrance fee, but simply by paying a Life Membership or Annual Membership subscription as may be most convenient to her.

THE STATE REGISTERS.

Almost daily we receive letters inquiring for the address of the office to which nurses must make application to have their names placed upon the State Register, or for other particulars in connection with this. In order to save our members trouble in this connection, we wish to state that Nurses who desire to have their names on the English Register, should write direct to Miss Riddell, R.R.C., Registrar, General Nursing Council for England and Wales, 12, York Gate, London, W. Those wishing to Register in Scotland, to the Registrar, General Nursing Council for Scotland, 13, Melville Street, Edinburgh, and those who wish to register in Ireland, to the Registrar, General Nursing Council for Ireland, 33, St. Stephen's Green, Dublin.

The Royal British Nurses' Association took an active part in promoting State Registration, and

now that Acts are upon the Statute Book we hope that large numbers of our Members will hasten to apply for Registration, and so support the principle which they have advocated for so long—the maintenance, by the State, of a Register of Trained Nurses.

R.B.N.A. REPRESENTED ON THE STATE REGISTRATION BOARD, SOUTH AUSTRALIA.

At the Sixteenth Annual Meeting of the South Australian Branch of the Australasian Trained Nurses' Association, held at Adelaide, it was

The passing of this new Act is a matter of great importance to many of our Australian members because it is to be remembered that only those nurses, who have been trained in a part of the British Dominions where an Act for the State Registration of Nurses is in force, can gain admission to the English Register. This will now be possible for a large number of R.B.N.A. Members trained in Hospitals in South Australia, but Australian nurses trained in those States where there is no Registration Act will be placed at a disadvantage and we would urge them to use all their efforts to bring about legislation which will place them on an equal footing with nurses trained elsewhere.

CORRE- SPONDENCE.

DEPUTATION TO
MINISTER OF HEALTH.

To the Secretary
R.B.N.A.

DEAR MISS MACDONALD,—I was a very interested member of a deputation to the Minister of Health lately. On behalf of my Association, and indeed on behalf of all trained nurses, I should like in our official organ to thank Mr. Paterson for his kindness in connection with this. I think I am right in saying that it was through his influence with the Minister that we got a hearing at all, and then when introducing the deputation he put our case so ably that the Minister could not but see that our claims were just.

This is only one of many kindnesses from this eminent Surgeon to the nurses, and we thank him once again; for we R.B.N.A. nurses always know that we never ask him to help us in vain, however much he may tell us to help ourselves. In season and out of season he stands up for the nurses, and we owe him more than we can repay. Long may the R.B.N.A. and all nurses have so true a friend.

Yours sincerely,

Southcliff,
Felixstowe, Suffolk.

CECILIA LIDDIATT.

Members are reminded that, as is customary, the library will be closed during August.

ISABEL MACDONALD,
Secretary to the Corporation.



A CORNER OF THE ADMINISTRATIVE DEPARTMENT, ROYAL BRITISH
NURSES' ASSOCIATION CLUB, 194, QUEEN'S GATE, S.W.

announced in the Presidential address that the Board authorised to carry out the provisions of the Nurses' Registration Act which became law on May 1st would have representatives upon it from the Australasian Trained Nurses' Association, the Royal British Nurses' Association, the Medical Association, the County Hospitals, and a nominee of the Government, and that this Board would approve the standard of nurse training for the future.

Referring to the proposed Conference to be held in Sydney, the President said he favoured the formation of a Federal Council, which would draw up the standard of training, examination, and registration of nurses, each of the State Councils to have the power to control its own affairs.

QUEEN'S NURSES.

ANNUAL REPORT.

The Report for the year 1920 from the Council of Queen Victoria's Jubilee Institute for Nurses to the Patron, Her Majesty Queen Alexandra, signed by the Chairman of the Council, Sir Harold Boulton, states that it has been marked by most satisfactory progress in the many branches of the Institute's work, though it has caused the greatest anxiety to those who are responsible for securing the necessary financial support. We read:—

"At the beginning of the year the position was grave, as it was anticipated that the expenditure would exceed the estimated income by nearly £5,000; but in the course of the year it became even more critical. The Nation's Fund for Nurses did not succeed in raising as much money as had been hoped, and, in consequence, Sir Arthur Stanley was unable to provide the £7,000 promised to the Institute, nor is he able to hold out much hope of fulfilling his promises for 1921 and 1922. He has, however, kindly arranged that half the proceeds of the Victory Ball held in November should be allocated to the Institute, and it is understood that this share will amount to about £2,000.

"The Council acknowledge, with the deepest gratitude, a grant of £5,000, given by the Joint Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem, in recognition of the services rendered by the Institute to the sick and suffering; this, with a legacy, has enabled the work to be carried on to the end of the year without incurring a deficit.

"The grants given by the Board of Education for midwifery training have made it possible to train more Queen's Nurses in that branch of work, but the shortage of Queen's Nurses willing to practise midwifery is still acute."

The Report notes the appointment of Miss Peterkin (the General Superintendent) and Miss Ellinor Smith (the Superintendent for Wales) as members of the General Nursing Council for England and Wales set up under the Nurses Registration Act, 1919. It also chronicles the presentation by Queen Alexandra to Miss Peterkin of the Gold Badge as a mark of her special services to the Institute.

Of the Nurses who resigned during 1920, 143 received "Leaving Badges," having completed a term of at least six years' service as Queen's Nurses, and 276 were awarded certificates, having served not less than two years.

The Executive Committee report further to the subscribers that the Queen's Nurses' Benefit

Fund is to receive £2,000 from the *Daily Telegraph* Fund.

The demand for Queen's Nurses is greater than ever before in the history of the Institute, while the cost of training each nurse is twice as much as it was in 1916.

MEETING OF COUNCIL.

A meeting of the Council of Queen Victoria's Jubilee Institute for Nurses was held at 58, Victoria Street, London, S.W., on July 20th. Sir Harold Boulton presided.

A special resolution was passed thanking the Marchioness Curzon for organising the ball at Lansdowne House on behalf of the Institute.

The reorganisation of the inspection work is being put into operation, and the Council passed a special resolution expressing appreciation of the services rendered by the inspectors of the Institute. They feel that it is largely due to the faithful and intelligent service of inspectors that the position of the Queen's Nurse throughout the United Kingdom stands so high. Eleven associations have been affiliated to the Institute, and sixty-nine nurses have been placed on the Queen's Roll since the last meeting.

The progress of the negotiations with the approved societies for payment for the nursing of insured persons was reported. It is hoped that the national scheme may come into operation very shortly. The widespread objection amongst the Queen's Nurses to being included in the Unemployment Insurance Act was referred to.

It was reported that a deputation from the Standing Committee of County Nursing Associations had been received at the Ministry of Labour in regard to the position of nurses under the Unemployment Insurance Act. It was stated that the Minister has no power to grant exemption as the Act stands at present, and the Council agreed to ask the Organisations which represent the Nurses themselves to take the matter up and see whether it is not possible to get an Amending Act passed which will exempt Nurses, or draw up a special scheme for Nurses, under which they could receive some other benefit such as superannuation allowance in place of unemployment pay. It is understood that any special scheme could not be approved for probably two years.

LANSDOWNE HOUSE BALL.

The Marchioness Curzon of Kedleston presented to Queen Alexandra on Monday, at Marlborough House, a cheque for £3,342 4s. 2d., being the proceeds of the ball organised by her at Lansdowne House on June 22nd, in aid of the funds of Queen Victoria's Jubilee Institute for Nurses.

A PERFECT DAY.

Mr. and Mrs. J. C. Priestley entertained to luncheon and tea on July 23rd members of the General Nursing Council for England and Wales, at their residence, Tatmore Place, near Hitchin, beautifully situated on the Hertfordshire hills. The day was perfect, the hospitality and kindness unlimited, and the guests spent a very happy time enjoying the lovely view and delightful music. Only members of the Council can realise the debt owed by the Nursing Profession to the Chairman, who has given in the most generous manner both time and knowledge in guiding the responsible work of the Council since its inception in May, 1920. The signing of the Rules by the Minister of Health on July 14th was naturally a matter of congratulation for all concerned in drafting them; and now that the Register is open the Council looks forward to the enthusiastic support of trained nurses in building up their profession on a solid legal basis.

LEAGUE NEWS.

At a recent Meeting of the Committee of the London Temperance Hospital Nurses' League it was decided that as it was the unanimous desire of the League to become affiliated to the International Council of Nurses full information should be obtained.

Papers and reports containing the constitution and history of the National and International Councils of Nurses have been forwarded by request to Miss Ethel Moore, the Hon. Secretary of the League.

TRAINED WOMEN NURSES APPROVED SOCIETY'S ADDITIONAL BENEFITS.

The Committee of Management (entirely composed of Trained Nurses) are pleased to be able to inform the members that a surplus has been found on the recent actuarial valuation of the Society, and that as a consequence the cash benefits of the Society will be increased as follows, from the week beginning July 4th, 1921:—

Sickness Benefit from 12s. to 14s. 6d.

Disablement Benefit from 7s. 6d. to 8s. 9d.

Benefit of Special Class (K) of Married Women, from 7s. 6d. to 8s. 9d.

These increases of cash benefits will be paid in the same way as the ordinary benefits, and consequently from the date mentioned, benefit will be paid at the higher rate.

Members who did not become insured until after December 31st, 1918, or who joined the Society after July 5th, 1920, will not be entitled to participate in these additional benefits.

THE PROFESSIONAL UNION OF TRAINED NURSES.

EXAMPLE IS BETTER THAN PRECEPT.

NURSES FORM GUILD IN VICTORIA.

LONDON EXAMPLE FOLLOWED.

Realising that these are times when organisation stands for strength, a large number of the nursing profession have joined a new association known as the Trained Nurses' Guild. . . .

UNION IN LONDON.

The Professional Union of Trained Nurses formed in London on January 1st, 1920, has a very large membership, and is recognised as a factor to be reckoned with in the nursing world. . . .

Like all self-supporting women, the nurses have realised that if they are to expect desirable conditions, they must speak with one voice. . . .
—From *The Herald*, Melbourne.

MAUDE MACCALLUM,
Hon. Secretary.

We learn that the Royal Victorian Trained Nurses' Association disapprove of the new Trained Nurses' Guild founded on a Trades Union basis, and have recorded their disapproval in the Minutes. This, we think, a serious tactical mistake. The R.V.T.N.A. is composed of doctors and nurses—the former usually occupying the chief executive positions. Now in all countries the more advanced Nurses are following the American Nurses and medical example and forming professional groups composed entirely of Nurses. There is room nowadays for various phases of thought and professional organisation, and doctors must allow trained nurses professional privileges they claim for themselves. Both professions can then work together for the general good. We venture to think the General Nursing Council for England and Wales, on which the Nurses have a substantial majority vote, has during the past year proved that they can use it effectively and for the benefit of the community.

THE GREEK NURSING UNIT.

Nothing but good news of the splendid success of the Greek Army since our last issue; the Turks have been outmanœuvred throughout this brilliant campaign. The quicker and more complete the victory the less carnage and suffering.

A memorial addressed to the Greek Minister, and signed by the Rev. R. F. Horton (Hampstead), the Rev. F. W. Norwood (City Temple), the Rev. J. D. Robertson (United Free Church of Scotland), the Rev. Tom Sykes (secretary, National Council of Brotherhoods), the Rev. Dinsdale T. Young and Mr. F. Herbert Stead (Robert Browning Settlement) sets forth the view "that so soon as armed pressure is removed from the Turks, it is their deliberate intention to exterminate every Armenian and Christian, man, woman, and child," and expresses the conviction that the "Greek Armies offer the one hope of deliverance for the Armenians and the other Christian peoples."

Our political attitude is not much to be proud of. We nurses however have the consolation that our profession is out on this Crusade. From letters received this week we hear the Sisters are brightly busy.

APPOINTMENTS.

MATRON.

Addenbrooke's Hospital, Cambridge.—Miss Letitia Forster Feather has been appointed Matron. She was trained at St. Thomas' Hospital and now holds the position of Matron at the Royal Gwent Hospital, Newport.

Chalmers' Hospital, Edinburgh.—Miss Isabel Crichton has been appointed Matron. She was trained at Chalmers' Hospital, Edinburgh, and has been Staff Nurse at the Victoria Infirmary, Glasgow, Sister at Chalmers' Hospital, Edinburgh, and Matron of the County Hospital, Ayr.

SISTER.

Royal Alexandra Hospital for Children, Brighton.—Miss Hilda K. Kidd has been appointed Ward Sister. She was trained at the Metropolitan Hospital, Kingsland Road, and at Queen Mary's Hospital for Children, Carshalton. She has also been Sister at the Brighton and Hove Dispensary, and Out-Patient Sister and Night Sister at the Royal Alexandra Hospital, Brighton. Great Northern Central Hospital Medals for Nurses.

GREAT NORTHERN CENTRAL HOSPITAL MEDALS FOR NURSES.

The Committee of Management of the Great Northern Central Hospital have awarded silver and bronze medals to Nurses Gregory and Williamson respectively, as they passed the Senior Examination with distinction and merited special recognition.

SISTER TUTOR.

In consequence of the steadily increasing number of nurses on the staff of the Great Northern Central Hospital, the Committee of Management desire that their training should continue to be of the highest standard, and have decided to appoint a Sister-Tutor. This will enable the Committee to increase the amount of the individual training for the nurses.

CITY OF MANCHESTER MATERNITY AND CHILD WELFARE CENTRES. ASSISTANT SUPERINTENDENTS.

The following ladies have been appointed Assistant Superintendents:—Miss Evelyn HESSIE FURMINGER and Miss Elizabeth SWALLOW.

Miss FURMINGER was trained at the Mater Hospital, Dublin, and obtained the Certificate of the Central Midwives' Board after training at Queen Charlotte's Hospital, London. She was subsequently Health Visitor at Sittingbourne, and Aylesbury, Chief Midwife of Lincoln Nursing Association, and Nursing Sister in Serbia.

Miss SWALLOW was trained at Birmingham General Hospital, obtained the Certificate of the Central Midwives' Board after training at the Leeds Maternity Hospital. She was then Health Visitor and School Nurse at Mexborough, Sanitary Inspector at Sheffield, for 4½ years at Sheffield Welfare Centre, and Health Visitor and School Nurse, West Riding County Council.

PRESENTATION.

There was a large attendance of supporters of the Royal Portsmouth Hospital, as well as of members of the medical, surgical and nursing staffs in the Outpatient Hall of the Hospital, on the afternoon of July 21st, to do honour to the Matron, Miss Alcock, who is retiring after ten years' service.

The Chairman of the Committee of Management, Sir Harold Pink, expressed its extreme regret at her decision. He mentioned that since Miss Alcock took up office in November, 1911, the X-ray, massage, electrical, and radium departments had been added, and had meant a great increase in her work, but she had always thrown the greatest energy into any scheme to make the hospital more efficient. The Nursing Staff has been increased from 40 to 56, a Sister-Tutor had been appointed, and she had initiated the Ladies' Linen League.

Mr. T. F. H. Laphorn, J.P., a former Chairman, summarised Miss Alcock's record for the hospital in the one word "Success," and Mr. Munro Ford, on behalf of the honorary medical and surgical staff, said they were saying good-bye to an excellent, capable, and distinguished Matron.

Sir Harold Pink then handed Miss Alcock a cheque for £75 18s. from subscribers, Governors and Members of the Committee of Management, Miss Duffy (Assistant Matron) and Staff. Nurse Hayes asked her acceptance of an old rose Chesterfield couch from the Nursing Staff, past and present, and Miss Cahill (Head Laundress) of a handsome hand-painted cushion, on behalf of the domestic staff and porters.

Miss Alcock, in acknowledging the gifts, spoke of the assistance she had had from the Committee, and said that Portsmouth had reason to be proud of its hospital and Hon. Medical Staff. She had received great help and loyalty from the Nursing Staff.

AN INACCURATE STATEMENT.

The following letter has been addressed by Mrs. Bedford Fenwick to the Editor of *The Poor Law Officers' Journal*, as the inaccurate statement attributed to her in the report of the proceedings of the General Nursing Council on July 14th, is calculated to cause unnecessary friction. Granted the privilege of admission to the deliberations of this Statutory Council, care must be taken that members are accurately reported:—

THE RIGHT OF NURSES TO KNOWLEDGE.

To the Editor of the *Poor-Law Officers' Journal*.

DEAR SIR,—I must request you to insert this letter in your next issue. My notice has been drawn to a very inaccurate and mischievous statement attributed to me in the issue of the *Poor-Law Officers' Journal*, of July 22nd, when speaking at the meeting of the General Nursing Council for England and Wales, held on July 14th.

Referring to a uniform system of education or standard for nurses I am represented to have said "The number of medical men opposed to the liberal education was increasing every day." What I emphasised was the exact contrary. What I said was: "It was only in recent years that medical men had ceased to deny the right of nurses to knowledge . . . but the number of medical men who were opposed to the better education of nurses was decreasing every day."

In this connection may I take this opportunity of expressing my appreciation of the expert knowledge placed at the disposal of the General Nursing Council by the eminent medical men who have helped to draft the Syllabus for the future education of nurses?

I am, Dear Sir, yours faithfully,

ETHEL G. FENWICK.

Member General Nursing Council
for England and Wales.

20, Upper Wimpole Street, London, W.1.,

July 25th, 1921.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

A RESIGNATION AND AN APPOINTMENT.

Miss Constance Crookenden, R.R.C., who for the past eight years has been Matron at Addenbrooke's Hospital, Cambridge, has resigned her appointment and she will leave on September 1st in order to become proprietor of a nursing home at Brighton.

Miss Crookenden was trained at St. Thomas' Hospital and after private nursing for one year she was appointed Matron of the Cray Valley Hospital which appointment she held for 5½ years. On the resignation of Miss Montgomery as Matron at Addenbrooke's in 1913 Miss Crookenden was unanimously elected Matron. In addition to her duties at Addenbrooke's Hospital Miss Crookenden was for five years Principal Matron of the First Eastern General Hospital, Cambridge, containing 1750 beds, and in recognition of her services she was awarded the Royal Red Cross (First Class).

The General Committee of Addenbrooke's at their meeting held this week appointed Miss L. Forster-Feather to the vacancy. The successful candidate was trained at St. Thomas' Hospital, London, for four years and holds a first-class certificate. Since the completion of her training and after one year's military work in France she has held the following posts. Sister in charge of Women's Medical and Surgical Wards, Herefordshire General Hospital. Sister in charge of the Male Accident and Emergency Ward, Derbyshire Royal Infirmary; Night Sister, Queen Mary's Hospital for the East End, London; Pupil House-keeper, Charing Cross Hospital; Home Sister and Assistant Matron and since April, 1920, Matron of the Royal Gwent Hospital, Newport, Mon.

There were thirty-one applications for the appointment.

COMING EVENTS.

July 30th.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. 3 p.m. Mrs. Bedford Fenwick will explain the Rules for Registration.

July 30th.—Poor Law Infirmary Matrons' Association Quarterly Meeting. Eustace Miles' Restaurant, Chandos Street, Charing Cross, W.C. 3 p.m.

BOOK OF THE WEEK.

SWEET ROCKET.*

The publication of a new book by Miss Mary Johnston is always an event in the literary world, and "Sweet Rocket," both for its charming style and for its subject matter, which will repay careful study, is sure of a welcome from Miss Johnston's many admirers.

The author introduces us to a delightful country idyll—the visit of a teacher to an old pupil in her dearly loved "Sweet Rocket." Once her home, sold on her father's death owing to the poverty which compelled, she returned there as the secretary of the blind owner.

The story begins with the drive from the station, where Marget had gone to meet her guest. "The woman driving turned the phaeton from the highway into a narrow road. . . . The woman to whom this countryside was new, sitting beside the woman driving, drew a breath of pleasure. 'Oh, smell it! It goes over you like balm!'"

"It washes the travel stains away. Take off your hat."

"The other obeyed, turning and placing it upon the back seat beside a large and a small travelling bag. She drew off her gloves, too; then straightening herself, sighed again with happiness. 'How deep it goes . . . and quiet! It's thousands of miles away! . . .'"

"There are five miles of it," said Marget. Her tone added, 'I love it—its solitariness, its ownness.'

"It's miraculously beautiful," answered her companion. 'It aches, it is so beautiful.' . . ."

"They travelled again in silence. The visitor, a small, elderly woman, with a thin, strong, intelligent face. Something about her, alike of strength and of limitation, said 'Teacher for long years,' and Marget, who owed her much, loved this guide of her early years.

So Miss Darcy and Marget came to Sweet Rocket, and in the pleasant room, where Marget left her, Anna Darcy rested awhile, her head against the back of the chair, her eyes closed. "She was no longer a young woman, and she had had a tiring year, and it was grateful to her to rest thus. Rest! It was the word, it was the feeling, that was dwelling in this place. Rest, rest, deep rest without idleness."

Then they went down to supper. "The two entered the lower hall, yet drenched with the afterglow. A man, tall and big framed, turned at their step. 'Miss Darcy, this is Mr. Linden.' He put out his hand; the visitor laid hers in it. It was a strong hand, likeable. His voice, when he spoke, was the voice for the hand. 'I am glad to see you, Miss Darcy! Marget and I are glad . . .'"

"Supper over they went into the parlour that was opposite the dining room, and was no more

* Constable & Co., Ltd., 10-12, Orange Street London.

parlour than library. . . . They sat in the firelight, Richard Linden on one side of the hearth, and Marget on the other, and Miss Darcy beside the latter. Still there was talk. The visitor would have gathered where they stood on questions of the day, then suddenly saw that they stood all round and through, and that the day to them was so old and young that it included yesterday and to-morrow. That being so, their solutions were not always those currently offered."

Next afternoon the three and Tam (a sheep dog) went for a walk. Richard Linden used a staff. Marget kept near him and Tam just ahead. Walking so you could not think he was a blind man, indeed he seemed to have a sixth sense, he moved so easily.

When they rested Marget spoke: "We are under a young hickory, Richard. It is all gold. There is a dogwood close by, and its leaves are red, and it is very full of berries. Wild grape has started by the dogwood and crossed to the hickory. It is far and near and up and down. The leaves are half green and half yellow, and there are a thousand bunches of grapes."

"I see," he said, "and I hear a woodpecker." So she described to the blind man the life of the country side, so quiet, yet so full of movement.

"The visitor to Sweet Rocket sat still, with her eyes upon the gold fretwork of the hickory. She was thinking of the birds. It was very sunny, very still in the glade. Her companions also rested silent. They seemed to be in reverie, to be going where they would in their inner worlds. . . .

"See the love and beauty and power and daring! See the thought and feeling pressing on—see them trooping into fuller being—see them men and women, their tribes and nations! When we have gone far, far on, see their human earth!

"It was Linden, she thought, who said that. She came back with a great throb of her heart to the earth beneath a golden hickory, to the October sun, in a little Virginian valley. Yet the two reclining there seemed still in a brown study, gone away. She thought, "I am come into a strange country! Are they knowing, feeling, all that life more intensely than I'?"

Then they went home through the glade that was turning violet. "Walking so, Marget fell to talking of Anna Darcy's life, the manner of it, her steadfast work from year to year, and all her kindnesses, and all that she had given. At first Miss Darcy tried to stop her, but then she could not try any longer, the appreciation was so sweet. Her life had been difficult, isolated for all the stir around her, subject to sorrows, a little withered and gray. She felt the exquisite caress of their interest. It was more than that to her; it was recognition.

"How would it be if all were truly interested in all? If there were general recognition?"

Other visitors came to Sweet Rocket; and the even days flowed pleasantly on. Days of simple living, and of high thinking. Talk of humanity moving on into super-humanity. Days of learning of finding rest and romance, salt in life, and the true wine, and the uncloying honey and the bread

of right wheat. Of finding water of Moses' spring, and the Burning Bush."

Read and enjoy this book, read, and if insight is given you, and you approach it—"impassioned for its beauty and salt of truth"—you also will understand.
P. G. Y.

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,—I have just had read to me your very delightful editorial in THE BRITISH JOURNAL OF NURSING of July 16th, and I feel I must send you a little word of very sincere appreciation of your great kindness in devoting the whole of the editorial to the Beaver Hut Exhibition and the Christopher Street Clinic.

I am most deeply grateful to you for the immense amount of help which will, I know, come to the blinded men as the result of your generous mention of their activities.

Yours sincerely,
ARTHUR PEARSON,
Chairman, Blinded Soldiers' and
Sailors' Care Committee.

Headquarters of St. Dunstan's Work,
Regent's Park, N.W. 1.

[We have the deepest sympathy and admiration for these wonderful men. We do hope all our readers keep them and their useful work in mind.—ED.]

REGISTRATION OF MALE NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I noticed a statement in your "Nursing Echoes" column, July 16th issue, that male nurses are not eligible for the General Part of the Register, because they will not be able to comply with the Syllabus drawn up for the education of female nurses, and would, therefore, deem it a great favour if you would kindly publish my reply.

Up to the present time, male nurses have held one of the highest positions in the nursing world. We have worked side by side with the General Trained female nurse and, in addition, have taken over mental cases, which the General Trained female nurse could not—and will never be able to nurse—whatever Syllabus may be drawn up for their benefit; and as these cases are subject to contract any disease that the patients the General Trained nurse usually has under her care, I consider that this alone would be sufficient for our representative, if we are going to be fairly treated and allowed representation, to convince any Council that may be set up for the welfare and protection of *all* future nurses that we are entitled

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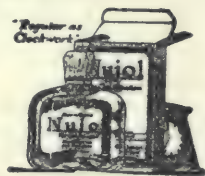
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and should be eligible to be placed on the General Register.

It is my opinion and also the opinion of my colleagues that nothing whatever has yet been done for the future welfare of the male nurse. We find we are suddenly left behind and only under special circumstances are we placed on the Register at all.

Male nurses have always had, in my opinion, a better training than the female nurse trained in General Hospitals. In Poor Law Hospitals and Infirmaries, male nurses have extraordinary opportunities of learning.

In the first place they have no medical students to do the dressings, and much treatment for medical and surgical cases carried out in General hospitals by students must necessarily be done by the male nurse in training. This gives the latter confidence, and is the reason, I feel quite certain, why they make the best private nurses.

On the other items mentioned, I am afraid that I cannot speak of so far back as thirty years from my own experience, but I can go back a good half way, and I quite agree that there were very few associations who at that time looked very far ahead, probably due to the slackness of the members themselves; but great alterations have taken place during the last six years, and I am pleased to see that in every sphere of life great changes are taking place daily, and as every individual is now recognised as a part of the community, and as the present time passes us daily, we all now realise that our interests lie in the future, and if we are going to build up a highly skilled nursing profession for this future, then "justice and fair play" must be given to all.

The male nurse is quite alive to the fact that he must now wake up to protect his own interests if he is still to remain in a position to carry on his work—the work he has carried on so successfully up to the present time.

Poor Law Hospital and Infirmary nurses, both male and female, must organise, because the question for them is, when the time comes for them to elect their own representative on the Governing Council, how are they going to do it? By this—and this way only—let them look up their Sub-Agents of their Poor Law Officers' Association in their own districts, who will give them full particulars of what they can and ought to do, and I urge both male and female nurses to think it over before it is too late. Let us approach this great task of building up a highly skilled nursing profession, in a determined manner, and all united, build it well on solid foundations, so that it shall resist the tempest of the centuries to come.

Yours faithfully,

W. FALKINGHAM,
Head Male Nurse.
Milton Infirmary,
Portsmouth.

[We think the title, "Registered Male Nurse," secured in the Rules for Male Nurses, will prove a

very distinctive and honourable one. The reason male nurses are not placed in the General Register is because they nurse only one sex, and cannot, therefore, fulfil the Syllabus of Training laid down for female nurses.—E.D.]

KERNELS FROM CORRESPONDENCE.

THE OPENING OF THE REGISTER.

Kingsford, Boscombe.—"Heartiest congratulations, soul-felt thanks and best of good wishes; also to Miss Breay."

Georgina B. Macvitie, Wandsworth.—"Please accept my very warmest and heartfelt thanks for the great work to which you have given your whole heart and soul to get for our very noble Profession our just status. You have *achieved*—our thanks are due to you—and I with many others am proud of having been trained by you. I am applying for my Form and hope to be registered, though not now in active work."

Louise Bennett, R.B.N.A., Ladbroke Road.—"With joy I looked for the coming of the *B.J.N.* this week, and at last find our hope is realised. I do trust this is only the beginning of greater things for our sacred profession. We all realise what you have done, also many others, and may we not fail in our appreciation of it, but strive earnestly in the future to act up to our responsibilities."

Soon to become a "Registered Nurse."—"It is not everyone who lays a foundation that lives to see the coping stone placed on their life's work. May I congratulate you on behalf of myself and I imagine every other intelligent member of the Nursing Profession for the work you have done for us, both by precept and example, as well as through THE BRITISH JOURNAL OF NURSING. May you live to see 'Registered Nurse' recognised as the hall-mark of the Profession."

Janet Fraser, Paris.—"May I lay emphasis upon the Imperial importance of the Nurses' Registration Acts. Now indeed, through State Registration at home, we Dominion-trained nurses can feel truly part and parcel of the whole sisterhood of British nurses. I am writing home to Canada for identification papers, so that I can apply for registration in London. Nothing will do more to draw our Dominions together than this State Registration link between its nurses through the Motherland. We are in and out of the people's homes on such confidential terms—we are socially a powerful body."

PRIZE COMPETITION QUESTIONS.

August 6th.—What do you know of cholera, including its causes, symptoms, and nursing care?

August 13th.—What do you know of the modes of diffusion of tuberculosis throughout the races of the world?

The Midwife.

SUPPLY OF MILK TO EXPECTANT MOTHERS, NURSING MOTHERS AND INFANTS.*

By DR. E. W. HOPE, M.O.H., Liverpool.

Every investigation of past years into the subject of Infant Mortality emphasises the difficulty in providing infants, whose mothers are unable to suckle them, with suitable food. It was this difficulty which led originally to the establishment in Liverpool of centres at which suitably prepared milk for such infants could be provided.

It has now become clear that in a considerable proportion of cases by supplying the mother with milk, on easy terms, her ability to suckle the infant is restored, and this principle also has been largely followed. The step forward in providing the expectant mother with milk was a short one. It must be borne in mind that the guiding principle in this work was not the relief of destitution, but rather provision for the ailing, whether expectant mothers, nursing mothers, or infants.

The extent of the work will be recognised by showing that upwards of 20,000 persons were receiving milk during the year 1920, of which number approximately, and in round numbers, slightly more than 1,000 were expectant mothers, 9,000 were nursing mothers, and 6,000 were infants under 12 months of age. There were also 4,000 children between the ages of 1 year and 5 years.

Approximately 325,000 gallons of fresh milk, and nearly 17 tons of dried milk were distributed during the year 1920.

The work has been in operation for approximately 15 years and has been gradually increasing in magnitude up to the year quoted.

The course of the rate of infant mortality during the last 20 years is indicated on the accompanying diagram (this showed a fall from 202 per thousand in 1895 to 113 per thousand in 1920.—Ed.), and there is no shadow of doubt that the distribution of milk has had an important share in bringing these results about. It must be remembered that the work is carried on in conjunction with the Infant and Maternal Welfare Clinics, and that the milk for expectant or nursing mothers is supplied on the prescription of the doctor, whilst in the case of infants the mixture is prepared in conformity with the instructions of the doctor. It will be appreciated therefore that an immense amount of care has to be exercised in the preparation of a large number of mixtures to meet the varying ages and needs of the infants.

The evidence in support of the view that this has had its share in lessening the rate of infant

mortality is analogous in kind to the evidence in regard to the diminution in the mortality from the various forms of infectious disease.

The work is well worth while carrying on but it is extremely difficult, requiring a great amount of close and careful attention, and the expenditure of a large sum of money. No doubt many municipal bodies think that the saving of life is not worth so much trouble and expense—the Corporation of Liverpool, however, are of a contrary opinion, and intend to proceed with this work.

It is common knowledge that in a Circular dated August 9th, 1918, the Local Government Board approved of the provision, by Sanitary Authorities, of milk for necessitous mothers, but this point is entirely different from that under consideration.

Most valuable service can be, and has been rendered in Liverpool, by voluntary associations and notably by midwives. The Liverpool and District Trained Midwives' Association have co-operated cordially with the staff of the Health Committee.

Excluding the cost of the actual clinics the amount expended on the distribution of milk during the year 1920 was approximately £70,000, and the amount realised by the sale of milk was slightly more than £35,000. 50 per cent. of the net cost of this work is recoverable from the Ministry of Health.

It remains to be added that many other important works, such as housing operations, municipal scavenging, street washing, adequate water supply, and so forth, have all had their effect upon infant mortality, and it is not claimed that the great reductions are wholly due to any one cause.

CENTRAL MIDWIVES' BOARD FOR IRELAND.

EXAMINATION PAPER.

The following is the examination paper set at the examination by the Central Midwives Board for Ireland on June 20th:—

1. What are the causes of delay in the third stage of labour?
2. Describe the methods of resuscitation in "Asphyxia Neonatorum" pending the arrival of a doctor.
3. What are the contra-indications to breast feeding?
4. What is prolapse of the cord? Describe how you would treat such a case before the arrival of a doctor.
5. A nurse is in attendance upon a case of Puerperal Fever. What steps must she take in accordance with the Regulations of the Central Midwives Board?
6. What are the symptoms of pregnancy?

*A paper read at the Second English-speaking Conference on Infant Welfare, London, July 6th, 1921.

A WISE POLICY.

The policy of the Ministry of Health, as detailed in its latest report, includes the extension of midwifery service, so that every woman may have within reach a competent midwife, provision of sufficient hospital accommodation for diseases of pregnancy, confinements, and illnesses of young children, and provision of maternity homes, and home nursing for maternity cases and illnesses of young children, especially ophthalmia neonatorum, measles, whooping cough, epidemic diarrhoea and poliomyelitis.

AN INTERESTING DOCUMENT.

The Annual Report of Sir George Newman, Chief Medical Officer of the Ministry of Health, for 1920, is a very comprehensive and interesting document to which we have not space to do justice in this issue. An encouraging point is that there is a substantial rise in the birth rate, which is 25.4 as compared with 18.5 in 1919, and that the death rate shows a decline at most ages, being 12.4. There is still, however, a large mass of disability from trivial but neglected sickness.

BABY RULES FOR MOTHERS.

1. Bathe me every day. Oftener in hot weather. Test the heat of the water with your elbow. Pat me dry. Then I'll laugh and crow for you.

2. Keep me in a cool, clean, airy place. Dirt and heat make me ill and cross. Out of doors let me watch the sunlight and shadows dance, but shield my eyes from a direct light. It hurts them.

3. Let me sleep sixteen to twenty-two hours out of twenty-four. I detest waking to show auntie the colour of my eyes. When I sleep, I grow. That is my business.

4. Feed me *regularly* at three or four hour intervals. My stomach needs to rest between times. If you give me too much, I'll spit it up. I like mother's milk the best of any.

5. Let me kick and cry sometimes. I *must* get some *exercise*. Play gently with me, but do not toss me high. I may fall and break my back.

6. I love to cuddle in your arms, but please, mother, rocking me to sleep makes me dizzy. Turn me over often. I am vain about the shape of my head.

7. Let me hear soft tones of beautiful music. They soothe me. Sudden, loud or harsh noises get on my nerves. I love to hear you sing.

8. Support my head and back while I am tiny. *Please* let me take my own time in learning to walk. I want my body to grow straight and strong.

9. Do not expect me to talk too soon. It takes quite a while to learn your foreign language.

I can understand my own much better and I must think and think before I speak.

10. Protect me from persons who want to kiss my mouth. I am not strong enough to fight all their germs. Besides, it isn't done in the better babies' families.

Keep all these rules for me and some day I may do something for you.

"Hush a bye, baby, on the tree-top,
If grandmother trots you, you tell her to stop,
Shun the trot horse your grandmother rides—

It will work harm to your little insides.

Mama's scientific—she knows all the laws—

She kisses her darling through carbolised gauze.

Rock a bye, baby, don't wriggle and squirm ;

Nothing is near you that looks like a germ."

From the Oregon Nurses' Bulletin.

THE SONG OF THE ANTI-DUMMY LEAGUE.

"Baby cries,
Nurse unwise
Rubber nipple pacifies.

No more riot,
Baby quiet,
Quite content with rubber diet.

Hearts like lead,
News is spread
Baby pacified—and dead !"

Makers of baby pacifiers please copy.

From Woman's Part in Government.

TREATMENT FOR ADENOIDS AND ENLARGED TONSILS.

At the Meeting of the British Medical Association at Newcastle-on-Tyne:—

Lieutenant-Colonel John Kynaston, London, urged that operating surgeons should revise their practice regarding operations for adenoids and enlarged tonsils, fully 90 per cent. of which, he alleged, were based on the wrong diagnosis of nasal stenosis instead of nasal sepsis. Operations were not invariably successful, and led to many deaths. Treatment should be on the lines of proper hygiene, dietary, and the cleansing of the nasal cavities by saline solution, followed by antiseptic inhalations.

A NEW SURGICAL NEEDLE,

A new surgical needle has been invented by Dr. H. S. Souttar, of the London Hospital. Hitherto one of the drawbacks has been the eye which has to be large to receive a considerable thickness of the sewing material.

Dr. Souttar's needle is an ordinary surgical needle which can be shaped in any way desired, but instead of the eye there is a small length of tubing fitted to the body of the needle within which the suture, or sewing material, is attached. This tube is exactly the size of the needle, so that no drag occurs in its use.

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EDITORIAL.

PROFESSIONAL ENFRANCHISEMENT AND CONTROL.

The position conferred by Parliament on the General Nursing Councils in the United Kingdom is even now not well understood by many of those concerned in the employment or control of nurses. Thus a contemporary refers to the General Nursing Council for England and Wales as an "experimental body . . . presided over by Mr. Priestley." We desire, therefore, to emphasise the truth that the appointment by Parliament of this Statutory Body, on which the trained (soon to be the Registered) nurses of this Kingdom are in a substantial majority, is not an experiment but a revolution.

Trained nurses have not been striving for thirty-four years simply for the right to place their names on a Register. Had this been all they would not have met with the opposition with which they had to contend before they at length attained self-government. The demand underlying their claim was the right conferred on professions such as that of medicine, and of the legal and the teaching professions, to define their own standard of education, and to govern their own members. They were content to accept no less, preferring to wait until this just claim was granted. And they gained the reward of their forceful and patient persistence. The General Nursing Council is primarily an Educational Body, through which the nurses of the Kingdom have the right to direct their own lives. Nursing is no longer a domestic avocation but a profession. It will, no doubt, take a little while for employers of nurses, whether committees of voluntary hospitals, Poor Law Guardians, or members of lay committees employing and supplying nurses, to adjust their ideas to the new conditions. But it cannot be too clearly stated that Parliament has placed

upon the Profession of Nursing the duty of defining and maintaining its own standards, both of education and discipline, and that it has every intention of discharging its duty.

The General Nursing Council for England and Wales has shown no disposition to autocracy in carrying out the powers conferred upon it. Thus in regard to the Syllabus of Nursing Education it took the wise step of sending it out in draft form to Hospital Committees, Boards of Guardians, and Professional Associations of Nurses, and, further, issued a cordial invitation to Matrons of Training Schools in both voluntary and State institutions to attend a Conference on the Draft Syllabus, an invitation which met with a most cordial response. Certain suggestions made at the Conference were subsequently incorporated in the Syllabus in its final form.

Again, when the Conference of Representatives of Boards of Guardians who have established Training Schools for Nurses expressed a desire to send a Deputation to interview the General Nursing Council, its request was immediately acceded to, and the Deputation received with the greatest courtesy.

The Council has shown itself very much alive to the difficulties with which the Nurse-Training Schools are confronted in adjusting their arrangements to the new order of things, and shown every disposition to deal sympathetically with them.

But in the final adjustment it must be remembered that authority as to the definition of standards of nursing education has passed from the hands of the laity to those of the Nursing Profession; just as the definition of standards of medical education is in the hands of the profession of medicine.

The Profession of Nursing is henceforth the adjudicator, the final judge, and the controlling power over the educational standards and discipline of its members.

THE PSYCHOLOGY OF HAPPINESS.

This second paper, under the auspices of the Guild of Health, was prompted by the fine Editorial in our Journal some weeks ago, entitled "Radiating Happiness," so full of beautiful thoughts; and we shall take the liberty of quoting from it to illustrate the viewpoint this paper sets forth.

If we would seek a perfect object lesson in happiness, yonder little child, playing by the seashore holds the secret! Look at him building sand castles! filling his tiny bucket with water and pouring it into the trench which he has dug, laughing and chattering all the while in happy-hearted glee!

He is radiating happiness in its perfect simplicity, and simple perfection; because he cannot help it any more than the sun can help shining or the flowers scenting the air.

Oh, happy childhood! Thine attributes come direct from the Divine, unfettered, fresh, and free! In later life we hedge ourselves round by conditions which prove our undoing, and dam up the stream of pure fresh impulse by caution and conventionality.

How can we retain the freshness of that childlike happiness? By retaining that simplicity, which is in itself a great possession! 'Tis not enough to say: Try happiness! We have often tried it and failed miserably. Why? Because we were looking from without inwards; instead of from within outwards. Happiness is just the reflection of faith and love.

Your correspondent says: "How beautiful is the love of God would suddenly enter everyone's heart"? Is His love not our present possession? Though so often an unappropriated or only half-used blessing. It would help us in our constant contact with sick folks and with life in general if we grasped the *right end* of this fundamental fact. We have grown so used to think that the spiritual side of our nature is to be acquired and cultivated from without, rather than developed from within, and it needs a mental effort to change round.

In the language of to-day, we have been viewing life from the *negative* rather than from the *affirmative* aspect. Try the latter, friends in the profession, and you will soon have the assurance that the Life Power of the Eternal comes from within, and happiness is enshrined in the heart of every human being; and here, *en passant*, let us recommend the Guild of Health, whose offices are at 3, Bedford Square, W.C.1, as a centre for earnest seekers after Truth, where one finds "The fellowship of kindred minds." Not that any society or church can do for us what God intended we should do for ourselves, but the Guild, like the church, is a big brotherhood for mutual helpfulness. "The unhappiness of the world has its root in personal selfishness," are the Editor's trenchant words, and in that sentence she touches one of the fundamentals in the "Psychology of Happiness."

No individual, no family, no community, no

nation, can be really happy if self plays *any* part in its mental or moral fabric. That is a big assertion, but life bears us out. One hears a lot just now about the "Ideals of Rotary," the motto of which is "Service not Self," and one of the eminent leaders in the movement (Mr. A. F. Sheldon, of Chicago) said the other day: "Selfishness is the road to self-destruction, and service to others the road to self-construction."

Look at nature, that wonderful servant, who reveals her secrets to those who love her. The beauty of tree and flower, the glory of the sunshine, the ripple of the sea upon the shore, the magnificence of the storm, the wonder of seed-time and harvest! She gives all, asking for nothing in return, and thereby radiates happiness.

We nurses want to attain just that attitude of mind where happiness lives and grows, and at the centre of our consciousness dwells the "Motive Power" which we call God, ready *always* to work in and through the human mind and will, *whenever we desire and acknowledge It*. And our mental vision is so focussed that we see only *the best* in every circumstance of life, and never look for less than that.

WE GET OUT OF LIFE JUST WHAT EXACTLY WE PUT INTO IT.

We get out of life just what exactly we put into it. Neither more nor less! The old Book says: "What a man sows that shall he also reap," and by being true to the best we know, better and higher is revealed.

Happiness comes from within! No need to minimise the strenuous life and great responsibility of the trained nurse. These make us look grave, and sometimes feel old, but the hardest and most trying day in hospital or elsewhere can be bright in selfless happiness. No "flies in the ointment," though! Neither jealousy nor bitterness nor unkind criticism can hob-nob with happiness, nor can a dull, severe countenance.

Happiness sits enthroned within the citadel of your being, awaiting and longing for the opportunity of service. 'Tis a spiritual possession! Open the windows of that citadel and the sunshine of happiness will warm and help you!

This is to apply an Eternal Law which has been in operation since the beginning of time, but which somehow we have misinterpreted! Its application too, relieves us from the irksomeness of "trying to do" something which is difficult, instead of "being" what nature intended us to be.

The power to will and to be is already ours; therefore, we need no longer grumble "I want to be happy," but confidently assert "*I am happy*." The more we draw from that Citadel of Supply, the greater becomes our capacity for happiness and service.

Trials and sorrows come, but nothing but our deliberate act of rejection can rob us of our inheritance of the same happiness as that in which all Nature rejoices. Not the meagre reflection of a "little candle" may be ours then, but something of the warmth and healing power of the sun.

In closing let us again quote the Editor's wise words: "Some houses seem enveloped in an atmosphere of peace, and others pervaded by a spirit of unrest. Both conditions undoubtedly emanate from their occupants!" Just so! Proving that life's best comes through the individual, whose life is an influence.

The happy people are those who live for others; and who so selfless as the true nurse? Then let it cheer us all to know that the true "Psychology of Happiness" lies in appropriating our gift and using it right here where we are, and calmly asserting, always and everywhere: "Happiness is mine, and joy releases the forces."

A. E. M.

DEGREES OF STARVATION.

Sir George Newman, Chief Medical Officer of the Ministry of Health, in his annual report, states that whilst death by acute starvation is relatively rare, and whilst there has been without doubt an enormous improvement in the quantity, quality and variety of food consumed by the English people, there still remains a great mass of disability and malnutrition *due directly or indirectly to our faulty habits and customs in respect of dietary*. This leads not only to dyspepsia, indigestion, anæmia, dental defect and alimentary disease, but to a substantial degree of impairment of physique—sometimes over-feeding and sometimes under-nutrition—which results in incapacity and invalidity. In regard to this important question, four points should be remembered:—

(1) In buying food the worker is buying health and energy—the power to be well and to do work.

(2) A slight reduction in quantity or quality of food below that which is necessary and wholesome causes a relatively large diminution in the working efficiency of the individual.

(3) The question of the food needs of a country is fundamentally a problem of *physiology*,

(a) the nutritive value of the several foods—the extreme value of milk, eggs, fats, sugar and starch, vegetables and fruits and vitamin-containing foods;

(b) the standard requirements of the normal man as regards constituents and variety of food and regularity of meals;

(c) the special needs of women and children.

(4) An habitual excessive consumption of alcohol does definite harm to the body, and, other things being equal, nations which drink alcohol to excess cannot compete on equal terms with nations which are moderate or abstaining in this respect.

NURSING ECHOES.

It was only last week we were deploring the loss of stimulus during the dreary years of the war—through lack of intercourse with our American cousins—when the telephone bell tinkled and a gentle voice informed us: "Adelaide Nutting speaking." Joy! Soon we had fixed up to show Professor Nutting the Headquarters of the General Nursing Council, which she was most anxious to visit, so that she could see for herself and carry across to friends "on the other side" a description of just what the Registrationists have accomplished and are doing.

Professor Nutting paid 12, York Gate a visit on Wednesday in last week, and was conducted right through the various departments by Mrs. Fenwick and Miss Riddell, and it is not too much to say that she expressed herself really charmed with all the arrangements. Miss Nutting compared the spacious offices with those usually allotted to official work for women in the States, where half a dozen women are expected to work in one small apartment, to the great disadvantage of the latter. Miss Nutting caught on to the lesson of the Council's house at once, which has been furnished and organised as an object lesson of what an official residence should be, especially one in which health and nursing are the main objects: space—light—beauty—businesslike convenience for all. Surely, said Miss Nutting, everyone, every nurse who enters this establishment, will be impressed with its fitness and order. She wanted to carry it away intact and set it up on the other side of the Atlantic—especially certain "bits" of Spanish mahogany. Miss Nutting was entertained to tea and talked on her favourite theme of the necessary reforms if the well-educated girl is to choose nursing for her career, now that so many other branches of work are open to her. Drudgery must be eliminated, instruction for the mind provided. The policy of the Nursing Council was, she was informed, guiding nursing education in this direction.

Miss Nutting much regretted that duty prevented Miss Lloyd Still being present, as she would greatly have enjoyed a talk with her on the schemes of the Education Committee, and also that serious illness prevented her meeting Miss Cox-Davies. She was full of enthusiasm and good wishes for the progress of the important work deputed by Parliament to the General Nursing Council, and will convey to our

colleagues in Canada and the States the splendid progress being made, and the professional unity already accomplished through this statutory body.

Recently the India Office notified that the Government of India had asked for 21 nurses to be engaged, in the grade of Staff Nurse, in Queen Alexandra's Military Nursing Service for India, on contract for six months, extensible to one year at the option of the Government of India.

Applicants were informed that the requisite qualifications were that they should "be fully trained nurses between 27 and 35 years of age. Midwifery qualifications (*i.e.*, certificate of the Central Midwives' Board) are required, and the contract will include liability to serve in family hospitals." Lastly, "If you are found to be eligible for appointment, you may be called upon to appear very shortly before a Selection Board at this Office, with a view to your proceeding to India, if selected."

A correspondent informs us that about twenty nurses, mostly Sisters, including nurses from Scotland and Ireland, were brought to the India Office for an interview, all under the impression that they were wanted for service in military hospitals, with the possibility of occasional work amongst the soldiers' families. They found that they were ineligible if they had not practised as midwives, and without one year's practical work in midwifery, over and above the C.M.B. training, no one was accepted. Only three out of the whole number had been practising midwives, and they were accepted.

The applicants were told that they might in all probability be compelled to work alone, with no medical aid, and only a native woman for helper, and gathered that it was really midwives, not nurses, who were required.

From a personal point of view one applicant at least had no complaint to make. She had a very nice trip to London, and was enabled to see relatives whom otherwise she could not have visited just then. But our correspondent draws attention to the useless expenditure of time and money involved in bringing so many applicants from various parts of the kingdom to London, whose fares, expenses and hotel bills were paid, when a letter might have elicited that they had not had the year's practical midwifery experience, which was apparently a *sine qua non*, in addition to possessing the certificate of the Central Midwives Board. Who is responsible for such useless

expenditure of public funds at a time, moreover, when the taxpayer is bearing such crushing burdens? Perhaps the Secretary of State for India will look into the matter.

A Panel of Nurses willing to undertake Emergency District Nursing was established by the Central Council for District Nursing in London in 1919.

Since that date about thirty-five nurses joined the Panel. Of these only a few are still available, some having left London, others having taken permanent posts or withdrawn.

A considerable number of the District Nursing Associations have made use of the nurses and have greatly appreciated their help. More nurses are now needed to fill the gaps. It is an opportunity for those who do not want to take permanent posts to tender a very useful service, and to keep in touch with nursing developments. Application should be made to the Assistant Secretary of the above Council, 3, Temple Gardens, E.C.4.

The Vienna correspondent of the *Lancet* states that as a consequence of the social upheaval, occupations requiring a more than ordinary amount of devotion are not much sought after by the lower classes of the population. If it is hardly possible at present for a middle-class household to find a servant, this fact, not in itself important from the standpoint of the State, assumes a different aspect when it is considered that numerous women unused to household work now have to do it, and thereby suffer severely in health. Moreover, the children cannot be looked after so thoroughly if the middle-class mother has to leave them to do shopping, &c. The general health is thus materially affected. Still more important is the fact that the very onerous vocation of nursing is now becoming discredited. In the General Hospital alone, where good pay and good board are available, more than 70 sisters are wanted. In this country before the war nurses were mostly recruited from the same class as servant girls, barmaids, and factory hands. Better educated girls only took up this calling during the war. The latter now find it easier to work in shops or offices, whilst hospital nurses are eager to go out to the country hospitals, where they are much better off, with less work. Owing to the eight-hour day, instituted by law even in hospitals, the numbers required are trebled, and the scarcity results both from the removal of qualified women from the city and the absence of new-comers, necessitating the closing of several wards in the General Hospital.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

REGISTER FOR EXISTING NURSES AND NURSES WITH INTERMEDIATE QUALIFICATIONS NOW OPEN.

Under the Nurses' Registration Act, 1919, the General Nursing Council for England and Wales, constituted under the Act, was authorised, among other duties, to frame the Rules for the admission of Nurses to the Register.

These Rules have now been signed by the Minister of Health, and the Register is now open for the Registration of existing nurses and nurses with intermediate qualifications. The Register is formed of a General Part for the Registration of general trained nurses, and four Supplementary Parts, for nurses who have been trained in Mental Hospitals, Children's Hospitals, and Fever Hospitals, and for Male Nurses.

Nurses desiring to avail themselves of Registration should apply for application forms to the Registrar at the offices of the Council, 12, York Gate, Regent's Park, London, N.W.

HOW TO FILL IN THE APPLICATION FORM.

1. Read the Form carefully.
2. Verify information for absolutely correct replies to questions.
3. Make a clean copy on foolscap paper.
4. When correct, copy statements on to Application Form.
5. Write very clearly, especially signature. Name sent to Registrar in block letters, will be a great help.
6. Certificate must be very carefully copied, as it will be retained and filed—after the original has been inspected and returned.
7. The fee must be enclosed with application, and a crossed cheque used when applicant has a banking account. If postal order is sent, the letter should be registered.
8. Nurses resident in London can call at the Office, 12, York Gate, Regent's Park, N.W. (opposite St. Marylebone Church), and hand in Form and Fee, for which a card of acknowledgment will be given.

The statement is made in the *Nursing Mirror* that "no money should be sent until the nurse has been informed that she has been accepted for the State Register." This is incorrect. Reference to Form 1(a) and Form 1(b) of the Second Schedule of the Rules framed by the General Nursing Council for England and Wales (printed on pages 31 and 33 respectively) will show it is expressly

provided that the fee must be sent with the application form, and that if a nurse's application for registration is not accepted the fee will be returned.

GENERAL NURSING COUNCIL FOR SCOTLAND.

OPENING OF REGISTER.

We are officially informed that the Scottish Board of Health, having now withdrawn their contention that nurses on their Register of Certificated Fever Nurses should be placed on the Council's Register of existing General Nurses, the Council's Rules have been approved by the Scottish Board of Health.

Applications for Registration from all classes of nurses who have either been trained in Scotland, or are now resident or practising there, will now be received. The first procedure is to apply for Forms of Application for Registration to "The Registrar, General Nursing Council for Scotland, 13, Melville Street, Edinburgh."

The Rules can be obtained from the same address.

We congratulate the General Nursing Council for Scotland. Now all three Councils will simultaneously work on the enrolment of nurses on the State Registers.

NOTE OF PROCEEDINGS AT MEETING OF THE GENERAL NURSING COUNCIL FOR SCOTLAND.

A meeting of the General Nursing Council for Scotland was held at 13, Melville Street, Edinburgh, on July 27th. Captain C. B. Balfour, Chairman of the Council, was in the chair.

The Registrar submitted a letter from the Town Clerk of Glasgow forwarding Representations by the Corporation of the City of Glasgow against the Draft Rules framed by the Council, in which the Corporation objected to a Supplementary Part of the Register being set up for existing fever nurses and proposed that existing fever nurses should be placed on the General Register. The Council adjusted the terms of a reply in which they pointed out that in regard to existing nurses the training and experience of what are termed "General Nurses" and "Fever Nurses" have in the past been so different that separate Registers appeared to the Council unavoidable, and that the same view had been taken by the Nursing Council for England and Wales and the Nursing Council for Ireland. The Registrar was instructed to forward this reply to the Town Clerk of Glasgow and to the Secretary of the Convention of Royal Burghs who had also communicated with the

Council on the same lines as the Corporation of Glasgow.

A letter was submitted from the Scottish Board of Health dated July 23rd, 1921, stating that subject to the establishment of complete reciprocity between the English and Scottish Registers, the Board were prepared to waive their proposal that fever nurses on the Board's Register should be placed on the General Part of the Register of Existing Nurses.

A letter was read from the Registrar of the General Nursing Council for England and Wales intimating that the English Council had, at the request of the Minister of Health suspended the reciprocity rule with regard to nurses on the Scottish and Irish Registers for the present, and that the Minister had signed the Rules as thus amended. After discussion, it was unanimously resolved to adopt a similar course. The Draft Rules subject to certain minor alterations were then formally approved, and the chairman was authorised to sign these on behalf of the Council. The Registrar was instructed to present these Rules and have them signed by the Scottish Board of Health at the earliest possible moment.

The Registrar was also authorised to have the necessary Forms of Application, &c., printed off, and to intimate through the Press that the Council's Register was now open.

The Report of the Registration Committee recommending certain minor alterations in the Draft Syllabus of Lectures and Demonstrations for Education and Training in General Nursing was approved, and the Registrar was authorised to have the Syllabus printed off for distribution.

With reference to the above report, the approval of the Board of Health to the Draft Rules of the Scottish Council was obtained on 29th ult. and the Register of the Scottish Council is now open. It contains, in addition to the General Part, Supplementary Parts for (1) Male Nurses; (2) Mental Nurses; (3) Nurses for Mental Defectives; (4) Sick Children's Nurses; and (5) Fever Nurses.

Nurses who completed their training before 1st November, 1919, or had been engaged in practice for three years before that date are entitled to apply for registration as "Existing Nurses," and nurses who completed their training subsequent to that date are entitled to apply for admission as "Nurses in Training before Issue of Rules."

We are glad to be able to give a satisfactory report of the progress of Miss Cox-Davies. The last news is that she is "decidedly better." It will be received with much pleasure by her many friends.

£2,000 has been bequeathed by Mr. George Henry Simmonds, of Murdoch Road, Woking, to his nurse, Miss Elizabeth Wilkinson, "for her devoted and faithful service for many years".

After 35 years' work Sister Colbeck has resigned her position at St. Mary's Hospital, Paddington.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The quarterly meeting of the Matrons' Council was held at the Club of the Royal British Nurses Association, 194, Queen's Gate, S.W., on Saturday, July 30th, in the absence of the President the chair was taken by the Hon. Treasurer, Miss S. A. Villiers.

Letters were read from Miss Purvis (Middlesbrough), Miss Hurlston (Bournemouth), Miss Wallis (St. Leonards-on-Sea), and the Hon. Secretary instructed as to the replies to be sent.

Applications for membership were received and the applicants elected to membership.

A Resolution was adopted pointing out to the National Council of Women of Great Britain and Ireland that now that Nursing was a profession legalised by Act of Parliament it was very essential that it should be represented on the Executive Committee of the National Council, as the Nurses' Associations have long felt that they do not care to continue to subscribe to women's organizations on which they have no representation, or power of expression on the Executive Committee.

It was decided to nominate Miss S. M. Marsters, who expressed her willingness to attend the Annual Conference of the National Council of Women at Sheffield, at the end of September, as a Representative of the Matrons' Council, and to nominate the Hon. Treasurer Miss S. A. Villiers, who consented to stand for election as a candidate for the Executive Committee as the representative of an Affiliated Society.

The Council accepted with pleasure the invitation of Miss Lamb, Matron of the Claybury Mental Hospital, to meet there in October.

The Chairman congratulated Miss Steuart Donaldson, a Member of the Council, on its behalf on her appointment as Matron of the Royal Infirmary, Glasgow, and welcomed Miss Child, who has returned to England after many years of work in South Africa.

The business meeting then terminated.

THE RULES FOR REGISTRATION.

THE CHAIRMAN then invited Mrs. Bedford Fenwick to explain the Rules for Registration just published by the General Nursing Council for England and Wales, and in doing so Mrs. Fenwick said it was a special pleasure to her to speak first to the Matrons' Council on this subject, as the Council had always taken an active part in promoting State Registration of Nurses, and never wavered in its adherence to this reform. In reviewing the whole of the Rules she pointed out that the legal title of "Registered Nurse" had been secured to the women nurses on the General Register. Other legal titles in connection with the Supplementary Registers were "Registered Male Nurse," "Registered Fever Nurse," "Registered Sick Children's Nurse," and "Registered Mental Nurse," and that these titles would be inscribed on the Certificate. That nurses trained up to November 1st, 1919, who claim to be regis-

tered within two years of the Rules coming into operation (i.e., from July 14th, 1921), will if accepted for registration pay the fee of £1 1s. After that date, until the Rules for Future Nurses come into force (in July, 1925), they will be required to produce a certificate of three years' training, with the exception of fever nurses, whose accepted term is two years' training and one year's service, and to pay a fee of £2 2s.

From July, 1925, there would be only one portal to the Register, i.e., the successful passing of the State Examination.

To maintain its independence the Act provided that the nurses should support financially their own scheme of Registration, as a subsidy from the rates, as in the case of the midwives, materially depreciates professional independence.

The Act empowered the Council to define the Syllabus of Education, and to conduct the Examinations, a system which would be conducive to uniformity of qualification.

The Council had drafted exceedingly good Rules safeguarding the liberties and privileges of the Registered Nurses in every particular under the Act, and it remained for the nurses themselves to extract the maximum benefit from them.

The Council very carefully reserved the sole disciplinary power over the nurses whether registered in other parts of the kingdom or not. No other body could intervene between the nurse and the General Nursing Council for England and Wales, as it protected the right of the nurse to appeal to her own Council under every circumstance.

Mrs. Fenwick advised all nurses to register. They would then have a vote on their own Governing Body, through which means they could build up a united force of professional opinion which could largely control legislation which affected the Nursing Profession educationally and socially.

Legal status was the lever, and the only lever, by which a body of professional women could make themselves effective.

The recently printed Rules were on sale and were eagerly bought up, and the Matrons present also secured all the available application forms.

Mrs. Fenwick said it would be an immense assistance to the Registration Committee if the Matrons would help the nurses to fill in the Application Forms, and witness their signatures.

The arrangements of the drawing-room for the meeting were charming, and the dining-room, with its small tea tables and beautiful flowers, was greatly admired. That within a few days two such considerable functions as the dinner to Miss Donaldson and the Matrons' Council meeting should have been so successfully arranged, is a demonstration of the great use of the Club as a Social Centre. Great thanks are due both to Miss Macdonald and Miss Cutler for carrying out the arrangements without a hitch. Such centres are absolutely invaluable to nurses.

THE CONGRATULATIONS OF NURSES OF THE L.T.H. TO THEIR MATRON.

Through the hospitality of Mr. and Mrs. Herbert Paterson the members of the Nursing Staff of the London Temperance Hospital foregathered at 9, Upper Wimpole Street on Wednesday, July 27th, to formally offer to Miss Donaldson their congratulations on her appointment as Matron of the Royal Infirmary Glasgow. Several members of the Staff gave expression to their feelings of gratitude to and affection for Miss Donaldson, and Mr. Parkinson, the senior member, and a Vice-Chairman of the Board of Governors, referred to her great administrative ability and to the debt which the hospital owed to her, and said that the Board of Management had placed on record their heartfelt appreciation of the loyal service she had rendered, and their warm admiration of the efficient manner in which in the face of many difficulties she had discharged the duties of the office of Matron.

Mr. Paterson, Senior Surgeon to the hospital, paid a splendid tribute to Miss Donaldson's work and presented her, on behalf of the medical and nursing staffs, with a beautiful illuminated address signed by all the members of both staffs. He referred to her breadth of view, her loyalty and the spirit of comradeship with which she had always met the members of her staff. She had set before them very high ideals of what professional attainment should mean.

Miss Donaldson, in warmly acknowledging the gift, said she would carry away with her to the North very fragrant memories of her work among the splendid band of nurses at the London Temperance Hospital. There were so many people connected with that hospital whom she would always be proud to call her friends. To the nurses she would leave behind as her watchword the motto of their own League: "Service, not self."

THE ADDRESS.

The following is the text of the Address:—

TO MISS MARY STEUART DONALDSON.

WE, the undersigned members of the Medical, Surgical and Nursing Staffs of the London Temperance Hospital, desire to put on record our sincere regard and affection for yourself and our real appreciation of the incomparable services you have rendered to the Hospital and of all you have done, not only to improve the efficiency, but to promote the happiness and good health of your Nurses during the short time you have been our Matron.

Most heartily we congratulate not only you, but the Royal Infirmary, Glasgow, on your appointment as its Matron, but we feel profound regret at the loss which we and our Hospital sustain by your departure.

We can only assure you that your memory will always live with us and our best wishes go with you for all happiness and success in the years that lie before you.

July 27th, 1921.

After the presentation of the Address the party adjourned to the dining room, where Mrs. Paterson had provided delightful ices and delicacies of all sorts, and later returned to the drawing-room to enjoy a very varied entertainment.

AN INSPIRING FUNCTION.

DINNER TO MISS STEUART DONALDSON.

Although at the end of July many Matrons are out of town, a very happy party of friends regathered at the dinner arranged by the Royal British Nurses' Association at its Club House, 194, Queen's Gate, S.W. 7, on July 28th, in honour of Miss Steuart Donaldson, the newly-appointed Matron of the Royal Infirmary, Glasgow.

The chair was taken by Mr. Herbert Paterson, M.C. Cantab., F.R.C.S., C.B.E., Senior Surgeon to the London Temperance Hospital, where for the past eighteen months Miss Donaldson has held the position of Matron, and he was supported by Mrs. Bedford Fenwick, Mr. Parkinson, a Vice-Chairman of the Board of Management of the Hospital, Mr. McClure, Surgeon to the Hospital, and many past and present Sisters and Nurses of the L.T.H. staff and other friends. It was a great and unexpected pleasure that Professor M. Adelaide Nutting, R.N., of Teachers' College, Columbia University, New York, should have been in London and was also present as a Guest of Honour.

The dining tables had been charmingly decorated with beautiful lilies (*lilium auratum*), pink carnations, and trailing sprays of smilax, the gift of R.B.N.A. members resident in the Club.

The toast of the King having been proposed by the Chairman, and loyally honoured, Mr. Paterson said those present had met to do honour to Miss Steuart Donaldson on her appointment as Matron of one of the largest hospitals in the Kingdom, and to wish her all success and *au revoir*. In the year and a-half she had been Matron of the London Temperance Hospital she had gained the admiration and affection of the nursing and—if he might be allowed to say so—of the medical staff. It had made such a difference to the medical staff to have so efficient a Matron as Miss Donaldson. It was a very great loss to the Temperance Hospital; but London's loss was Glasgow's gain. He proposed the health of Miss Donaldson, Guest of Honour. This was responded to with enthusiasm.

MISS STEUART DONALDSON, who on rising was received with much applause, said she could not express to the Royal British Nurses' Association her deep appreciation of, and gratitude for, the happy thought and gracious deed in her honour in arranging this dinner. It almost overwhelmed her.

The Association during the last eighteen months had meant a great deal to her. She had always been identified with its ideals, but had for some time been away from London and so not able to come into close touch with it.

The name of Mrs. Bedford Fenwick and her work for the nursing profession had always been an inspiration to her. Now that she herself would have such an opportunity of helping young students she hoped to be able to pass on some of Mrs. Fenwick's professional aspirations to the younger generation of nurses.

She was leaving at the London Temperance Hospital a very promising, very brilliant group

of young students; she commended them to the Association.

The Chairman then read the following telegrams:—

TELEGRAM FROM H.R.H. PRINCESS CHRISTIAN.

"Please associate me with the Corporation's welcome to Miss Donaldson and Professor Nutting this evening. Convey to the former my good wishes, and to the latter an expression of the pleasure which it gives me to know that she is the Association's guest to-night.

"HELENA,

"President of the Royal British Nurses' Association."

TELEGRAM FROM THE SCOTTISH NURSES' CLUB.

"The Scottish Nurses' Club rejoice at your appointment to Glasgow. We hope to welcome you personally soon after your arrival.

"STEWART, Secretary."

MR. PATERSON then said that one of the most important events in the annals of nursing had taken place recently, namely, the opening of the State Register of Nurses. One name would always be associated with that movement. He need not say that it was the name of Mrs. Bedford Fenwick. She had ploughed a long and lonely furrow, but she had fought on, ever keeping one aim in view. She had done great work as Matron of St. Bartholomew's Hospital, but it was as a founder of the Royal British Nurses' Association, and as the pioneer of the movement for State Registration of Nurses that she would be gratefully remembered by posterity.

He asked those present to drink to her health, to congratulate her on the fulfilment of her life's work, and upon the opening of the State Register.

MRS. BEDFORD FENWICK, in responding to the toast, said forty years of work for one cause was apt to damp all but the most ardent spirits. At the very first meeting, almost before the British Nurses' Association was founded, its promoters had adopted State Registration of Nurses, and the granting of diplomas, as part of their programme, and put these aspirations in print. When afterwards she took that paper round to leading medical men and asked them to help the nurses they were seriously shocked, and advised her to put it into the waste paper basket. It took 34 years to accomplish that programme. The nursing profession hardly realised yet what enormous powers had been given them under the Nurses' Registration Act, and the Rules based upon it. Everything depended upon the interpretation of the Act, and the drafting and administration of the Rules.

The silver pen with which the Minister of Health had signed the Rules was now the property of the General Nursing Council, and would be mounted, and carefully preserved, so that future generations of nurses might know how much importance was attached by the nurses of to-day to the signing of these Rules.

It was a very great privilege to have lived to see the accomplishment of this work. She hoped

that the younger generation by whom it would be carried on would appreciate not only their privileges but their responsibilities.

MR. PATERSON then said he had an interesting announcement to make. He had been commanded by Her Royal Highness the President to ask Mrs. Bedford Fenwick to accept the Hon. Diploma of the Association, which was the highest honour it could confer.

He also asked Miss Donaldson to accept the Hon. Diploma. He hoped that later she would be sending many nurses from Glasgow to sit for the examination for the Diploma of the Corporation.

MRS. BEDFORD FENWICK expressed her appreciation of the honour conferred upon her by the President, who, in a most gracious letter, had invited her to accept the Diploma of Nursing of the Royal British Nurses' Association in recognition of her work for Nursing, and State Registration of Nurses. She would have great pleasure in conveying to Her Royal Highness the President her deep sense of gratitude for this kind recognition.

MISS DONALDSON also expressed her deep appreciation of the honour conferred upon her.

MRS. BEDFORD FENWICK then proposed the health of Professor Nutting, and in welcoming her, said her presence was the deepest honour. Professor Nutting was by birth a Canadian, though her work had been carried on in the United States of America, which had given such splendid opportunities to Canadian women. Miss Nutting had been trained at the Johns Hopkins' Hospital in Baltimore, and later was promoted to be Superintendent of its Nurse Training School. She now held the distinguished position of Professor of Nursing and Health at Teachers' College, Columbia University, New York. From all over the world nurses were going to Columbia University to take the Post-Graduate Course in Nursing there.

Turning to Professor Nutting, Mrs. Fenwick said "We welcome you here, dear Miss Nutting, with the greatest pleasure, and we look forward with anticipation to next year, when we hope you will take part with us, as you have promised, in an International Conference on Nursing Problems." The toast of Miss Nutting's health was then honoured with enthusiasm.

PROFESSOR NUTTING, in acknowledging the toast, expressed her pleasure at being present at this dinner in honour of Miss Donaldson. America owed a deep debt to English nursing—first to Miss Nightingale, and then because district nursing, school nursing, tuberculosis nursing had been inaugurated in England, as well as other special branches. They might have moved more rapidly in America—that was their way—but the original idea in every instance she had mentioned came from England.

One other debt she must own for American and Canadian nurses—the development at the Glasgow Royal Infirmary of Preliminary Training Schools, which they owed to Mrs. Strong. Some years ago she had spent a happy day with Miss Melrose, and was impressed with the excellent spirit in the

institution, the fine opportunities for training, and the educational standard of the nurses, which appeared to her unusually good. When she went through the wards there was a fresh, free, frank relationship evident between Miss Melrose and the nursing staff which was both spontaneous and pleasant.

Professor Nutting congratulated Miss Donaldson on going to a school where such traditions had been established. It was quite clear that she valued the work the pioneers had done.

In America they taught the students in their nursing schools, and at Teachers' College, nursing history, and what nursing owed to Mrs. Bedford Fenwick and other pioneers, and to know something of the difficult, painful efforts in the past, without which no good work was inaugurated.

She was sure had her American colleagues known of her presence at this dinner they would have sent their affectionate good wishes. They had followed with deep interest the work of their British colleagues through the war, and tried to help where they could.

They rejoiced also that English nurses, after spending forty years in the wilderness like Moses, had at length gained their Registration by the State. She had had the great pleasure of visiting the Headquarters of the General Nursing Council, where every little detail had been thought out with such affectionate tenderness, and could almost have wept that in America they were not able to show such a beautiful office, arranged for the work of Registered Nurses.

She rejoiced to think that war—all war—must now be over, and that together we should commence to discuss mutual problems. The greatest saying of the war was, she thought, that of Edith Cavell, when she said that "patriotism is not enough." It was not enough to be national, we had got to stretch our sympathy all over the world.

She would take back to America a picture of how sweet it was to see her fellow-workers at this gathering.

MR. PARKINSON, of the Board of Management of the London Temperance Hospital, expressed his pleasure at being present. He had not only learnt to respect and admire Miss Donaldson, but had found her a friend always to be relied upon. As a member of the Hospital Board he regarded it as his duty to do all he could to support the medical and nursing staffs in their work. The best work was always done in an atmosphere of sympathy.

MISS MAUDE MACCALLUM, in proposing the health of the Secretary of the Association, Miss Isabel Macdonald, spoke warmly of her work, and said that it was to women like her that the younger nurses owed much. They owed their beautiful Club, which should become the very core of the social work of the Nursing Profession, greatly to her energy.

The toast of Miss Macdonald, with whose name that of Miss Cutler was coupled, was then honoured.

MISS MACDONALD said it was the greatest joy to

her to do anything for the members of the Royal British Nurses' Association. As to the Club it originated in the Highgate Hospital, and Mr. Paterson organised the splendid Mansion House Meeting in support of an R.B.N.A. Club. She concluded by thanking Mr. Paterson for taking the Chair so ably; nurses had many friends in the medical profession but none truer than their Chairman.

MR. PATERSON said it was always a pleasure to do anything for members of the Association.

MISS IMRIE, a member of the Nursing Staff of the Royal Infirmary, Glasgow, expressed her pleasure at meeting their future Matron, and wished her every possible success in her new work.

MISS ANDERSON, on behalf of the Nursing Staff of the London Temperance Hospital, said what a great loss Miss Donaldson's promotion was to its members. She hoped the Nurses' League founded during Miss Donaldson's tenure of office would flourish, and that they would get as many members as possible to join the Royal British Nurses' Association.

Those present then adjourned to the drawing-room where some of the nurses present sang very sweetly. Others availed themselves of a much prized opportunity for further social intercourse with the Guests of Honour.

Everyone realised what an asset it is to the Nursing Profession to have a Club whose officers can organise so effectively, at short notice, a dinner such as that arranged in Miss Donaldson's honour.

It is not done without a great deal of preliminary forethought and trouble, and warm thanks are due to Miss Macdonald and Miss Cutler for the perfection of the arrangements. We also congratulate the cook on the excellence of the dinner, and the domestic staff on the quietness and deftness of the service.

THE PROFESSIONAL UNION OF TRAINED NURSES.

A Members' Meeting of the Professional Union of Trained Nurses was held at the "Plane Tree" Restaurant, 106, Great Russell Street, W.C.1, on Monday, July 25th, at 5 p.m.

The Secretary reported:—

That the alliance with the Medico-Political Union (Doctors' Trade Union) had been completed, and a Committee formed (composed of two members and the Secretary of each Union) to discuss matters common to both.

That Delegates of the Union had formed part of different deputations which had attended at the Ministry of Health on important Nursing matters.

That certain questions had been asked in the House of Commons concerning alleged miscarriages of justice under which some Members had suffered.

That several Doctors had kindly consented to act as Medical Officers to the Union—General

Practitioners, Bacteriologists, Oculists, Aurist, &c.—and it was hoped shortly to have a number of Dentists who would give special terms to Members.

That a Social Club had been formed, and meets at the "Plane Tree" Restaurant the last Saturday in each month, and it was hoped to hold a course of lectures and give concerts, dances, &c., during the winter months.

That a Benevolent Fund had been started to assist any Members who might require help (to pay for an ambulance when needed; Nurse to bring a sick Member from country, &c.). The subscription was voluntary, and it was hoped all would subscribe and make it a useful Fund.

A message of congratulation was sent to Miss Gretta Lyons, of Melbourne, complimenting her on her courage in forming a Trained Nurses' Guild.

MAUDE MACCALLUM,
Hon. Secretary.

COLLEGE OF NURSING, LTD.

BIRMINGHAM THREE COUNTIES CENTRE.

On Tuesday, July 26th, in the Lecture Theatre of the General Hospital, Birmingham (by kind permission of the Governors), Dr. Harries, Medical Superintendent of the City Hospital, Little Bromwich, gave an interesting lecture on "Barrier Nursing in Fever Cases."

Dr. Harries commenced his address by declaring emphatically that the success of Barrier Nursing is entirely dependent on skilful and efficient Nursing, and that satisfactory results can only be obtained if the Ward Sister and Staff Nurses are General Trained and proficient in surgical asepsis. The technique of Barrier Nursing is based on the accepted fact that infectious diseases are not spread by infection through air, but by immediate or intermediate contact. Smallpox is the one exception to this rule.

The first experiment in Barrier Nursing took place in Paris twenty years ago, when glass screens were erected between the beds and the cubicle System was introduced; this was superseded by the abolition of the screens and the introduction of the Invisible Barrier—the beds being marked by a blue band for definite fevers, and a red band for observation or questionable cases. In Liverpool the distinctive marks have now been abolished, and the Medical Superintendent relies solely on the skill and efficiency of the Nurses.

The Advantages of Barrier Nursing are:—

1. During an epidemic when small isolation wards are not obtainable, suspicious rashes can be kept under observation.
2. Patients suffering from one definite fever who have been in contact with relatives suffering from another can be isolated.
3. Patients recovering from one fever, having contracted a second, can be admitted without endangering others.
4. Patients can be warded for observation.

The Disadvantages are :—

The heavy strain entailed on the Nurses.

The large Nursing personnel required. A ward of thirty-two beds needs one Sister, two Staff Nurses (General Trained), eight Probationers.

The floor space; the authorised space between the beds is 12 ft.; the space from foot to foot 16½ ft.

At the conclusion of his lecture Dr. Harries cordially invited the Nurses present to visit the City Hospital and see Barrier Nursing in practice.

G. M. E. JONES,

Hon. Press Secretary.

NIGHTINGALE TRAINING SCHOOL, ST. THOMAS'S HOSPITAL.

SCHOLARSHIP AND EXAMINATIONS RECORDS, 1921.

The following three Scholarships have been awarded by the Nightingale Committee, tenable at King's College for Women, University of London:—

MISS ELLA M. THOMPSON.—Certificate Nightingale Training School, 1907-1911; Certificate Central Midwives Board, Rotunda Hospital.

Subsequent Work.—Sister, Rotunda Hospital, 1911-1913; Night Sister, Home Sister and Lecturer, Middlesex Hospital, 1913-1917; Colonial Nursing Service, 1917; Assistant Lady Superintendent and Acting Lady Superintendent, King George Hospital, Lucknow, 1918-1920; Present Position, Holiday Sister, Middlesex Hospital.

MISS LUCY DUFF-GRANT.—Certificate Nightingale Training School, 1916-1919; Class "A" in all Examinations; Certificate Central Midwives Board; Charge Nurse, Night Assistant and Acting Sister.

Subsequent work.—Night Superintendent (pro tem) St. Thomas's Hospital, Holiday Sister's Duties.

MISS MAY WYNNE.—Certificate Nightingale Training School, 1916-1920; Class "A" in all Examinations, qualified for Gold Medal, 1920; Certificate Central Midwives Board; Charge Nurse, Junior Night Assistant.

Subsequent work.—Holiday Sisters' Duties.

NIGHTINGALE MEDALS, ST. THOMAS'S HOSPITAL, 1921.

GOLD MEDAL.

Nurse Eleanor Longstaff Morris.

SILVER MEDAL.

Nurse Sydney Jackson (qualified for Gold Medal).

BRONZE MEDAL.

Nurse Alice Maude Harvey (qualified for Gold Medal).

Nurse Margaret Philpott, Nurse Mary Bertha Higgins and Nurse Mary Victoria McIlroy qualified for Gold Medal.

AMERICAN NURSES' MEMORIAL IN FRANCE.

The following message from Miss Clara D. Noyes, President of the American Nurses' Association, was delivered by Miss Helen Scott Hay at the laying of the foundation stone of the Florence Nightingale College of Nursing at Bagatelle, Bordeaux:—

"It is gratifying to all those whose interests to-day are centred in the great theme of modern nursing, no less than it would have been to those whom this place will memorialise, to know that here exists one of the most worthy institutions of France well suited to carry on the life-work and standards of Florence Nightingale.

"Her spirit has already influenced thousands of young women to enter schools of nursing in the past. Doubtless, it will be no less potent in the future in inspiring the womanhood of France to follow in her footsteps. Here will be re-pledged and re-consecrated in the days to come the same exalted purpose that animated thousands of American nurses to enlist for the world war, a very large proportion of them ministering on the battle-fields of France to the friends and kindred of those now gathered here. Here the daughters of those who fell for France may carry on the heroic spirit of those martyrs by enlisting for the lifelong warfare against man's most insidious foes, disease and ignorance.

"I urge upon young women of France the sacred obligation of preparing themselves for this mission, that they may minister to their suffering countrymen, safeguard the generations still unborn and immortalise the profession of which Florence Nightingale is the patron saint. No name in Christendom is more revered than hers. In the nursing profession that reverence shows itself by a personal devotion that counts all gains as loss, unless they contribute to a fulfilment of the aspirations of their great leader.

"Well may they treasure her words of counsel, and seek in some measure to be worthy of her high ideals, for her absolute devotion to their interests knew no bounds. Hers was no sentimental interest. She has created for them a profession which demands of them hard work and high standards, pure disinterested motives and faithful devotion to the welfare of their patients.

"Never has the need of recruits in the nursing service been so great as now, and to-day, in the dedication of this building to the Florence Nightingale School, France may read a prophecy of a new dispensation of nursing service, and see a long step forward in the world's processional toward the altar consecrated to the healing of the nations."

At the Investiture at Buckingham Palace on July 19th Matron Adelaide Walker of Queen Alexandra's Imperial Military Nursing Service received a Bar to the Royal Red Cross, and Matron Margaret Fox (British Red Cross Society) received the Royal Red Cross.

APPOINTMENTS.

MATRON.

New End Hospital, Hampstead, N.W.3.—Miss Esther Fisher has been appointed Matron. She was trained at the Northampton General Hospital, where she subsequently held the position of Ward Sister, and has been Night Sister at the Lincoln County Hospital, Night Superintendent and Class Sister at the Fulham Infirmary, Hammersmith, Night Superintendent at Whipp's Cross Hospital, Leytonstone, and Assistant Matron at the Mill Road Infirmary, Liverpool.

HOME SISTER.

Isolation Hospital, Norwich.—Miss R. Menzies has been appointed Home Sister. She was trained at the Royal Alexandra Hospital, Paisley, and has been Matron of the Turriff Red Cross Hospital, and Staff Nurse and Ward Sister at the Norwich Isolation Hospital.

SISTER-IN-CHARGE.

Southampton Naval Training Ship "Mercury."—Miss M. C. Harris has been appointed Sister-in-Charge. She was trained at the West Kent General Hospital, Maidstone, and has been Staff Nurse and Sister at the Royal Infirmary, Leicester, Sister at St. Anne's Convalescent Home, Bridlington Quay, and at Desford Convalescent Home, Leicester, and Assistant Matron at the Nurses' Institution, Stoke-on-Trent. She was housekeeping pupil at Lord Mayor Treloar's Hospital, Alton, and has since been Assistant Matron at the City of Westminster Infirmary, Fulham Road, S.W. During the war she served as a member of the Territorial Force Nursing Service.

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 July 1st, 1921, and also of Sarah Coggin Burd and Margaret Jane Jones to date April 1st, 1921.

ENGLAND.

S. C. Burd (to date April 1st, 1921), M. A. Jones (to date April 1st, 1921), M. Butcher, M. J. Clarke, M. Davies, H. M. McFarlane, B. Radford, E. C. Holt, A. L. Lord, E. M. Pinyon, E. Adams, V. M. Crow, P. Gaunt, M. N. Allsop, A. Goffe, F. Staines, H. R. Beaumont, C. Pell, M. C. Mullin, A. S. Oldfield, M. M. Sheehan, A. Lewis, D. Hoggarth, D. Pateman, N. Dickinson, F. M. Stanton, H. M. Astbury, C. K. Gudgin, M. Kennedy, B. L. Pope, E. M. Garnett, A. H. Galloway, F. Greenhalgh, B. K. Whitehouse, D. M. Pack, C. E. Pike, D. M. Lodge, A. K. Graham, M. H. Hudson, J. Beswick, K. S. Martin, A. E. Rapson, J. Ferguson, S. Jones, A. Bratt, V. A. Brownlow, A. E. Friend, E. N. Newcourt, A. Jenkinson, E. A. Hardy, F. E. Hardy, E. A. Thomas.

WALES.

M. Edwards, R. G. Miller, N. O'Donoghue.

IRELAND.

D. Timlin, E. Hickie, M. Lynch, S. O'Reilly.

SCOTLAND.

G. Anderson, E. Burgess, M. J. Carrick, M. Collins, V. Griffin, M. Griffin, A. M. Linklater, M. F. McCallum, M. McCammon, S. J. Magill, S. A. Park, E. C. Thomson, J. M. Watt, I. T. Wilson, A. M. Sneddon, L. M. Cameron, M. A. Cameron, I. Clarke, M. Cruickshank, E. M. Layton, M. McBeath, C. M. Macewing, M. B. Munro, E. Roscoe, E. Brown, J. P. Esplin, B. R. F. Young, I. B. Locke.

THE IDEAL HOT-WEATHER DRINK.

The subject of food-values is often too much neglected in general education. During hot weather the tendency is towards the use of smaller quantities of flesh food, but if this deficiency is not in some way made good, the end of the summer finds one with lowered vitality. An ideal drink—which is in fact meat and drink in one, because it contains all the nutritive elements in the correct quantities required by Nature to support life and maintain health—is **HORLICK'S MALTED MILK**. Composed of an extract of selected wheat and barley malt, combined with pure, pasteurised cow's milk, it is perfectly digestible, the starch of the grain having been converted into soluble dextrin and maltose, and the casein of the milk so changed by the process of manufacture that it does not coagulate, as is often the case with ordinary milk, while Vitamines, those growth promoting essentials, are supplied by both the milk and the grain. It is served in all Cafés and Restaurants of standing, and for home use is sold by all Chemists and Stores, but it is important always to ask for and insist on having **HORLICK'S**—the original. Ready for use in a moment by simply stirring briskly in water, it is a delicious and sustaining food-drink.

YOU ASK ME WHO I AM, AND I SHALL TELL YOU.

I am the cheapest thing in the world.

With me, men have felt within them the power to move mountains—to fly the air as birds—to gain the wealth of Croesus.

I am the Secret of Happiness; without me the years are but a menace; old age a tragedy.

I offer myself to you and you do not heed. I bide my time. To-morrow you will come begging, but I shall turn aside. I cannot—I will not—be ignored.

I am the sunlight of the day; the star-dotted heaven of the night.

I hold your future in the hollow of my hand.

I can make of you what I will. I am the Door of Opportunity—the Open Road to the Fairyland of Dreams.

I am the most important thing in the world—the one thing without which all else is impossible.

You ask me who I am and I shall tell you:

I am **GOOD HEALTH**.

From the *Iowa Nurses' Bulletin*.

L.C.C. DECISION UPHELD.

At Bow Street Police Court, on July 23rd, Sir Chartres Biron dismissed the appeal of Miss Lucie Hitchens, a certified masseuse, against the cancellation of her licence by the London County Council on various grounds, and allowed the Council 18 guineas costs.

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THE HOSPITAL WORLD.

The committee of management of King's College Hospital are arranging that any regular subscriber of not less than one guinea, upon the admission of himself, his wife, or child under sixteen as a paying patient in a private ward, will be entitled to ask that any subscription paid since January 1st, 1920, may be credited against his account with the hospital.

The Great Northern Hospital would be glad to receive gifts of cast-off clothing, boots, &c. Special needs include two men's suits, full size (one suit being required to enable a man to obtain employment), garments for children, and boots. Parcels should be sent to the Secretary, Great Northern Hospital, Holloway, N. 7.

Surrey branch of the British Red Cross Society have given £10,000 to the Royal Surrey County Hospital at Guildford for a much-needed extension of the nurses' quarters.

There was a time when the financial position of the Norfolk and Norwich Hospital seemed desperate, and the fact that one ward had to be closed indicates that the Board of Management felt that there was no other way to reduce the increasing liabilities of the Hospital save to curtail its utility. Fortunately, the sympathies of city and county were genuinely roused, and the response during the past six months has enabled the Board to pay their way, and to re-open the ward which had been closed. Six thousand pounds have been received from entertainments.

On his recovery from an operation in a Leeds nursing home, Mr. J. H. Hinchcliffe, a dress goods manufacturer of Bradford, has made handsome donations to several Yorkshire charities.

The gifts were made anonymously, "with gratitude," but the name of the generous donor has now transpired. The donations consist of:—

- £5,000 Leeds General Infirmary.
- £5,000 Bradford Royal Infirmary.
- £1,000 Sir B. Moynihan's Research Fund.

The Paris Municipal Council has voted a credit of £50,000 for the purchase of 30 grains of radium for the hospitals.

THE EXPERIENCES OF AN ASYLUM DOCTOR.

"The Experiences of an Asylum Doctor," by Dr. Montagu Lomax, M.R.C.S., published by Messrs. George Allen & Unwin, Ltd., is being widely discussed, and has shocked both professional and lay readers, and naturally caused great anxiety amongst persons who have relatives incarcerated in asylums. We hope to refer to the book again, but, fundamentally, the public must insist on the abolition of private asylums run for gain, and on a greater expenditure on the scientific side of the care of the insane, i.e., on medical investigation and treatment, including highly skilled nursing.

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.

PROBATIONERS' SALARIES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was very glad to read the remarks of Mr. John Frater, Chairman of the Tynemouth Guardians, on the subject of probationers' salaries at the Conference of Representatives of Boards of Guardians, held in London, on July 7th, and hope that some good may result and that committees of voluntary hospitals will confer with poor-law guardians and decide upon a joint line of action as to the adoption of a suitable scale of salaries to be offered to probationers in training.

The Mental Hospitals might also come into line. I noticed recently an advertisement for probationers at a mental hospital near London which offered the following terms to probationers: *Commencing salary, £150 16s. per annum, rising on promotion to £180 14s.; free uniform; leave, two days a week and fourteen days every six months; a charge of 28s. a week was made for Board, Lodging and Washing, when taken in the institution.* The cost of such unskilled probationers to the ratepayers, if attendance and the cost of tuition are taken into account, must be at least £180 to £230 per annum. Further, they are to be on duty only 233 days in the year. No wonder that the burden of the rates is a crushing one, and that many ratepayers cannot themselves afford to take a holiday.

Added to this, Mr. Frater points out that the high scale of salaries at present offered is not attracting the right class of probationers. It should be recognized that probationers in the future will receive a valuable and standardized training qualifying them to enter a State Registered Profession; and that if they receive board, lodging, washing, uniform and a small salary, they are receiving a very good equivalent for any services they may render in the wards in addition to strictly nursing duties.

I am, Dear Madam,

Yours faithfully,
SUPERINTENDENT.

NURSES' REGISTERED UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Many congratulations on the welcome news in to-day's B.J.N. I am writing for Rules and Form by this post. May you and the G.N.C. enjoy a well-earned rest. I hope Uniform, the emblem of nursing and nurses will be registered and not any newly-designed substitute which will not be known to the general public. I have worn cape cloak, veil-less bonnet and white strings, and the much abused collar for many years.

It is this uniform which is most widely imitated by the lay people who are anxious to pose as nurses.

Apologising for again thrusting personal views on to you, as well as to the G.N.C.

I beg to remain,

Yours faithfully,

LUCY C. COOPER.

Queenborough District Nursing
and Infant Welfare Department.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am taking this opportunity of writing to congratulate you on the passing through Parliament of the Registration Act. We all realise how much you have accomplished towards this successful end.

Just a few words thrown in concerning uniform : If we are to have a registered uniform please use your influence to abolish the uncomfortable and unsightly bonnet and cloak. The former gives no protection from the glaring sun, which has been particularly strong for the last few weeks, and one's hair gets so untidy when taking a ride on top of a 'bus, which is such a treat for a nurse who has spent many hours in a patient's bedroom. The cloak with cape attached is a danger, as it invariably blows over the top of one's head at the moment of crossing the road or mounting a bus. I am sure the majority of nurses would be in favour of hat and coat something in the style of the T.F.N.S., which always looked tidy and smart when properly put on. Wishing you every further success.

I remain, yours truly,

M. E. SHANK.

7, Norfolk Square,
Paddington.

THE G.N.C. SYLLABUS OF TRAINING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—At the Conference of Representatives of Poor Law Nurse Training Schools, held in London recently, the Chairman is reported to have said, in connection with the Syllabus of Training drafted by the General Nursing Council, that "he imagined a clever girl might pass the required examination with honours and yet never go inside a ward." I have since seen this opinion quoted, but have not seen it contradicted.

As I understand it, the practical nursing details defined in the Syllabus have to be carried out in the wards of an approved hospital or infirmary under the supervision of skilled teachers, and candidates before admission to the State Examination must give proof of having undergone instruction in an Approved School.

Yours faithfully,

SISTER.

KERNELS FROM CORRESPONDENCE

THE OPENING OF THE REGISTER.

Miss Emily Dinnie, Harrow: "Heartiest congratulations on the splendid ending to the great work you have done for trained nurses—the crowning victory—the opening of the Register.

"In 1895, when I left hospital and joined a

well-known private nursing institution I knew nothing of nursing politics, but finding in the nurses' sitting-room of the Home the *Nursing Record*, and other journals for nurses, I quickly made my choice of the first-named, and gained many converts on the staff to the cause of State Registration. This has continued during the many years I have been a subscriber to the B.J.N., the contents of which professionally refresh and sustain me week by week, and in order that no good thing in it should be lost I send it every week to a missionary nurse in far Japan.

"I wish to express to you my deep gratitude for your disinterested labour, high courage, and gifts of tongue and pen, which made it possible for you to voice our cause and bring it at last to a just and victorious end—a State Register."

Miss A. Wilkinson, Liverpool: "I am sailing for India this week. It is splendid that the Register for State Registration is at last open. How proud and joyful you must be to have thus achieved, after so many years of arduous work. I hope the day will not be so far distant when we have a like Registration in India."

Miss E. E. Please, Belchworth Cottage, Dorking.—"I feel I must write you a few words of thanks and appreciation now the long-wished for Registration has become a fact. I am so glad that when I entered hospital thirty years ago I came under your influence, and have always been a keen advocate for State Registration. I feel we all owe so much to you, for you have kept on and on under all sorts of discouragement and misunderstanding. Some would have given it up as hopeless; but you have done your utmost and I hope the trained nurses will appreciate the result of your life-long work. I remembered you and those who have carried it out, at church to-day."

Private Nurse Scottish Trained.—"I was relieved to note that the Rules signed by the Minister of Health make Nurses trained in Scotland and Ireland eligible to register in England, as I am a "co-op" nurse, working for many years in England; and as our Superintendent has notified us that we are all to register at once if we wish to remain on the "Co." it would have been most unfair to those of us who have been trained in Scotland or Ireland had we not been able to do so, owing to being held up by the Scottish Board of Health."

[The English Council considered such conditions and were careful to prevent any injustice in this particular. Two members of the Council were certificated in Scotland, and one in Ireland, and they propose, we believe, to register in two parts of the United Kingdom. It will end in a good many nurses placing their names on all three Registers to save trouble.—ED.]

PRIZE COMPETITION QUESTIONS.

August 13th.—What do you know of the modes of diffusion of tuberculosis throughout the races of the world?

August 20th.—Describe a typical case of small-pox; the nursing points, and the precautions to be observed.

The Midwife.

CENTRAL MIDWIVES' BOARD.

THE MONTHLY MEETING.

A meeting of the Central Midwives Board was held at 1, Queen Anne's Gate Buildings, S.W., on Thursday, July 28th, Sir Francis Champneys, Bart., Chairman, presiding.

REPORT OF THE STANDING COMMITTEE.

The Standing Committee reported:—

1. A letter from Mr. H. A. de Montmorency of the Ministry of Health stating the reasons of the Minister of Health for limiting the approval of the Rules to one year, and also stating that the Minister does not anticipate that such limitation of his approval will have the effect suggested by the Board.

The Board agreed that the letter be received.

2. A letter from Dr. W. E. Fothergill complaining of the inclusion by the General Nursing Council in its Draft Syllabus for Education and Training of certain midwifery subjects, and suggesting that the Board should express an opinion on the matter to the General Nursing Council.

A letter on the subject from Dr. Fairbairn was also considered.

It was resolved that Dr. Fothergill be informed that the question of the instruction of nurses does not fall within the scope of the Central Midwives Board.

(It will be remembered that Dr. Fairbairn's views on this question were incorporated in an article recently published in this Journal.)

3. A letter from the Secretary of the Central Midwives Board for Ireland enclosing for the Board's consideration a copy of the proposed new Rules for the Irish Board. It was agreed to reply that the Board has carefully considered the Draft Rules of the Central Midwives Board for Ireland, and (subject to the observations made by its Secretary to the Secretary for Ireland) is prepared to agree with them.

4. A letter from the Hon. Secretary of the National League for Health, Maternity and Child Welfare expressing the hope that the Board will take appropriate action on the following resolution which was passed at the Second English-speaking Conference on Infant Welfare during the first week of July, 1921.

"That this Conference is of opinion that a great deal of unnecessary loss of sight is still caused by the failure to secure adequate preventive measures and prompt skilled treatment for Ophthalmia Neonatorum and urges the Ministry of Health to institute an inquiry into the causes of such failure."

The Board resolved that the Hon. Secretary of the National League for Health, Maternity and Child Welfare be informed that the Board fully appreciates the dangers which arise from Oph-

thalmia Neonatorum, and that her attention be drawn to the present Rules of the Board which have been framed with the object of obviating those dangers as far as possible.

APPLICATIONS.

The following applications were granted:—

For Approval as Lecturer.—Miss Hilda Mary Halliday, M.R.C.S., L.R.C.P., subject to conditions.

For Approval as Teacher.—Midwives M. A. Matthewson (No. 46,551) and E. M. S. Wood (No. 54,057); also Midwife C. Dickson (No. 36,758) *pro hac vice*.

The Secretary reported the presentation by a candidate for 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 October, 1921.

Application for admission to the Midwives Roll of two midwives holding the certificates of the National Maternity Hospital, Dublin, and the Royal Maternity Hospital, Glasgow, were considered and accepted.

The Secretary reported having placed on the Roll, in conformity with the Board's instructions, ten midwives holding a certificate of having passed the Examinations of the Central Midwives Boards for Scotland and Ireland.

PENAL CASES.

A Special Meeting of the Central Midwives Board was held at 1, Queen Anne's Gate Buildings, S.W., on Thursday, July 28th, for the hearing of charges alleged against certified midwives with the following results:—

Struck off the Roll and Certificates Cancelled.—Midwife Margaret Hunter (No. 30,812), on adjourned final Report; Midwife Ellen Goodwin (No. 14,649); Midwife Eliza Long (No. 7,908), who was also prohibited from attending on lying-in women in any capacity.

Judgment Postponed. (Report asked for from the Local Supervising Authority in three and six months' time.)—Midwife Hannah Norton (No. 13,759).

The statistical bureau of Budapest has (says the correspondent of the *Lancet*) just issued its annual report for 1920, in which it is stated that notwithstanding unusually prolonged periods of intensely hot weather, there were fewer deaths of children under five years than in any preceding summer; for the first time in the history of the city the summer mortality fell below 50 per 1,000 per annum. The Committee for Distribution and Supply of Pure Milk to Babies undertook the supply of pasteurised milk in 1906; 2,112 children under five years died in the summer of that year. In 1920 there were only 1,710 deaths in a population of children larger by 45,000 than that of 1906.

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EDITORIAL.

THE TRAINED NURSE AS MUNICIPAL ELECTOR.

Does it ever occur to the majority of nurses, we wonder, that they have other public duties besides the care of the sick population? Excuses, such as, "I have no time"—"It does not interest me"—"It does not concern me"—cannot exonerate them from their citizen duties, which are not those of choice, but what we will call birthrights—obligations of inheritance. Such duties are rights of others as well as our own, therefore the more compelling, and should be both attractive and alluring. Look at it how you will, the nurse is a citizen, and she cannot conscientiously and consistently neglect her duties as such. All nurses having the necessary qualifications are entitled to vote at the Municipal Elections. On November 1, 1922, these important elections are due to take place, and those who do not record their vote will be neglecting a duty of such importance that we take this early opportunity of reminding them of it.

Let us look at it a little more closely, and enquire into the meaning of the symbolic sign that we place on the ballot paper. The names against which the \times is placed are those of persons who are about to undertake the grave responsibilities of Local Government, and those who make the potent \times are those who—we suppose—realise that upon them rests the onus of choice. "Make choice of fit persons," because upon that depends the health, happiness, contentment, and well-being of thousands of people. The health of the people; that is where it touches the citizen nurse. Health means *ease*, ill-health means *dis-ease*; and it lies with the nurse largely to promote the one and combat the other. The control of the health of the com-

munity is primarily in the hands of the Ministry of Health. That is now the Central Authority, having taken over all the duties (in respect of health) of the former Local Government Board, which it has replaced, with additional powers, which are delegated to the various Municipal bodies—County, Borough and District Councils. The Public Health Act of 1875 is the principal Sanitary Act, of which the Local Councils are the Administrative Authorities. The campaign against tuberculosis is largely bound up with this beneficent Act; consequently, the tuberculosis nurse and doctor are affected by it. The study of the provisions of this Act would appeal to the intelligence of the well-trained nurse.

The sphere and the outlook of the nurse have been widening rapidly during the past 15 years; she is no longer the clinical or bed-side nurse only. She is a health missionary, a citizen; she is a social worker, a Parliamentary and Municipal elector; and she can now—if she wishes it—wear the hall-mark of Registered Nurse as a crowning distinction. She assumes, with this honoured title, an increased responsibility towards the community. The trained nurse is employed by the State in various branches of nursing; she is employed as a Health Visitor by the Municipality: can she afford to be apathetic and indifferent to her duties and responsibilities as a Parliamentary and Municipal voter? The readers of this journal are among the "intelligentsia" of the Nursing Profession, and we feel confident that the appeal we make to them not to disregard their privileged duties of citizenship, by carefully enquiring into the credentials, qualifications and abilities of the men and women candidates for Local Government, and recording their votes accordingly, will not be in vain.

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF THE MODES OF DIFFUSION OF TUBERCULOSIS THROUGHOUT THE RACES OF THE WORLD?

We have pleasure in awarding the prize this week to Miss C. Wright, 2, Dryden Road, Bush Hill Park, Enfield.

PRIZE PAPER.

The origin of the disease of tuberculosis lies in antiquity, but its diffusion throughout the races of the world seems to have increased and developed with the progress of civilisation and the development of agricultural and industrial activities. Tuberculosis was under observation by scientific experts in the seventeenth century, and between this period and the nineteenth century, definite information on the subject was given; the disease was known to exist in animals and in man, the domestic animals, such as the cow, pig, and goat, being especially predisposed to it. In 1881, Professor Koch discovered that if animals were injected with the germs of tuberculosis they developed the disease, and from this point of discovery, serious studies were made as to the mode of diffusion amongst the population in every country. It was found that various trades and industries, both agricultural and industrial, were predisposed to this disease, and in communities of crowded areas, the disease spread and became a menace to the national life, and scientific knowledge was brought to bear on the subject.

It was found that tuberculosis was caused by a definite germ, communicable from man to man, and circulated by means of the blood by way of the mucous membranes, diffusing itself in various organs of the body, or localising itself in the lungs. The tissues of the lungs were destroyed, irritation set up, and expectoration unavoidable; this, on examination, was found to contain the tubercle bacillus and was a direct mode of diffusion. Trade and industries were examined. The sedentary trades were found to foster the tendency to tuberculosis. Tailors, seamstresses and hatters, owing to the cramped position necessary for their work, which prevented them inhaling freely, were found to be susceptible, added to which their work was often carried on under very adverse hygienic conditions.

Other trades and industries had also their victims, particles of fabric or foreign bodies being liberated in the process of manufacture, and being drawn into the lungs, caused irritation to the mucous membranes. Long hours

and insufficient food were a prolific cause of diffusion. The question of hereditary disease arose, and it was proved conclusively that children born of infected parents had a predisposition to the disease, and much lessened powers of resistance, which menaced their future, both physically and mentally.

Environment was proved to play an important part in the diffusion of tuberculosis. Those living on the hills or in an elevated position, were more immune from the disease than those living in the valleys or in the districts of a damp and humid climate.

Those whose work was on the high seas were often quite immune. Hovels and slums were a fruitful source of diffusion, and the prisons of the earlier centuries, where prisoners were herded together for indefinite periods, caused a very high mortality. The cow-sheds and byres, and the housing of the animals known to be tuberculous, received no special attention for many years. They existed in a most insanitary and filthy condition; both the animals and their stalling were undoubtedly a fruitful source of many infections, that of tuberculosis being the chief.

Many of the patients attacked by tuberculosis succumbed, and there was a period of helplessness, when the lack of knowledge of nursing hygiene was responsible for great diffusion, as the patients lived and slept with their families, tended only by ignorant relations, or treated by inadequate simples, the germs of tuberculosis being thus allowed to spread in every possible direction, contaminating foods, and poisoning the atmosphere for those who lived in the same surroundings.

Science and legislation now work together from the curative point of view. Municipalities, Sanitary Authorities, Queen's Nurses, Health Visitors are ever ready to give of their best, theoretically and practically, to teach the importance of simple hygiene with its beneficent results to the community. Medical practitioners who have made a special study of the question from the scientific point of view, are ever ready to impart expert knowledge on the subject and to teach all who will listen.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss P. Thomson, Miss Dunn, Miss E. James.

QUESTION FOR NEXT WEEK.

Describe a case of typical small-pox, the nursing points, and the precautions to be observed.

NURSING ECHOES.

Miss Cox-Davies, who is now making good progress towards recovery, wishes to thank her many friends in the nursing world for all their kind messages of sympathy and inquiry, and for the gifts of flowers and fruit which they have so kindly sent her.

She has so very much appreciated their thoughts of her, which have greatly helped and cheered her throughout her illness.

At the annual meeting of the Southmolton Nursing Association the Mayoress, Mrs. W. Mountjoy, Hon. Secretary, in presenting her report, said that during the last ten months Nurse Werren attended 25 midwifery, 17 maternity, 23 surgical, and 29 medical cases, and was present at five operations. She had been on duty 21 nights, and paid 3,246 visits. Her work was much appreciated, and the Committee were fortunate in being able to retain her services. During the year her salary had been raised by £12, bringing it up to £116 per annum, a sum still below that being paid to nurses in similar districts.

Dr. Mortimer said he felt rather at a disadvantage in occupying the chair, because for some years he had not subscribed. There were two reasons why he had not done so. First, he felt that the ordinary subscription of 6d. a year for the services of the nurse was far too low; if people would not help themselves more than that he did not think they ought to be helped at all. At the time he discontinued his subscription some who availed themselves of the nurse's services were well able to pay for a nurse, but did not do so. However, these objections were now disappearing, and he would be happy to subscribe again in future. If the nurse paid three thousand visits a year, surely she should be self-supporting, or nearly so. Big wages were being paid to-day. One shilling a year was a small fee to ask for her services. There was no more trying work than a nurse's. Nurse Werren was using the best years of her life at Southmolton, but it was impossible for her to save much.

Dr. J. H. Sanders (China) supported Dr. Mortimer's views, and expressed the opinion that those who benefited from the nurse's work should be called upon to pay higher fees; and the Vicar, the Rev. S. P. Scott, said that each year he had called attention to the nurse's salary, which had been slowly raised. She had

given first-rate services, and they ought to think about her future.

£2,000 has been bequeathed by Mr. George Henry Simmonds, of Murdoch Road, Woking, to his nurse, Miss Elizabeth Wilkinson, "for her devoted and faithful service for many years."

The graduation of the first class of Nurses from the Army School of Nursing, U.S.A., was the occasion of great rejoicing, and Major Julia C. Stimson, Superintendent of the Army Nurse Corps, and Dean of the Army School of Nursing, paid the following tribute to Miss Annie Goodrich, the inspiration of the movement, at the Commencement Exercises at Washington, D.C. :—

It isn't often that anyone has the good fortune to bring together in an official, public way and under such happy auspices as these, the dreamer and the dream—the prophet and the fulfilment of the prophecy, but that is my good fortune to-day.

Three years ago in the confusion of needs and the many suggestions that were made to meet these needs one woman had a vision of this school. Her vision was a plan to meet the insistent call for help in the nursing service of the Army, and at the same time to prepare young women who were eager to respond to their country's call, for a career after the war was over. The plan was stupendous because the very idea of a school for nurses in the Army was an absolutely new one, and was beset with almost insuperable obstacles. Other schemes had been suggested for meeting the great shortage of nurses in our Army hospitals, but what advantage would the young women, who might perhaps have met this need at the time, have received beyond the satisfaction of service, had there not been a definitely-worked-out course of study for them, which was planned to make them able to take their place in the nursing profession after the need for their services in the Army had passed? The plan, however, went further than to do these two things—to meet the need and to give a nursing education—and had another object, to give a nursing education that could be surpassed by none offered in this country or any other. It was an overwhelming, far-sighted, impossible proposition. No one could have "put it over" but this one woman, who since her own nurse student days has stood primarily for the development of standards in training schools for nurses, and who has insisted upon high character and sound educational background as a basis for nurse training. As Superintendent of various training schools for nurses, as State Inspector of nurses' training schools under the New York State Education Department, as Assistant Professor in the Department of Nursing and Health,

Columbia University, and as Superintendent of Nurses of the Henry Street Settlement, New York, the influence of this woman upon the members of her profession throughout the United States and upon the communities in which she has played her part in stimulating their responsibility for the public health, has been incalculable. As founder of the Army School of Nursing, and as an administrator of its affairs for the first year and a half of its existence, she is entirely responsible for what has been accomplished in the School. And so it is with profound emotion and satisfaction, as a humble follower in her steps, that I introduce not Miss Goodrich to the school, but on the other hand present the dream to the dreamer.

GENERAL NURSING COUNCILS.

Everybody seems to be on the *qui vive* about registration, and naturally those who have worked to obtain legal status for so many years wish to be among the very first to be registered. But even now nurses sometimes inquire *where* they are to be registered. Below we publish the addresses of the Headquarters of the General Nursing Councils in the three Kingdoms:—

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

THE GREEK NURSING UNIT.

The members of the Greek Nursing Unit write very happily of their work for the Greek wounded. Sister Bellamy, who, with Sister Dumvill, is stationed at the Maraslion Hospital, 7th Military, at Athens, finds that the Greeks respond very well to treatment, and recover more rapidly than British patients. They are very nice to nurse, and very grateful. It is still very hot, and the language difficulty well to the fore. Sister Bellamy tells us that her conversations with the doctors are carried on in a mixture of English, French, and Greek, which would be "quite an education for anybody at home." The friends of the Sisters would like to know that Sisters Post and Nunn are working at the 1st Military Hospital at Athens, and Sisters Evans, Baxter, Oakley Williams and Browne at St. Charalambaz Hospital, Smyrna, Asia Minor.

THE PROBLEM OF THE HOUR.*

By CHARLES PARKER BANCROFT, M.D.
(Concord, N.H.).

The advocates of the first hospital training schools for nurses had in mind merely the teaching of the fundamentals of good bedside nursing, in order that they might secure more intelligent and efficient care for their patients in the hospitals. From this simple beginning, nursing has broadened out, until it has formed contacts with almost every phase of community life, social and economic. In this evolution of your chosen profession, I have been for over forty years an interested spectator, and, as a practical hospital man, a partial participant. Modern nursing in this country began in the late seventies, at about the same time that modern medicine began its great advance. It seems at first sight passing strange that such an impressive object lesson did not more speedily meet with popular response, and yet, on reflection, the real reason for delayed recognition of the larger opportunities awaiting the nursing profession is not far to seek. Social science, at that time, had made little progress, and was awaiting the remarkable stimulus to be given by the higher educational institutions, especially by the university extension courses.

During all these past forty years, several important events have been transpiring in the social, medical, and educational world, that have had a distinct influence in directing the course of the nursing profession into new fields of endeavour. The bacterial origin of disease, and the bacterial infection of wounds, with its remarkable influence on surgery and preventive medicine, was one of the most outstanding discoveries of the nineteenth century, and its influence on the future of the nursing profession has been far-reaching.

With the advent of bacteriology, public health and preventive medicine assumed at once a new and larger meaning. At the same time, sociology was making rapid strides. Social conditions were being studied more closely and their influence on the causation of disease was beginning to be understood.

Our experience on the Isthmus and in Cuba demonstrated the actual bacterial causation of yellow fever and malaria. We then knew, a fact which we had long surmised, that the so-called germ theory of disease was no longer a theory but a scientifically demonstrated fact. We clearly perceived that all these great scientific achievements were closely co-related. The bacterial causation of disease prepared the way for a revised public health service, for a more intelligent system of preventive medicine, and more intensive social work in the community.

At about this same time, interest began to be taken in the health of operatives in the various industries. Out of this movement has grown the

* Portions of an address given to the New England Nurses' Association, May 10, 1921. Reprinted from *The American Journal of Nursing*.

rather large special field of Industrial Medicine. Conservation of health among school children is another large allied field of constantly increasing usefulness. The school nurse is fast becoming a very important factor in the community. Soon, no State nor county can afford to be without its school nurse and its district nurse.

Child welfare, public health, industrial nursing, school nursing, with their varied social contacts, demand young women who have had either a high school or a college education, or their equivalent, and who are graduates of a Class A. hospital training school. The acceptable filling of these positions calls for young women of good judgment and discretion, capable of meeting emergencies as they arise; consequently, they need the mental discipline that a higher education alone can furnish.

The great war was not an unmixed evil. Out of its terrible experience, much good has followed. We learned the importance of conservation of human resources, mental as well as physical. Infant welfare and child welfare assumed immense importance when we considered that we must replace the enormous human wastage caused by the war. Mental hygiene, when viewed in terms of conservation of the mind of the nation, lent new interest to the somewhat neglected field of psychiatric medicine and mental hygiene. Malnutrition in school children was taken up with new zest. All these activities are closely identified with the nursing profession, indeed, they cannot be realized without your assistance.

Unfortunately, in this period of readjustment, following the war, and through which we are now passing, there is a woeful lack of nurses. So many avenues of employment offering large remuneration were made available by the war that many young women were diverted from the occupation of nursing, but, in the readjustments that will be sure to follow, there will be those who will eventually seek again the many fine opportunities than an enlarged nursing service offers.

In meeting the issue incident to the larger demands made upon the nursing profession, I am satisfied that we must revise our educational qualifications for candidates and our methods of training, to meet the new demands that have arisen.

Registration should be standardized throughout the country. Reciprocity between States would then be justified because of identical educational standards in all the States. The safety of the public requires that every nurse should be either a registered nurse or a trained attendant, and that all other persons advertising as nurses should be licensed. The graduate nurse must have had a full high school or college education or its equivalent; for a trained attendant a grammar school education should be sufficient. The words of Jane E. Hitchcock are pertinent:—

“At present, we have to reckon with the truth that we have adults with a mental training of girls of sixteen, submitting themselves to examination in subjects that are adapted to adult minds.”

The problem of the hour is: How will the hospital training school of the future adjust itself to the demands of the times? The public requires certain qualifications on the part of the nurse. The poor man must perforce keep within the limitations of his pocket-book. The industrial world, public health service, innumerable social activities, are calling for the highest type of educated nurse. The hospital training schools throughout the country have hitherto served the utilitarian purpose of securing an economical nursing force for the hospitals. The scarcity of nurses, the dearth of new candidates, the diversion of young women into other more lucrative and less exacting occupations, are pressing for a change in method.

This change will come in the way of higher standardization in the technical training offered, greater laboratory facilities, shorter hours, an increase in the number of accredited schools in the larger centres, a proportionate decrease in the number of indifferent schools, courses of instruction for trained attendants, in many of the smaller hospitals, a re-classification of the nursing force of the country into graduate nurses and trained attendants. In some such way as this will hospital training school development occur. Such was the line along which the medical schools progressed. The changes suggested will at first be unpopular with hospital managements, who are hard pressed for funds and who cannot get away from the exploitation of the pupil nurse as an economic saving to the hospital.

These proposed changes stand for the betterment of your great profession. They mean progression and not retrogression. They mean uniformity of standardization in all the States. They mean that a constantly increasing body of better educated young women will apply for admission to the nursing course. Our best training schools will become institutions of learning, qualified to prepare young women for the highest type of nursing service. This is an achievement worth attaining. It cannot be secured without co-operative effort on the part of the nursing profession. So I say to you, work for the highest ideals of your profession, for proper educational qualifications in the young women who are about to join your ranks, insist on uniformity of examination for registration in the several States, and for standards in training that will enable future graduates to successfully fill any of the responsible positions to which the graduate nurse of the present day may be called.

Miss C. R. Mill, who for over twelve years has been Lady Superintendent at St. George's Hospital, Bombay, retires this month, says the *Nursing Journal of India*, to enjoy a well-earned rest. Those who have had the privilege of knowing Miss Mill cannot imagine the hospital without her, her kindness and sympathy have been boundless, and her hospitality to fellow members of the profession without limit.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

“ALL PROGRESS IS STRIFE TO THE END.”

Rainstorms had swept down from the hills, and the little burn was swollen by the torrent and dark with the stain of the mud driven up from its bed or torn from the banks as the water rolled angrily on its way. No longer was this a happy rivulet shining in the sunlight, while you could count the pebbles beneath the water, or the sleek trout asking a shelter of the stones. No longer was it the rippling burn the children love; it had become full of strange, mysterious things they fear, and of which they fain would never learn.

But peace came down from the hills at last, and the heavy torrent ceased its roll between the narrow banks; once again clear water danced across the stones, and the sunbeams glinted and caught the fringes of the ripples. The pebbles and the grey stones were whiter than before the storm. For the water in its fury had torn away the stained growth of moss that had clung about them, and swept off the mud and weeds which had all but covered them at last.

But though the water had grown clear again there still remained a mass of ugly froth, thrown up in the passion of the water and, as I watched, it gradually grew smaller and now and then again, a part would be torn away from the rest to be drifted far out of sight until suddenly I saw that all had gone, and it seemed as though the shining Spirit of the Earth himself laughed up from the water and said, “I it was who cleared your rivulet of all that was wrong, of all that was not pure, of all that made the water flow sluggishly instead of rippling and dancing on its pathway over the stones. I it was who dispersed you muddy froth, I working softly in the water.” And so the rivulet sang and danced across the stones again between fresh green banks, radiating their warmth, caught from the sunbeams, to the flowers all strewn upon them and nourished by the water.

And thus with the storms of this world's life. At times this, too, grows sluggish and loses its freshness, overmuch mud there is beneath the surface, the banks have lost their freshness and, just where they meet the water, they are dreary with decaying driftweed. They are dusty and

dry, and their soil needs cleansing. A spirit of unrest enters the waters, now here, now there; it is whispering that things are not as they ought to be, that somehow, in this or in that, life has stagnated, has fallen out of tune with cosmic evolution, has grown foul, it may be, with the driftweed of materialism. Ideas from those with a new inspiration rush in and—for we like them not overmuch at first—there is much troubling of the waters; life becomes chaotic and hopelessly full of storm. But wait, and the peace of the hills steals for a time over the waters; they are clearer than before the storm. Christ, the great Sun Spirit, has worked even to the sweeping away of the froth of jealousy, anger, pride, selfishness, egoism or, it may be, emulation thrown out in the passion and stress of the storm. The water flows peacefully again. Yet it is but for a time. The sand and mud collect and growth is stopped if there comes not a season of breaking. Awakening storms must stir again in the hills and sweep torrents into the stream of life that it may be adjusted, now here and now there, to the spirit of the age; now here and now there it must attune itself to the vibrations of a gradual but certain evolution. For only atrophy and decadence can result if, at times, there comes not the storm to sweep away perhaps here a blinding sentimentality, or there an inert satisfaction, so that all things may be made new.

“All progress is Strife to the End.” So spake a seer, so speaks the Spirit, so Nature speaks.

I. M.

TESTS OF NURSES' “INTELLIGENCE.”

Observation, with training, will give a nurse necessary knowledge, but intelligence will make this knowledge available. In addition to tests for observation, for which prizes were awarded at the recent Nursing Exhibition, four tests were arranged in which mental agility, mental alertness, initiative and acceptance of responsibility were tested, all qualities of vital necessity to nurses.

The results showed that, on the whole (a) the general degree of intelligence amongst nurses is good; (b) Sisters and Matrons are on the whole suited for posts where initiative and acceptance of responsibility are required.

THE REPORT OF THE SOUTH AUSTRALIAN BRANCH.

The South Australian Committee report that the Branch Association is in "a most satisfactory condition." They place on record their sincere admiration of Miss Graham, R.R.C., their appreciation of her keen interest in all matters pertaining to the welfare of the Association and look forward to welcoming her to their counsels again after an extended holiday in England. Appreciation is also expressed of the kindness of Dr. Corbin, the retiring Chairman, who is to take a long sea voyage. The satisfactory financial position of the Association is very largely due to his excellent management. Dr. Steele Scott has been elected Chairman.

Great regret is expressed in recording the death of Lady Dudley, Patroness of the Branch.

Congratulations are offered to the following members who have been married during the year:—Nurses Foster, Furniss, Jones, Howitt, Beck, Cope, Hancock, Dart, Daw, and Shillabeer.

Miss Heritage has been appointed Matron and Miss Alleyne Assistant Matron at the Lady Galway Club, Henley Beach. Miss Rinder, R.R.C., has obtained an appointment at the Unley Town Hall. All three ladies are members of the South Australian Branch of the R.B.N.A.

THE NURSES' CLUB.

WEDDING RECEPTIONS.

A little bird has told us that the first event at the Club, after the holidays, is to be the wedding reception of one of our members, and we learn that before the first birthday of the Club comes round there is likely to be at least one more wedding; for a certain pretty little lady is telling a bridegroom-to-be that unless he promises to summon up sufficient courage to come from his wedding to the R.B.N.A. Club she will refuse to go to church.

SUGGESTIONS IN CONNECTION WITH THE AUTUMN AND WINTER FIXTURES.

A LITERARY AND DEBATING SOCIETY.

A letter is inserted this week from one of the members containing a suggestion that we should form a Literary Society in connection with the Association, while other members, at a recent meeting, proposed that the nurses should have their own Debating Society. The best course, perhaps, would be to have both in one, and we shall be glad to have the names of members who would like to join.

We might have the meetings on a certain day of each week, probably in the evening, and it could be arranged that alternate evenings should be used for studying some well-known character or special subject, while other evenings might be kept for debate. Both would prove very helpful, and, especially from the latter, members would

learn a habit of forming opinions of their own and of expressing such opinions easily.

During the autumn we are to have a wonderful lecture on "Napoleon the Peacemaker," and perhaps we could not do better than commence the meetings of the Literary Society by learning something of the greatest personality in European history. At a meeting of "The Napoleon Coterie" we heard Mr. Woodrow claim that in this lecture, to be given at the Royal British Nurses' Association's Club, he would prove that Napoleon was one of the greatest and most persevering of peacemakers, and also that he would shed quite a new light altogether upon his character from that in which it usually stands out in materialistic history. There is not a doubt that the lecture will prove an exceedingly interesting one as many expect to attend who have made a close study of the life of Napoleon Bonaparte. The discussion which will probably follow the lecture should be most interesting, and the latter will be all the more enlightening if, until it takes place at least, we can, at the meetings of the Literary Society make a special study of the life of the Great Napoleon. It is just possible that some very interesting relics may be on view after the lecture.

LACE MAKING AND ART NEEDLEWORK.

It has been proposed that the nurses should arrange to have lace-making and art needlework classes at their Club, but no plans can be made in connection with this until we know how many are likely to join. Perhaps those who wish to will kindly send their names to the Secretary, at 194, Queen's Gate, S.W.7.

CORRESPONDENCE.

A LITERARY SOCIETY.

To the Secretary R.B.N.A.

DEAR MADAM,—We are most anxious to start a Literary Society. It should be the means of having many very pleasant and profitable evenings during the winter months. If at the end of a term we know something more about the inner life of even one famous man or woman, what made them famous, and why, when other men and women are forgotten, they stand out, remembered always. Then listeners could co-operate with speakers in the debates. We want what should be a valuable interchange of thought, to hear one another's views and to help in forming our own opinions and improving our knowledge.

Yours sincerely,

JESSIE HOLMES.

A REMINDER.

Members are reminded that the Library is closed during August.

ISABEL MACDONALD,
Secretary to the Corporation.

LEAGUE NEWS.

LONDON TEMPERANCE HOSPITAL NURSES' LEAGUE.

There was a very large and enthusiastic attendance at the weekly meeting of the Debating Society of the London Temperance Hospital Nurses' League, held on Tuesday, August 2nd, in the Board Room. At the close of the evening after a most interesting discussion on "Missionary Work," a presentation was made by the Nurses' League to Miss Donaldson, who is leaving shortly to take up the Matronship of the Glasgow Royal Infirmary. Nurse Grace Pearce handed an exquisite travelling clock with an illuminated face in a chased silver case to Miss Donaldson, and expressed on behalf of the nurses the deep regret felt at the loss of a matron whom they all not only respected but loved, and whose removal from their Training School made them very sad. Miss Donaldson, in replying, said she owed them a deep debt for their unflinching loyalty and eager enthusiastic response to their training, and she knew that they would rally round their new Matron, and carry on the work of the League and maintain their interest in the real good of the profession, on which they were entering. She hoped to visit the League whenever she came to London, and to hear that it was flourishing in every sense of the word.

E. M. MOORE,
Hon. Secretary.

DISTRICT NURSING OF INSURED PERSONS.

Considerable discussion is taking place as to the nursing of Insured persons in their own homes and as to contributions to Nursing Associations by Approved Societies.

Both of these voluntary organisations may receive contributions from these Societies, either under their statutory powers under paragraph 20 of the Act of 1911 or by way of additional benefits out of their surplus funds.

The Central Council for District Nursing in London—of which Sir William Collins is Chairman and Mr. E. B. Turner, Chairman of the Executive Committee—in April last informed those Approved Societies which have members resident in London that the Council was in a position to arrange for adequate nursing for all such members and invited the Societies to make contributions in aid of such work.

The Ministry of Health in a circular issued to Approved Societies contemplates sanctioning Schemes for bringing into operation additional benefits, and is prepared to furnish Societies with model draft Schemes. Among the additional benefits suggested by the Ministry is that of the provision of nursing service for members of the Societies, for which purpose a separate fund may be set aside.

Lord Cave's Committee's report on the voluntary

hospitals while recognising the complete freedom of discretion of the Approved Societies in granting financial aid in respect of insured persons to the voluntary hospitals, appears in the case of the latter, to favour a contribution or donation in recognition of such services to their members rather than any scheme of insurance by payment in advance (with its contractual implication) or compulsory payment afterwards in respect of service rendered.

Here again the case of the District Nursing Associations is on all fours with that of the voluntary hospitals in relation to insured persons or Approved Societies, and any scheme of financial aid to the one may be applied to the case of the other.

APPOINTMENT OF HOSPITAL TRAINED NURSES AT MENTAL HOSPITALS.

The Asylums and Mental Deficiency Committee have reported to the London County Council that considerable difficulty is found at the mental hospitals in securing from the existing subordinate nursing staff suitable candidates to fill vacancies for day and night charge nurses and they have considered whether it may be possible to attract to the service nurses who have received hospital training. They think that this might be attained by allowing a nurse, who is hospital-trained, to join the mental hospital service as an acting staff nurse at the rate of pay which a staff nurse would receive on appointment as such after three years' service as a probationer. If, during the two years following engagement, which is the period of service fixed by the Medico-Psychological Association as necessary for qualification for the nursing certificate, the nurse should show the required ability, the medical superintendent concerned might recommend her in special cases for promotion to the position of acting charge nurse. Many are of opinion that this course might be adopted with advantage to the service, and have communicated their proposal to the Finance Committee. The Committee recommend that authority be given for the engagement at the London County mental hospitals of certificated hospital-trained nurses as acting staff nurses at the rate of pay which a staff nurse would receive on appointment as such after three years' service as a probationer nurse.

A MAGICAL CHANGE.

Mrs. A. M. Dike, Commissioner of the American Committee for Devastated France, writes in her report to its Annual Meeting that "owing to an inherent quality in the French race the results obtained in material reconstruction have far surpassed expectations. By the aid of a small percentage of war indemnities, and the encouragement given by the Committee, the farmer and peasant have won immortal glory by the magical change they have wrought on the battlefields.

M. Clemenceau said on his visit to Coucy-le-Chateau in May, 1919:—

“ It will be many years before these ruins can be replaced by upstanding villages and smiling fields. . . . It would require a miracle. And at my age one does not believe in miracles.”

“ But the magic was there—in the tenacious, stubborn, courageous spirit of the peasant, who had already made every sacrifice to win the war, and was ready to make further sacrifices for the future of the race. French individualism and love of the soil were to blaze the trail along which a former civilization of immense beauty will one day find its old home.”

APPOINTMENTS.

MATRON.

Addenbrooke's Hospital, Cambridge.—We are officially informed that Miss Forster-Feather, who accepted the appointment of Matron to Addenbrooke's Hospital, Cambridge, has withdrawn her acceptance, and at a Special Meeting of the Hospital Committee held on August 1st Miss A. C. Bell was unanimously appointed Matron in succession to Miss Crookenden, resigned.

Miss Bell was trained at St. Thomas's Hospital, London, 1910-1914. On the completion of her training she was appointed Ward Sister at the Royal Hospital for Sick Children, Edinburgh, and afterwards was Night Sister and Home Sister at the same Institution. In April, 1918, she was appointed Assistant Matron at the General Hospital, Nottingham, and from there she went to the Herefordshire General Hospital as Matron in April, 1920, which appointment she is now resigning to take the Matronship of Addenbrooke's.

Milton Infirmary, Portsmouth.—Miss B. Gebhard has been appointed Matron. She was trained at the Firvale Hospital, Sheffield, and has been staff nurse at the West Ham Infirmary, Leytonstone, Sister at Ecclesall Infirmary, Sheffield, Night Superintendent at Anlaby Road Infirmary, Hull, Home Sister and Assistant Matron of the Township Infirmary, Leeds, and Lady Superintendent of Holgate Hospital, Middlesbrough.

District War Memorial Cottage Hospital, Alford.—Miss Margaret Hooner has been appointed Matron. She was trained at the Birkenhead Infirmary and has been District Nurse at Clitheroe, and did war nursing in France as a member of the Territorial Force Nursing Service.

Dispensary and Cottage Hospital, Kelso.—Miss N. D. Robertson, A.R.R.C., has been appointed Matron. She was trained at the Stobhill Hospital, Glasgow, and has been Nurse at the Nordrach-on-Dee Sanatorium, Banchory, Charge Nurse at Johnstone District Hospital, Renfrewshire, and has had experience of Military nursing in connection with Queen Alexandra's Imperial Military Nursing Service Reserve, and the Ministry of Pensions Service. She has also had experience of private nursing.

SUPERINTENDENT SISTER TUTOR.

Hope Hospital, Pendleton, Manchester.—Miss Phyllis Robson has been appointed Sister-Tutor and Masseuse. She was trained at the General Infirmary, Stockport, and has been Sister and Acting Assistant Matron at the Devonshire Hospital, Buxton, and Massage and Out-patient Sister, Night Sister, and Acting Assistant Matron at the General Infirmary, Stockport. Miss Robson is a certificated Masseuse.

Royal Infirmary, Gloucester, and Cheltenham Hospital.—Miss E. Cockayne has been appointed Sister-Tutor. She was trained at the Royal Infirmary, Sheffield, where she subsequently held the position of Ward Sister, and Night Sister. She was trained in Midwifery at the Maternity Hospital, Birmingham, and in infectious nursing at the Borough Hospital, Plymouth.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss M. L. Singer resigns her appointment.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following Senior Nursing Sister has been permitted to retire from the Service, with effect from the date specified:—Miss M. E. T. Hornsby, A.R.R.C. (February 27th).

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Elizabeth A. Muncaster is appointed to Manchester (Salford) as Superintendent; Miss Emily A. Stacey to Leicestershire C.N.A., as Assist. Superintendent; Miss Kate Hartland, to Rushden; Miss Margaret E. Knight, to Bridgwater; Miss Lily M. Tatton, to Rushden; Miss Mary Todd, to Leeds (Central).

MEDICAL DEPARTMENT OF THE MINISTRY OF HEALTH.

NURSE INSPECTORS.

Sir George Newman, K.C.B., M.D., D.C.L., F.R.C.P., in his Annual Report for 1920, notifies that the following ladies hold the position of Nurse Inspectors in the Maternity and Child Welfare Section of his Department: Misses Maud S. Brandreth; Ethel M. Burnside, O.B.E.; Emily G. Colles; Theodora Montagnon; Jessie F. O'Brien; Mary A. Quinlan.

WEDDING BELLS.

The marriage took place on Tuesday last, at St. Saviour's Church, Warwick Avenue, Paddington, of Miss Louisa Annie Cowley, until recently a member of the staff of the Registered Nurses' Society, 431, Oxford Street, London, and Mr. G. H. G. Alexander, B.A., Head Master of St. Anselm's School, Park Lane, Croydon. The bride was trained at the Central London Sick Asylum, Hendon, under Miss Elma Smith, and at the Brook Hospital (M.A.B.), Shooters' Hill. Many friends will combine to wish her and her husband much happiness in the future.

THE PASSING BELL.

TRUSCOTT.—On August 3rd, at Oakleigh, East Grinstead, after a long and painful illness, borne with great courage, Jessie Guthrie, dearly-loved wife and constant helpmate of Alderman Sir George Wyatt Truscott, Bart., aged 67.

Nurses will read this announcement with profound regret. They will ever remember with gratitude that Lady Truscott, when asked in 1909 to help in the formation of the Territorial Force Nursing Service, threw herself whole-heartedly into the promotion of the scheme, and gathered together at the Mansion House an influential committee to help her to carry it out for the City and County of London. Nor will they soon forget her generous hospitality to Territorial Nurses, then a new service with its laurels still to win. Lady Truscott became a Vice-President of the Society for the State Registration of Trained Nurses, and was inspired by faith in the eventual success of its work, a faith happily justified.

THE NIGHTINGALE FUND.

REPORT FOR THE YEAR ENDING 25th
DECEMBER, 1920.

A Statement of the Probationer Nurses in the Nightingale Fund School at St. Thomas's Hospital for the twelve months which ended the 25th December, 1920, is given below:—

Remaining December 25th, 1919 (of whom 22 were paying Probationers and 14 Free Specials): 58.

Admitted up to December 25th, 1920, from the Preliminary Training School (of whom 14 were paying Probationers and 155 Free Specials): 72.

Resigned, or discharged as unsuitable: 12.

Completed Probationary year, and taken on as Extra Nurses to complete their training: 61.

Remaining in the Home on 25th December, 1920 (of whom 13 were paying Probationers and 15 Free Specials): 69.

Completed term of service and awarded Certificates: 49.

The work of the Training School has been carried on in the past year, 1920, without any special incident, and with all the efficiency for which the School is so well known.

In 1919 the Matron undoubtedly met with some difficulty in obtaining the right class of candidates for training, and in that year the numbers admitted to the School from the Preliminary Training School fell to 57, of whom 17 resigned, or were discharged as unsuitable; but it will be noted that in the past year the numbers admitted increased to 72, whilst only 12 resigned or were discharged, and 49 completed their Probationary year, as against 36 in 1919.

Extracts quoted from the Report to the Council for the year 1920 of Miss Lloyd Still, Matron of St. Thomas's Hospital, and Superintendent of the Nightingale School, state that:—

"The work of the Preliminary Training School has been continued on the lines hitherto reported, by Miss Coode.

"Sister Tutor reports sixty Nurses have attended the classes during the year. An inequality of standard has shown itself in this year's work, and the average is below that of former years. Interest in the actual class work has been well maintained, but fresh enthusiasm and sustained effort are somewhat lacking, possibly due to a previous acquaintance with nursing without systematic training, and to the war strain that has weakened the powers of concentration and application.

"The final examination in Practical Nursing was held in July, and was kindly undertaken by Miss Montgomery, Matron of the Middlesex Hospital, assisted by Miss Coode and Miss Hillyers.

"Forty-nine Nurses qualified for a Nightingale Certificate. Of these, one qualified for and gained a Gold Medal, and the Silver and Bronze Medals were awarded in order of merit.

"Three new posts have been created, *i.e.*, Sister Mothercraft, Sister Venereal Department for Women, and Sister District Midwife."

CHILDREN OF THE DESOLATE.

MARY SMITH, FOSTER MOTHER.

Some of the most inspiring incidents in this old world's history are those that are never recorded, and among the noblest lives those that go to their graves unhonoured and unsung.

Mary Smith, a simple, homely woman lived with her aged father, until death called him and left her alone.

She might easily have become narrow, bitter, and self-centred, but instead she made the offering of her life; "Here am I, use me!"

The neighbouring Poor Law Institution was asking for foster-mothers. She had a furnished cottage. Why not? No reason at all. Every reason why she should.

So Miss Smith the spinster became "Mummy" to three little brothers and sisters whom no one else wanted.

From the first it was a success.

Your strict disciplinarian might have found something to say. Your zealous health worker might have cavilled at the cubic feet, but the heart of gold in Mary Smith's breast illumined that little cottage and wrote "Home" all over it in capital letters.

She was pathetically anxious to do the right thing by her little charges, of whom she was inordinately proud. She sacrificed time and money in order that they should not be at a disadvantage with other children.

They were charming little people, and it was whispered that they had good blood in their veins.

Dear good soul! How her feathers would ruffle at the least suggestion of harshness to her darlings.

Many a battle she fought with the school teachers. "They ain't going to treat them anyhow."

Lowering her voice confidentially she would assure her listener that the neighbours were jealous of their refined appearance and pretty ways.

She was clever with her needle, and had surprisingly good taste, so perhaps there was something in her suggestion.

Dear as all the children were, Arthur, the youngest, was the very heart of her.

He was a pretty boy with pathetic brown eyes, and his delicacy called out all her latent tenderness.

She could have talked by the hour of his affectionate ways and general sweetness of character.

Just before his tenth birthday he bought a small geranium in a pot. He informed his Mummy that it was for her grave and that he should tend it till it was required.

He stood thoughtfully by her sewing machine and said "But I don't know what I should do if you was to die. I will ask God to let me die first."

The birthday was the glad day it should be in happy homes, and Arthur and his elder brother raced home from school to go out with Mummy to buy the present.

Alas! the little eager feet could not carry him fast enough, and forbidden though it was, he hung on to a passing motor van, fell, and was fatally injured, dying before he reached the hospital.

In spite of advice to the contrary, the little white coffin was brought back to the only home the child had known. Miss Smith insisted on that.

Her grief was quiet and restrained, and infinitely touching, as she looked on the little bruised form that had been her world for six years.

"No one else shan't have his bedsocks," she said; "he thought the world of them, so I've put them in along with him."

Arthur's resting place is marked with a stone cross, recording the fact that he was "The beloved foster-child of Mary Smith"—and "Thou gavest him a long life, even for ever and ever."

It cost £20. Do you say that is a sordid and vulgar remark? Not so!

"I saved it to give him a start in life and only he shall have it."

Mary Smith, when at the last Great Assize, your name is called will you answer "Here am I. I and the children whom Thou hast given me?"

H. H.

THE HOSPITAL WORLD.

The Voluntary Hospitals Commission have written to the Clerks of County and Borough Councils requesting their assistance in constituting the Local Voluntary Hospital Committees recommended by the Cave Committee. It is proposed that the Local Committees shall consist of two members nominated by the County Councils and one by each borough within the county, two medical practitioners nominated by the local committees in the area, one from the staff of a voluntary hospital, and the other a general practitioner; two hospital representatives, not medical practitioners, one for the larger general hospitals and one for the smaller and cottage hospitals in the area. The Commission will nominate five additional members, one of whom must be a woman, from those resident in the area, and the local Committee will select its own chairman. The following are included in the functions of the Local Committees:—

- (a) To act as local advisers to the Commission.
- (b) To collect information as to the needs of their areas.
- (c) To further co-operation between hospitals.
- (d) To co-ordinate appeals.
- (e) To consider the possibility of arranging the transfer of patients where this can advantageously be done.
- (f) To prepare, where practicable, schemes of co-operative purchase.
- (g) To advise as to the adoption of a uniform system of hospital accounts throughout their area.
- (h) To organise systematic contributions both

from employers and by employees in areas where no such systems at present exist.

(i) To undertake the distribution of any contributions made by an approved society in cases where the society is purely local in character.

(j) Generally to take every possible step to assist the hospitals in their area to maintain the present voluntary system.

The Chelsea Hospital for Women has received £25 from the Mercers' Company, and £26 5s. from Sir S. B. Provis, K.C.B., C.H., towards the building of its greatly-needed Nurses' Home. The sum collected now amounts to £16,000, and £13,000 is still required.

In view of the prevalence of cholera in Russia, the opinion of Dr. W. J. Simpson, F.R.C.P., formerly Health Officer at Calcutta expressed in the *Times* is of interest. "As one who has had much experience in cholera and plague, I would point out the great value of inoculation in preventing the spread of these diseases, when carried out in an organized manner among a healthy community. I would suggest that this prophylactic measure should be systematically adopted as soon as possible in the countries bordering on Russia, so that even if cholera and plague infected immigrants break through the frontier safeguards, the inhabitants of the invaded countries shall be able to resist the infection. This would not exclude other well-known preventive measures. As regards Russia itself, it is different, and a word of warning is needed. Prophylactic inoculation amidst a starving population would have to be employed with the greatest care and discrimination, otherwise it would only do harm. Food, medical comforts, nursing, and hygienic measures are more important."

THE EXPERIENCES OF AN ASYLUM DOCTOR.

Dr. McDonald (C.U., Wallasey) asked the Minister of Health, in the House of Commons, if his attention has been called to a publication by Dr. Montagu Lomax, containing grave charges of inhumanity in the administration of our asylums and, as these charges were specific, and the alleged inhumanity was inferred rather than witnessed by Dr. Lomax, would he cause inquiries to be made as to the truth of these allegations, in order to relieve the anxiety of the public who had relatives confined in these institutions.

Sir A. Mond: My attention has been called to the statements contained in this book, and the visiting committee of the asylum at which Dr. Lomax was employed as locum tenens, and to which he evidently refers, have already been asked by the Board of Control for their observations. As soon as these have been received I will consider what further action is necessary.

BOOK OF THE WEEK.

THE FORGE OF DEMOCRACY.*

This is a very powerful story of the war in which as may well be imagined, tragedy and romance are inextricably blended. An able writer such as Miss Gabrielle Vallings has unlimited scope in her subject, and truths, that are stranger than any fiction, have in this volume been once more vividly thrown on the screen.

The disastrous love stories of Madeleine Gault, a daughter of the English aristocracy, and that of Ottilie van Eynden, the daughter of the Burgomaster of Vervaine, are described with force and terrible realism and bring back only too well the horrors of the early days of the war.

Madeleine Gault, on the eve of the declaration of war, was on the point of becoming engaged to a German officer of the Household Cavalry, Baron Siegfried von Gorwald. She had been out for several seasons and—a woman of handsome appearance and strong personality—bitterly resented the slightly contemptuous attitude of her sisters, both well married, towards the fact that she had so far failed to secure a husband. The reader is first introduced to her as she is staring down the vista of Rotten Row.

"Her companion evidently appreciated that slightly magnificent arrogance which challenged the onlooker into admitting that she was a fine woman. He followed her speech with absorbed attention as his eyes rested on the generous curve of her shoulders and bust.

"'I cannot understand it, Baron,' she was saying with emphasis; 'you did me the honour of telling me that you loved me. You asked me at the same time whether I cared enough for you to marry you and return with you to your own country.'" She goes on to say that she had been willing to sink her own nationality and to follow him wherever the exigencies of his profession might lead him.

"And now, after asking me to wait three weeks before announcing our engagement in order that you might comply with what you assured me was a mere formality—namely, the obtaining of your Emperor's consent—you come to me with the story that so far he has made no reply to your request and that until he does so your hands are tied."

As may be supposed, the request was never granted and Siegfried instead received orders to—ostensibly—return to Berlin, but in reality to remain in London under disguise as a spy.

Madeleine, who passionately loved her German fiancé, received the news that, without a word, he had rejoined his regiment with something like despair.

"Gathering herself together she passed up the stairs to her bedroom, gallantly held her head high, her tear-stained face set grimly, her tear-drowned eyes staring straight in front of her. In the merciful darkness of her room she fell full-

length on the floor, her arms outstretched, her whole person desperate in mute despair."

An extract from Siegfried's diary shows the relentless system which a man in his position was subjected to.

Devoted to Madeleine, he realises that she would have understood his patriotism in fighting for his country, but that she would never forgive him for acting as a spy. She meets him one day near the Tower and recognises him and under the impression that he has deserted for her sake, abandons herself to him for one week. When she discovers the nature of his calling she denounces him to the authorities and takes her own life in his lodgings.

"She saw vaguely a taxi draw up and three men stepping into it. One of them was von Gorwald—he was handcuffed.

"My God!" she cried, "I have done this! I—Madeleine Gault—I have killed him—Siegfried, the man I love."

She heard the voice of the city as it thundered in the night, and once more it seemed to her it claimed her, applauded, spoke with a friendly voice.

She understood that by the betrayal of her lover she had rendered justice to the spirit of nationality—that the City clamoured approval.

"'I have paid! I have paid!' she cried tumultuously and triumphantly. 'The debt of honour is paid to the full. I have blotted out the past. I am no traitor.'"

She no longer desired her place in the sun, her youth's fulfilment, but a place in that spirit-night, a tranquility among the dead, who, even as she, had fought and conquered. Then the shot came, the body dropped full length, lay still, as if tired, alone in the empty house.

We have no space to dwell on the tragic and infinitely pathetic story of Ottilie van Eynden, the gentle daughter of the Burgomaster, one of the victims of German lust, but we recommend our readers to read her history for themselves and see how out of her awful experiences her soul rose triumphant.

H. H.

DISTINCTION BETWEEN TRADE AND PROFESSION.

What is a trade or business as distinguished from a profession?

"I would define a profession as an occupation for which an individual fitted himself by a course of academic study by way of training his mind. But there were at least two other tests to be applied. One was that the members of any particular profession endeavoured to maintain a common standard, and had its own special rules and codes. And the other was that, although a profession might be primarily pursued for the purpose of gain, it was often not the only, or, indeed, the chief motive."—*Sir John Simon*, in High Court of Justice (Servants and Unemployment Insurance).

* By Gabrielle Vallings. London: Hutchinson.

LETTERS TO THE EDITOR.

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

NATIONAL BABY WEEK COUNCIL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—On behalf of the National Baby Week Council, I beg to tender our sincere thanks for the publicity you so generously gave in your columns to this year's Baby Week Celebrations.

The National Baby Week Council realises how much of the success of its work is due to the publicity given by the Press, and your kind help has been deeply appreciated.

Yours faithfully,

ERIC PRITCHARD,

Chairman of the Executive Committee.

5, Tavistock Square, W.C.1.

A TIME OF GREAT DIFFICULTY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—In answer to several enquiries as to why subscribers had not received the May and June issues of *The Canadian Nurse*, we have in all cases sent letters explaining that all over Canada the commercial printers have been out on strike since May 1st. These workers struck, not because of a cut in wages, but because they wanted the same money for less work, which the employers have not been ready to grant. If they did this, the cost of publishing the magazine would be much increased, so I feel satisfied that our subscribers will have patience and consideration till this can be settled.

We are now sending out this circular letter that all subscribers may know the reason for the non-appearance of the past two issues.

The July issue will be brought out as soon as possible and will contain the account of the Quebec Convention, Reports, &c.

The May and June issues will either be brought out later, or subscription dates advanced two months, thus working no loss or hardship on the subscribers.

I wish to express my thanks for the votes of confidence in my management given at the Quebec Convention and ask for your consideration in this time of great difficulty.

Thanking you in advance.

Yours very truly,

HELEN RANDAL, R.N.

Editor.

The Canadian Nurse and Hospital Review.
East Burnaby, B.C.

THE IMPORTANCE OF TEACHING THE PHYSIOLOGY OF REPRODUCTION IN THE TRAINING OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you allow me, under the above heading, to express my full agreement with Miss Bielby, who wrote in your issue of July 9th,

in her desire and gratitude for Dr. Fairbairn's advance in the teaching of nurses? And may I add a most urgent plea for whole instead of one-sided teaching in all our training schools. In hospital, and afterwards in district work and private nursing, one feels sorely the insufficiency of one's partial knowledge. We nurse boys and men through acute infections; we are appealed to by mothers for advice in their training of their sons as well as their daughters. Wives—as such—and occasionally husbands—as such—consult us; and time and again for *lack of knowledge*, we lose, or only partly use, opportunities for education and help; whereas, if we had but a whole knowledge of the physiology of reproduction, we could give invaluable, simple, practical advice, for which many individuals and families would be healthier and happier.

Yours faithfully,

A WINCHESTER NURSE.

BARRIER NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have seen the system of "barrier nursing," as practised in a London infectious hospital, and had both theory and practice explained to me, a good many years ago, and I was interested in the report of Dr. Harries lecture, and in his statement that in Liverpool the distinctive marks have now been abolished, and the Medical Superintendent relies solely on the skill and efficiency of the nurses.

That is a high tribute to the conscientiousness and ability of the nursing staff in that particular institution, and, incidentally we are reminded of the great importance of probity, judgment and clear thinking on the part of nurses; because, if a nurse does not keep continually before her mind's eye the all-important but non-existent barriers, an infection may be conveyed to a patient already debilitated by serious illness, and the consequences be of the gravest.

Yours faithfully,

CHARGE NURSE.

KERNELS FROM CORRESPONDENCE.

A KIND GIFT.

Miss Margaret Hitchcock, New Zealand, writes: "I see that some sad person is unable to continue her subscription to the B.J.N., also that she has been a regular subscriber for a very long time. Though only a fairly recent subscriber myself I can sympathise with her as I look forward to receiving my Journal always. I have no doubt that by the time this reaches you the subscription will have been paid. Still, in that case, my enclosure will do for next year."

[It has been applied to this purpose.—ED.]

PRIZE COMPETITION QUESTIONS.

August 20th.—Describe a typical case of small-pox; the nursing points, and the precautions to be observed.

August 27th.—Which infectious diseases are particularly liable to be spread by the agency of human carriers? State in each case in what part of the body the germs are likely to be carried.

The Midwife.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

The following is the Examination Paper set by the Central Midwives Board on August 3rd:—

1. Describe in detail the abdominal examination of a woman advanced in pregnancy.

What information do you endeavour to obtain from such examination?

2. How would you recognise the symptoms of exhaustion during labour in the order in which they commonly arise?

What are the usual causes?

3. Severe bleeding occurs after the birth of a child and before the placenta has left the uterus. Describe in detail how you would treat such a case.

4. What difficulties may arise in connection with breast feeding? How can they be overcome?

(Reference to artificial feeding is not required.)

5. Describe the normal lochia during the first ten days.

What abnormal changes may occur in this discharge?

6. What precaution should you take in nursing, during the puerperium, a woman who is suffering from (a) Gonorrhœa, (b) Syphilis?

CENTRAL MIDWIVES' BOARD FOR SCOTLAND.

The Examination of the Board on August 1st and 2nd, held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, has just concluded with the following results:—

Out of 106 candidates who appeared for the Examination, 92 passed. Of the successful candidates, 28 were trained at the Royal Maternity Hospital, Glasgow; 23 at the Royal Maternity Hospital, Edinburgh; 4 at the Maternity Hospital, Aberdeen; 12 at the Maternity Hospital, Dundee; 5 at the Queen Victoria Jubilee Institute, Edinburgh; 10 at the Cottage Nurses' Training Home, Govan, Glasgow; and the remainder at various recognised institutions.

EXAMINATION PAPER.

1. Define or explain briefly the following terms: Decidua, Conjugate, Vertex, Fontanelle.

2. What advice would you give to an expectant mother regarding (a) The probable date of her confinement, (b) the care of the breasts, (c) her duties regarding the infant.

3. Describe the method of conducting a twin labour.

4. Give the causes, symptoms, and treatment of White Leg. What complications may arise after the acute stage has passed off?

5. What conditions in the mouth of the infant

are met with giving rise to (a) difficulties in feeding, and to (b) disorders of digestion?

6. What articles is a midwife bound by the Rules of the Central Midwives Board to carry in her bag, and for what purposes are they used?

VERSES.

Children, you are very little,
And your bones are very brittle;
If you would grow great and stately
You must try to walk sedately.

You must still be bright and quiet,
And content with simple diet,
And remain, through all bewildering,
Innocent and honest children.

Happy hearts and happy faces,
Happy play in grassy places—
That was how, in ancient ages,
Children grew to kings and sages.

But the unkind and the unruly,
And the sort who eat unduly
They must never hope for glory—
Theirs is quite a different story!

Cruel children, crying babies
All grow up as geese and gabies,
Hated, as their age increases,
By their nephews and their nieces.

ROBERT LOUIS STEVENSON.

TRAINING OF MIDWIVES.

The following letter (published in the *South African Nursing Record*) has been sent to all the Medical Councils in South Africa:—

P.O. Box 1050, Johannesburg,

11th June, 1921.

DEAR SIR,—I should like to call your attention to the following resolution which has been passed by a meeting of the Central Board of my Association:

"That the minimum period of training for midwifery in respect of untrained women be one year and for certificated general nurses six months."

We feel sure that your Council will agree that a very high standard of efficiency is necessary in responsible work like midwifery, and the feeling of my Association, especially those members of it who hold both certificates, and those who are training midwives, is that the above are the minimum periods in which an efficient midwife can be trained. The certificated nurses would gladly submit to a six months' course, and we trust that your Council will give the matter serious attention, and at least express an opinion, even if, in view of the advent of the Medical Bill they are not prepared to take definite action.

Yours faithfully,

B. G. ALEXANDER,

General Secretary Trained Nurses' Association.

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EDITORIAL.

THE CONCERN OF ALL.

In our last issue we referred to the duty and privilege of Nurses of exercising the powers they, in common with other women, possess, by conscientiously recording their Municipal and Parliamentary votes. This week we desire to warn nurses that there are at the present day evil influences at work, working from *within*, to betray and ruin our Country. For instance, we know on very good authority that there are on some of our Metropolitan Borough Councils men who openly advocate Bolshevism; and the latest menace is the attempt that is now being made to introduce into the Public Libraries—supported by the rates—Communist literature. Our attention has been drawn to a publication issuing from Petrograd, translated into English; its character is revolutionary and anarchist in the highest degree. The overthrow of all law and order and other dangerous tenets are advocated. This pernicious literature, entitled *The Communist International*, it is proposed to place—or attempt to place—in our public libraries, which are frequented by children as well as adults.

At this point, it is fitting that we should ask ourselves how it is that men, so gravely disloyal, are to be found on our Metropolitan Borough Councils. The answer is quite simple, and quite obvious: *The electors have put them there!* The electors, then, are either (some of them) very disloyal themselves, or utterly indifferent as to the character of those who represent them. The seriousness of the situation is so great that it can scarcely be exaggerated, and we desire specially to draw the thoughtful attention of our readers to it. This Journal has always stood for loyalty and patriotism; in other words, we are patriots

first and nurses afterwards. We are confronted with a new danger, not less serious, but more so, than the Great War. The desire is that the children shall be taught the pernicious doctrine of Communism. Could anything be worse than the corruption of the young? *This is the concern of us all*, one which we cannot, and dare not, repudiate. Much might be said of the results of the Communist Government in Russia, for we are in possession of reliable information; but the exigencies of time and space will not permit of it. We desire, however, to urge upon the educated Nurse that she prove her patriotism by taking her share in checking this new and serious danger, remembering that if not checked it would mean—without a shadow of doubt—the downfall of our Country. “Where there is no Vision the People perish.” The children in Russia (and some in England) are being taught to blaspheme; immorality is being encouraged in every way by the Soviet Government; sixty per cent. of the children are suffering from venereal disease, they are being taught that God, their parents and their teachers are their enemies! These unbelievable things are *real*. Russia is without a Vision, and is perishing, physically and morally. We believe that our compatriots who are doing their country so great a wrong are ignorant and unenlightened, and do not realise the seriousness of their action; this does not, however, lessen the danger.

What is the vision that Nurses see in all this? Save the children; combat disease; keep out of the Councils of the Nation those who propose to ruin it. Remember that “Courage consists not in blindly overlooking danger, but in meeting it with the eyes open.” Do what you can; remember the Divine commendation: “She hath done what she could.”

"GOUT."*

By C. PRESTON BALL, M.A., M.D., M.R.C.P.,
D.P.H., L.M.

[ABRIDGED.]

It is very difficult to choose a subject to lecture on which will at the same time be both interesting and instructive. After some consideration I have decided to choose the subject of Gout, chiefly because I find there is an enormous amount of ignorance among the general public on the subject, and if you, with your experience of nursing and massage, can gain an elementary knowledge of the disease, with all its attendant evils and complications, you may be able to enlighten sufferers as to their true condition, and help them to seek early advice and treatment before the more serious sequelæ and complications develop.

Gout is a somewhat rare disease at the present time. An enormous number of people will tell you that they suffer from gout because they ave pains in their muscles and joints from time to time, or because they have thickening and swelling in various joints. Now, I hope to show you that the majority of patients suffering from swellings in and around the joints and pains in various parts of the body are in reality cases of rheumatism, or rheumatoid arthritis in the early stage.

The term rheumatic gout, a very old name applied to various ailments, is most misleading, and especially so as it at once gives one the idea that rheumatism and gout are practically one and the same disease. This is not the case; the causation and the treatment of both these conditions being almost entirely different.

Broadly speaking, gout is due to disarrangement in the metabolism of the body, want of proper and healthy digestion, and the preponderance of a large amount of uric acid in the blood; whereas rheumatism is a toxæmia—*i.e.*, a poisoning of the system of a microbic origin, a condition which usually occurs in weakly individuals of all ages, and which is generally accompanied by wasting, anæmia, and general weakness.

Rheumatism should be the term applied to all painful conditions of muscles, tendons and joints where there may be acute swellings and inflammation not of a permanent character; but rheumatoid arthritis should be the term applied to the disease which attacks the joints only, causing serious pathological changes in the cartilages of the joints, and eventually, if not arrested, causing degeneration of the bones, entering into the formation of the joints.

I am sure you are all well acquainted with the joints of patients which are more or less deformed, and grate when moved.

In order to make the differences between gout and rheumatic affections better understood I will

endeavour to tabulate the chief symptoms and signs in each case.

GOUT.

1. Commonly occurs in middle age.
2. Hereditary.
3. Generally affects the plethoric and obese.
4. Most common in men.
5. Typical gout comes on suddenly.
6. No relief with salicylates.
7. Great increase of the uric acid in the urine during an acute attack of gout.
8. Seldom attacks the heart valves.

RHEUMATISM & RHEUMATOID ARTHRITIS.

1. May occur at all ages and is common enough in children.
2. No evidence of heredity.
3. Generally attacks the weakly and anæmic.
4. Most common in women.
5. Comes on slowly and insidiously (except in rheumatic fever, which may develop quickly).
6. Great and immediate relief in rheumatic pains and acute febrile rheumatism with the salicylates.
7. No such change in the urine.
8. Heart lesions (endocarditis) common, especially in young people, and with rheumatic fever (focus of infection).

There are other differences between gout and rheumatism, but I must for pressure of time omit some. However, I think I have given you the most important.

Now, we are in a position to understand somewhat, in an elementary sense, the pathology of both gout and rheumatic lesions, and assuming you have grasped these details you will readily understand how important it is to be able to diagnose the different cases before adopting or suggesting any treatment.

Generally speaking, acute rheumatism, rheumatic fever, acute articular rheumatism and the rheumatic affections of children (including "growing pains") and chorea, are successfully treated with salicylates and hygienic treatment, followed by tonics and good nourishing food. Rheumatoid arthritis and chronic forms of articular rheumatism should be treated by removing, if possible, the cause (sepsis, septic tonsils, pyorrhœa of the gums, endometritis, mucous colitis, &c.)—along with vaccines, tonics and good food.

Unfortunately you will invariably find patients treating themselves for rheumatic affections as if they were suffering from gout—salts in the morning, aspirins and alkaline mixtures, and all sorts of patent medicines are indulged in; all of which are not only useless but tend to lower the vitality of the individual. Whereas in rheumatic conditions, especially chronic joint diseases, the

* A Lecture given to the Chartered Society of Massage and Medical Gymnastics, Dublin.

weaker the patient becomes, the more rapidly the disease progresses.

Now to consider the condition of gout proper as contrasted with rheumatic affections. Gout, or as it is generally considered the "gouty diathesis," most commonly develops in patients of middle age onwards, although it is not unknown to occur even in young adults. It is most common in males, and is undoubtedly an hereditary disease.

There are two forms of gout recognised:—

(a) *Typical gout (podagra)*, in which sudden attacks occur with very severe and acute symptoms, and

(b) *Atypical gout*, a more or less chronic condition, with swellings around various joints containing deposits of uric acid in the form of urates accompanied with pains of a fleeting nature, and often complicated with a tendency to gall-stones, gravel in the urine, stone in the kidney and general lithiasis.

In all these cases, *i.e.*, in both typical and atypical gout, the patients have an excess of uric acid in the blood, but before we consider the pathology of the condition I will describe the two classes more fully.

(a) Podagra is the name given to an acute attack of typical gout. A patient, usually a male over 40 years of age, will suddenly be seized with a very severe pain in the big toe joint of one (generally) or in both feet. The attack usually comes on early in the morning, the patient waking up with a most exquisite pain. Previous to the attack he may have been in perfect health, going to bed quite well, so that these attacks are, you will gather, very sudden in their onset.

The patient may or may not have been indulging too freely in over-eating, or possibly it may come on after taking a large amount of rich wine—port or champagne.

The big toe joint becomes rapidly very tender, red, swollen, and the skin over the joint glossy and shining. If the patient will allow you to touch the joint, pressure, even slight, will cause paleness which immediately shows up pink or red when the pressure is released.

The whole foot may, and probably will, become swollen, and the pain in the big toe joint is extremely severe.

During the day the pain usually subsides somewhat, only to recur the following night, and even with prompt treatment the attack will last for several days, gradually subsiding and leaving the patient as well, if not better, than he felt before the attack. During such an attack there is some pyrexia, the temperature rising generally over 100 degrees at night, the tongue is furred, there is constipation, and the urine is thick, scanty and red in colour—loaded with urates and uric acid. The patient is irritable, depressed, and cannot even bear the bedclothes on the affected foot.

When mentioning the actual condition of the blood and urine later on I will draw your attention to the fact that the urine during an acute attack of podagra, as described, is loaded with urates, so that the patient loses a great deal of uric acid

while suffering from his febrile and painful condition.

Before passing on to the consideration of the more chronic forms of *atypical gout*, it may be well to mention the treatment for such an attack as described. The patient should be kept in bed, with the painful foot elevated and a cradle around the limb to keep off the weight of the bedclothes. A free purge is given such as calomel, low diet free from proteids, while diuresis is induced by copious drinks of water, barley water and piperazine—the latter, I believe, certainly helps to eliminate uric acid, as it appears to act as a solvent. Colchicum in large doses for the first few days relieves the pain and helps greatly to minimise the symptoms. It is a very old but still reliable drug treatment. The pain is so severe for the first night or two that opiates are generally necessary to combat the insomnia and restlessness.

Now such an attack of gout is very easy to recognise, especially when it occurs in a man over middle age, who appears to be an individual who has always fed himself well, and who is not a teetotaler. There is generally a history of previous attacks, and the appearance of the big toe joint is so typical that there is no doubt you are dealing with the true typical podagra or gout.

When we come, however, to consider the more chronic cases of atypical gout the diagnosis is not so easy, and unfortunately numerous vague symptoms of varying character—as fleeting pains in the legs, in the body, the head, attacks of neuralgia and migraine, and gastric disturbances—are often called gout, simply because no other diagnosis can be made.

Very serious diagnostic errors in this direction are of common occurrence. The great majority of symptoms that are frequently grouped under the name of gout are really due to the rheumatic disease.

They are really masked forms of articular rheumatism, and like the latter can be relieved or cured by salicylates and by the removal, if known, of the septic focus.

Now, you will understand how very important it is for one to endeavour to make a correct diagnosis, for if the diagnosis of gout is made in error the patient is put on a rigid and strict diet, is given treatment both depressing and weakening, so that his general health must suffer, while at the same time the best period for proper treatment is sacrificed.

A rheumatic neuritis, or fibrositis—*i.e.*, a rheumatic inflammation of the fibrous tissue around a joint or in the tendons of muscles—which could have been relieved within a few days by salicylates, may drag on for weeks or even months if such a case be treated by an anti-gout diet, by exhausting baths, and by massage. I need hardly warn you that massage, which we all consider of such enormous benefit in chronic a-febrile cases, may do a great deal of harm if misapplied to acute inflammatory lesions.

(To be concluded.)

NURSING ECHOES.

Many friends of Miss Edith Macfarlane, R.R.C., will be glad to hear that she has been appointed Lady Superintendent of St. George's Hospital, Bombay. We believe she has sailed already to take up her new duties. Many who remember her excellent war service will unite in wishing her "bon voyage." In recognition of her service during the war she was awarded the Royal Red Cross, 1st Class with Bar, and was mentioned in despatches.

She was previously Matron of the Royal Ear Hospital, London, for seven years, and received her training at St. Bartholomew's Hospital, where she won the Clothworkers' Prize.

New rates of pay, leave and pensions for members of Queen Alexandra's Royal Naval Nursing Service have recently been authorised by an Order in Council as under:—

Head Sisters.—Pay £170 per year, rising by annual increments of £10 to £200.

Superintending Sisters.—£95 per year, rising by £5 to £135.

Nursing Sisters.—£60 per year, rising by £5 to £85 per year.

These rates, inclusive of bonus, take effect from April 1st ult., unless Sisters, serving at the date of the issue of the Order, elect to draw the old rate of pay, with bonus, to that date.

Leave of absence, with pay, will now be granted at the following rates:—

Head Sisters.—Seven weeks a year.

Superintending Sisters.—Six weeks a year.

Nursing Sisters.—Five weeks for the first three years and six weeks thereafter.

Retired pay is based both on service and rank. The maximum rates of retired pay in both these parts will be: Head Sister, £160; Superintending Sister, £105; Nursing Sister, £75. Sisters retiring with less than ten completed years' service will receive a gratuity equivalent to one month's pay in respect of each year of service.

Queen Alexandra's Imperial Military Nursing Service is now gradually resuming its normal proportions. At one time there were employed in connection with the Service and its Reserve over 13,000 trained nurses. Now they number under 1,000.

All members of the Territorial Force Nursing Service are now required to "sign on" for

service Overseas as well as at home. We imagine this will be a most popular order, and we learn that already 3,000 nurses have signed under the new conditions.

The question of careers for both sons and daughters is one of anxious concern to parents, and, in the view of those who should know, most professions are overcrowded, and offer a doubtful prospect of affording a means of self-support.

We may therefore point out that the profession of nursing is by no means overcrowded, and with the establishment of a definite standard of nursing education, and of State Registration of Nurses in the three kingdoms, the prestige of nurses who are members of this legally constituted profession will be much enhanced. In spite of the disadvantages in the past, nursing has always had attractions for women with the protective instinct, and has afforded a useful and happy career to thousands of girls, to the great advantage of the sick, as well as of themselves. At the present day many fresh avenues of work are opening to nurses, and parents, guardians and teachers will do well to bring the claims of nursing as an attractive, satisfying, and increasingly remunerative profession before girls on leaving school, as well as during their school life.

A very attractive opportunity to obtain free training in massage, which many nurses desire, but do not feel they can afford, is offered by the Lambeth Guardians to a limited number of well educated, fully trained nurses.

The course lasts for 15 months, and affords full training in preparation for the Massage Examination of the Chartered Society of Massage and Medical Gymnastics. No salary will be paid, but board and lodging, washing and uniform will be provided in return for a working week of 46 hours, which will include the time occupied by lectures. Fully trained nurses desiring to take advantage of this offer should apply for full particulars to the Matron, Lambeth Infirmary, Brook Street, Kennington, S.E.11. The opportunity is one which enterprising nurses should not lightly miss.

At the monthly meeting of the Brentford Board of Guardians, new regulations for the probationer nurses were submitted for approval.

Mr. Noble, a Labour member, objected to a provision giving the hospital committee power

to call upon a nurse to resign without giving a reason, being apprehensive that the clause might be utilised for getting rid of a nurse who showed too much interest in her trade union. He advocated that the power of the committee should be limited to suspending a nurse and that the Board should keep in its own hands power of discharge.

We consider that hospital committees, Boards of Guardians and other public authorities should always keep the dismissal of their employees in their own hands, the power of officials or sub-committees being limited to suspension, which, in practice, is found to be all that is needed for the maintenance of discipline.

At a recent meeting of the Steyning Guardians Mr. H. Mews, on behalf of the House Committee reported that letters had been received from the Medical Officer and the Superintendent Nurse respecting the General Nursing Council for England and Wales and the recommendation of that Committee that a sub-Committee should be appointed to go fully into the matter. He said it appeared that about 1924 all nurses would have been to be registered, and under the present circumstances at the Infirmary they could not train the nurses to comply with the conditions of this new order on account of the scarcity of cases. There were very few confinement cases, and practically the only other work they had was waiting on the sick. It would, therefore, seem that they must either give up training nurses altogether, and instead of having probationers engage fully qualified nurses, or else endeavour to extend the work at the infirmary by drawing in cases from all the parishes of the Union—he supposed on the payment of fees. He believed it was a rather big question and a small Committee was suggested to go thoroughly into it.

Dr. Rogers-Tillstone said the subject was a very wide one, and he did not suppose the Committee would be in a position to report inside six months if the work were done thoroughly.

The proposal was approved, and a sub-Committee appointed, comprising the Chairman and Vice-Chairman of the Board, Dr. Rogers-Tillstone, Mrs. Burden, Miss Steward, Miss Kenyon Stow and Mr. H. Mews.

It is quite a pleasant change to hear of a Nursing Association in as sound a financial condition as that at Gillingham, where the

Committee stated in their annual report recently presented to its supporters, that the whole of the mortgage on the Nurses' Home is now paid off, and £1,000 still lying to the credit of the Association on deposit with the bankers. This state of affairs has been largely brought about by the magnificent gift of £1,304 from the ex-Service men of Gillingham, and the Committee desire to place on record their deep appreciation of this generosity.

Alderman Griffin said the services of the nurses were greatly appreciated, and from time to time he had expressions of deep thankfulness from husbands for the help they had received. He hoped donations and subscriptions would come in so well that the Committee would be able to keep the £1,000 on deposit at the bank.

Miss Glass, Q.V.J.I. inspector, said the Queen's nurses were trained to leave homes better than they found them, and she was glad that the services of the nurses in Gillingham were appreciated. She was pleased that the Committee had been able to renovate the nurses' home, and hoped they would soon be able to appoint a third nurse. Gillingham was a wide area, and the distance the nurses had to travel made them over-tired.

Miss Ethel H. Butts, President of the Occidental Graduate Nurses' Association of Korea, gives a very interesting report in the *American Journal of Nursing* of its annual meeting at the Severance Hospital, Seoul, which included graduates from America, Canada and Australia. The most unique session of the whole convention was a large public meeting in honour of Florence Nightingale's 101st birthday anniversary. At eight o'clock the meeting opened by a "pipe organ solo" on the only pipe organ in Korea. The door of the church opened, and the nurses in uniform marched down the aisle.

The Occidental nurses came first in their white uniforms, and there were no two graduates from the same hospital. Then came the graduate Korean nurses in white uniforms, followed by the student nurses from the Severance Hospital and East Gate Hospital. These Korean nurses had blue uniforms and white aprons and caps. A large number of Korean nurses from the Government Hospital followed these, and last, seventy Japanese nurses, dressed in kimonos, and wearing wooden sandals. Never before had such a large number of nurses met in Korea.

NURSING IN THE HOUSE OF COMMONS.

NURSES' REGISTRATION.

The following questions were put and answers given in the House of Commons on Wednesday, August 10th.

LIEUT.-COLONEL SIR J. HOPE asked the Minister of Health whether, under the Rules for Registration of Nurses now lying upon the table of this House, a nurse who has been trained in Scotland and is practising in Scotland can be admitted to the English Register and thereby remove herself entirely from the jurisdiction of the Council of the country in which she is practising; and whether he will consider the amendment of both the English and Scottish rules so that all nurses should originally register in the country in which they are practising, but should be able to be placed on the register of the other country without difficulty or payment if they subsequently desire to practice in that other country?

SIR A. MOND: I am advised that it is not competent to the General Nursing Council to refuse to admit to the Register a nurse who is otherwise qualified on the ground that she is not practising in the country. Registration is purely voluntary and no nurse can be brought within the jurisdiction of any of the three Nursing Councils except by her own choice. A nurse practising in Scotland would derive no advantage from admission to the English Register, since she would not thereby be entitled to describe herself in Scotland as a registered nurse.

SIR J. HOPE: Is it not competent for a Council to draw up rules which would allow a nurse practising in another country to be placed on the register? Does the right hon. gentleman not realise that the whole object of the Act will be defeated if these Councils have no jurisdiction over the nurses in their own country?

SIR A. MOND: They have jurisdiction over the nurses practising in their own country.

SIR J. HOPE: No; if a nurse practising in Scotland has registered in England, is it not the case that the Scottish Council will not have jurisdiction over that nurse, although she is practising in Scotland?

We are of opinion that existing nurses should register where they please. As the Minister of Health reminded Lt.-Col. Sir J. Hope, the Acts are not compulsory. In the future, when a qualifying examination must be passed for registration, nurses will no doubt be required to be examined in the country where they are trained, and to register there in the first instance. At present, we assume that nurses will register where they are resident and at work.

GENERAL NURSING COUNCIL FOR SCOTLAND.

The Syllabus of Lectures and Demonstrations for Education and Training in General Nursing, prepared by the General Nursing Council for Scotland, is now ready for distribution. Applications for copies should be made to the Registrar, General Nursing Council for Scotland, 13, Melville Street, Edinburgh. The price is 1s. 2d. post free.

The Syllabus will be required by all hospitals which desire to be approved as Training Schools by the Council. A short Syllabus, intended for distribution by the hospital authorities to their Probationers, has also been prepared by the Council, and is to be sold at a price of 2d. per copy in addition to postage. This will probably be required in considerable numbers by the larger hospitals.

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

THE STATE EXAMINATION IN NURSING.

Committees of Hospitals and Boards of Guardians are realising the importance of thorough instruction for their probationers. Recently the Paddington Guardians had under consideration the question of the salary of the Sister-Tutor at the Infirmary (Miss Dorothy Windley), who was appointed at the beginning of this year at a salary of £100, rising to £120 by £5 annually, and who holds a certificate from King's College for Women.

The Infirmary Committee reminded the Guardians that there had been considerable difficulty in obtaining an officer with this qualification, and reported that no further candidates possessing it would be available before September. The Committee considered that in view of the recent Syllabus issued by the General Nursing Council for the State examination of nurses, it would be inadvisable to disturb the arrangements which had been made with this object in view, and they realised that unless their probationers were successful at such examinations, the cost of the nursing staff at the infirmary would be considerably increased. Particulars had been obtained of the amounts paid at other infirmaries and hospitals, and having regard thereto and to the very satisfactory reports of the Medical Superintendent and Matron as to the manner in which Miss Windley had carried out her duties, the Committee re-submitted their former recommendation: That, subject to the sanction of the Ministry of Health, the salary of Miss D. Windley, Sister-Tutor, be increased from £100 to £150 per annum. This was adopted.

AN UNPUBLISHED LETTER FROM MISS FLORENCE NIGHTINGALE.

Recently there came into our hands a letter, hitherto unpublished, by Miss Florence Nightingale, and as everything she wrote is of interest to the Nursing Profession, and the letter concerns the training of mental nurses, which, just now, is under discussion, we obtained leave to publish it. It was addressed by Miss Nightingale to the late Rev. Henry Hawkins, for many years the devoted chaplain of Colney Hatch Asylum, and the founder of the After-Care Association, which does such good work for patients discharged as convalescent from Asylums, in answer to one inviting her interest in this most pathetic class of the community.

THE TRAINING OF LADIES IN ASYLUM WORK.

Miss Nightingale wrote in a letter dated London, June 2nd, 1879:—

My Dear Sir,

I wish I could help you, with regard to what you wrote to me about on May 10th, viz., finding a lady "to organise a plan for the after-care of poor and friendless female convalescents."

But alas! overwhelmed with business and illness, I am almost the last person to help you as I would.

God speed your meeting on July 5th.

I am, on the other hand, going to ask you for help. I am frequently written to to know if there are *trained* Lady Matrons and Lady Nurses to be had to attend on and superintend the nursing of Female Lunatics. Latterly I have had two letters from the Chaplain of Robben Island, South Africa, asking for such.

Have you *trained* Ladies and *trained* Nurses for your Asylum Work at Colney Hatch?

Could you recommend such? And above all, have you a *Training School* for Nurses for Lunatics?

Or do you know of one?

When I speak of a Training School, I mean a Training School such as we have for Hospital Nurses and Matrons now at St. Thomas's Hospital, and at several other large hospitals, where the Probationers go through at least a *year of systematic training* in the Hospital Wards, with an organised system of superintendence; where their work is tested, and where they live, under discipline, in a Home adjoining.

All this I should fancy (but I ask one of the greatest experience and devotion in yourself)

was even more necessary for Lunatics than for Hospital Patients.

How I wish that I had time and strength as I have inclination to carry out such work.

But I have far too large a circle of duties already, and I am a prisoner from illness to my room.

I leave out entirely the question of Asylum Nurses being trained *out of*, not in, the Asylum, nor about the Patients for their duties, which seems yet more utterly impossible than for Hospitals and Hospital Patients.

In Germany there are Training Schools for Asylum Nurses, and Lady Attendants in *Lunatic* Asylums.

A lady, half German and half English, whose sister died as Lady Assistant in such an Asylum, is likely to come to live in England and might be interested in this work.

Now that *Hospital* Nursing is so largely carried on by ladies, I hope that you will be able to tell me that you have found many *ladies* for your Asylum Attendance, and have trained them in your Wards.

You have, I assure you, my best wishes that you should succeed in all your works.

Would I could give you more than good wishes!

God bless your work!

If the Chaplain of Robben Island should come to England, might I place him in communication with you?

Under severe stress of overwork and illness, but Pray believe me,

My dear Sir,

Ever your faithful servant,

FLORENCE NIGHTINGALE.

The Rev. Henry Hawkins, &c. &c.

The paper of the letter is discoloured with age, but the beautiful, flowing writing is as clear as the day it was penned. We have to thank Miss Henrietta Hawkins, P.L.G., well-known to readers of this journal, for the opportunity of bringing this letter to their notice.

THE TRAINED NURSES' ASSOCIATION OF INDIA.

We regret to note in the *Nursing Journal of India* that Miss Bonser, the Hon. Secretary of the Trained Nurses' Association, has had two attacks of influenza and has been obliged to leave Bombay and to resign the Secretaryship of the T.N.A.

Miss Rawson, the very competent Secretary of 1920, has consented to resume this office, and members are asked to communicate with her at Palwal, S. Punjab.

The Trained Nurses' Association of India is affiliated to the International Council of Nurses.

SERMONS IN STONES.

A HIGH ENCOUNTER.

We print below the oration of the Rev. Robert Davis at the laying of the corner-stone of the Nurses' Memorial School, Bagatelle, Bordeaux—the gift to France, as our readers know, of American Nurses.

At this moment and in this place it is the invisible—a thousand times more than the visible—it is the unheard, that raises the occasion up out of the commonplace into a moral importance.

Behind this nurse of America the eye of the spirit can see the long line of working nurses whom she represents. They have wished to erect an enduring memorial to their belief in the profession of nursing. They have wished to put the seal of their admiration, the sanction of their love, upon the careers of the two hundred and eighty-five nurses who paid the cost of being a nurse in the hour of war.

Behind the Directrice of this training-school the eye of the mind can see those who for thirty years have supported her and her ideal; those who have been patient during the long delay, until the public they served were ready for their standard of technique and personal character; those who have by now passed from this world—but we are responsible for this school and its place to-day.

Back in the youth of our race, back on the misty rim of history, when God spoke to men, when a high impulse entered into the souls of men or when men associated themselves in a solemn public obligation, they set a stone upon the face of the earth. The stone was an enduring mark, that time would not destroy, that passers-by would not overlook. And thereafter those who travelled that way bared the head, whispering "Once God was here. Here our fathers engaged themselves for a high encounter."

Dumb Stone, we bid you speak. Other stones will be placed about you, but you will remain the central step of the entry staircase. All who enter and leave this building will touch you as they pass.

We bid you speak to these who come to learn. Tell them that they enter the profession, which, above all that are open to women, demands patience, self-forgetfulness, and every sweet virtue that God puts into the human heart. Tell them that the nurse, who enters a home to help when ordinary helpers have failed, she to whom the defiled reach out their hands for purification, the hopeless for hope, the abandoned for love, may win rewards such as no other profession can hope to merit or receive.

O Dumb Stone, speak to those who pass back and forth, saying that this is one of the few spots where the working women of the two great Republics have met in co-operation; that sisters of different bloods who shall never see one another, have joined in this achievement to aid women to better realise their own powers, and to better serve their lands.

Dead Stone, live! Live, because those in whose name this building is erected were alive. They were drinking deep of the crimson draught of life and danger, when their end came. Those who love them best have wished to rear no dead memorial, no statuary aloof in marble immobility. Their monument is this school, this engine for human welfare. Stone, live! as a symbol that those who have passed from sight still live. They live because each of those who cared for them have resolved to each do their own part and a little more, that among us all the world may not lack the service they would have offered. Live! tell us again that the immortality of our beloved is in our own hands.

Solid Stone, on your stable base, let not the years disturb you. You are the symbol of the deathless force that binds the two Republics together. You represent the fundamental alliance that the maladjustments of the moment may not change. The alliance between France and America is not only political, not only economic, not only historical; the deathless alliance between the countries is based on faith; for both believe that it is the supreme business of a state to equip its youth to serve well, both believe that in giving life one gains it more abundantly. This common faith, held by one land as by the other, is the ground of our union.

PIONEER NURSES.

Miss B. G. Alexander, R.R.C., speaking to the members of the Witwatersrand Branch of the Trained Nurses' Association, South Africa, on its "Progress and Problems," said: "Before closing, I wish to say something about the pioneer nurses of this country who, by virtue of their experience, tact, personality, and commonsense, have rendered invaluable service to many communities. The necessity for full and special qualifications for hospital posts and public services, is one of quite recent growth, and has arisen with the progress of time and the introduction of Health Visitors, School Nurses, &c. Quite a few of the women holding these posts to-day know something of the truth of the saying that 'the path of the pioneer is hard,' and I regret to say the attitude of the present-day nurses is apt to make the paths of our colleagues still harder. We should try to remember that those of the younger generation have had opportunities to fit themselves for public service in the nursing world which were unheard of 15 or 20 years ago, and I hope you will agree with me when I suggest that the women who have given of their best, and who are growing old in the service of their country, are worthy of our best consideration, and our unstinted generosity. On the one hand we are asking for a tribute fund for superannuated nurses, and on the other hand we say that some of these women who may now be past the heyday of their youth, but who are still doing most excellent work, are in our selfish estimation unfit for the posts they hold, because they lack numerous certificates which they had no opportunity of qualifying for."

THE ARMY SCHOOL OF NURSING, U.S.A.

AT WASHINGTON.

The Commencement Exercises of the first class of Nurses to be graduated from the Army School of Nursing, U.S.A., which took place at the Walter Reed General Hospital, Washington, D.C., were celebrated in a manner worthy of so great an occasion. To the joy of the Graduating Class, Miss Annie Goodrich, founder and first Dean of the School, was able to be with them. The diplomas were presented by Major-General Merritte W. Ireland, Surgeon-General of the Army, and Major Julia C. Stimson, R.N., Superintendent of the Army Nurse Corps, the present Dean of the School, gave a historical survey of the foundation of the School. *The Come-Back* devoted the whole of one issue, which is "dedicated to the graduating nurses," to reporting the event, and even that did not suffice, and the following one again took up the theme.

MAJOR STIMSON'S REPORT.

Major Julia C. Stimson introduced her Report by saying:—

"The class of student nurses now about to graduate is the largest group of nurses that has ever graduated at a training school for nurses. It is also the first group that has ever been trained under governmental control, and the only class of nurses that has ever been a part of a training school which is connected with the Army.

"The school was authorised by the former Secretary of War on May 25, 1918, at a time when the Surgeon-General of the Army was stating publicly that more than 20,000 nurses would be needed at once for the Army.

"This group of young women entered the Army School of Nursing in 1918 as an answer to the urgent appeal to all young women of the country to meet the great shortage of nurses for the Army. Eighteen hundred students began the course, but after the armistice an opportunity was given to withdraw from the course for those who so desired, and many resigned. Five hundred and fifteen are now completing the three-years' course. The other branch of the school will hold its graduating exercises at the Letterman General Hospital, San Francisco, on July 14, and 109 young women will at that time receive their diplomas.

"Many difficulties were overcome in establishing the school, as all arrangements had to be made to conform to the regulations governing the management of civil employees of the Medical Department, because in this way only, without a special Act of Congress, could a group of students be taken into the Army system. The problems and adjustments were made with comparatively little difficulty, however, as every help was given by the officers of the Medical Department, both in the Surgeon-General's office and at the camps.

"The school has been accredited by the regents of the University of the State of New York, and by the State Boards of Nurse Examiners of California and Illinois, and the graduates of the school

are eligible for registration in all States where there are laws governing the registration of nurses.

"The health of the students has been remarkably good. There have, of course, been cases of serious illness, and, unfortunately, twenty-five young women who entered the school have given their lives while in training. The last one of this group died within two weeks of the graduating exercises, having nearly completed the course. The names of these students are on the Honour Roll of the school, as they died in the service of their country, and their names and their memories will always be held in reverence, as they gave their lives in as noble a cause as did any soldier who fell on the field of battle.

"This group and this event can never be duplicated. It is a red-letter day in the history of nursing education, for although the Army School of Nursing is to continue, the classes will be much smaller and the conditions will be peace-time conditions.

"It can truthfully be said that no group of student nurses has ever had such opportunities for service, nor such advantages under which to receive their professional training."

Major Stimson then presented Miss Goodrich to the class.

ADDRESS BY MISS ANNIE W. GOODRICH.

Miss Goodrich said in part:—

"It fills me with profound emotion when I attempt to address you to-day, for this is, as Major Stimson has said, a most unique occasion—unique in the history of nursing, and unique, I imagine, in the history of any military establishment. Never before, I believe, has a military department opened an establishment for the training of young women. Never before has the dream of a training school for nurses been a part of their function. In the history of nursing it is no less unique because it has grouped together a company of young women greater than has ever before come together in one school.

"Never could it have been imagined that a military establishment, at the time of the great stress and strain of war, would find it possible to do this thing, and I want to say right here, and now, that the time is coming, and is not far off, when we shall have the kind of grasp, the kind of imagination, that will reveal to us that no person ever does anything in this world alone. When one person does something entirely alone, then I fancy that person will be the only living thing on this planet.

"I want to say that there never was an occasion where I so much wanted to speak what is in my heart, but it is a difficult thing at this great moment to say the word that is effective. No woman ever faced an occasion when she more longed to give a message that would carry. I cannot tell you all that has happened in my mind within the last few days whenever I tried to think what I should say to you as you finish your training to-day. One thing has been uppermost, and that is, 'What will they do with it?' Not alone

you, but that group remaining in civilian hospitals. You are going out 500 strong into a field that needs you greatly. As I have pondered what I would say to you, I looked into the future, and I saw those East Side streets with the children growing up to make future citizens; and then, looking across the way to the University, still that thought has haunted me—'What will they do with it?' There is such a great amount for you to do, but I am only going to ask you to do one thing—read three little books. The first of these books is by a man by the name of Conigsby Dawson—written in the heat of battle; the second, by Will Irwin, is called 'The Next War'; and the third, John Dewey's book, you have heard me speak of before. In that book he has told us things we ought not to forget.

"This is a beautiful world, and don't let anyone tell you it isn't. You have only to look at this place that has been beautifully created by man to know that it is a beautiful world. Every child that comes into this world should know that it is a garden, and should feel that way until it takes off its garments and lies down in final rest. That is the task for you, to make every child know the world is beautiful. That is the message of men like John Dewey and Victor Hugo.

"Never let anyone tell you there is evil in dreams—although a dream which is not followed by action is not a good thing. Do not spend your life in dreaming; but a dream that takes effect in constructive action is the finest thing that ever happened. Many years ago a Spaniard dreamed of a great country, and three hundred years later a great French general helped carry his dream forward, and not so many years after, a great American general stood, between death and the whole world, and invoked the spirit of the great French general with the words—'Lafayette, we are here.'

"Dear colleagues, let us dream together that you go out, and that you go through this land and every other land and make your successors do the same; raise a great army so that in every country we shall have two million nurses going down to conserve the life of the little child. And when this great army has made the life of the little child safe, then you can invoke the spirit of Florence Nightingale with the simple salutation, 'Mother of Nursing, we are here.'"

AT SAN FRANCISCO.

A similar ceremony took place at San Francisco, when, on July 14th, one hundred and eight students graduated from the Army School of Nursing at the Letterman General Hospital. Major-General Ireland presented the diplomas, Major Julia C. Stimson gave a report of the School, and Miss Goodrich gave the address, concluding by describing the creative mind as "the greatest gift of the All-wise." "It is," she said, "the young mind, the mind which radiates the golden glory of the West, the mind that I am confident you will bring to your great task, and if you do I predict that a world-change not less great can and will be brought about. That it is this mind that you will bring to the great

work that lies before you so evidenced, I dare to hope, by the vision that led you to answer to the call of your country through this service, and that caused you to pursue the service to a successful end. Hold high through life the little lamp you have so nobly earned. It will burn brightly through the knowledge which has been poured so abundantly into it by those who have directed your instruction and experience. 'As one lamp lights another nor grows less,' so shall you light a million lamps upon a thousand hills whose rays shall guide and guard the stumbling and halting steps of our civilisation on its long pilgrimage towards the ideal."

APPOINTMENTS.

LADY SUPERINTENDENT.

Bolton Nursing Home, Bolton.—Miss Ethel Burrows has been appointed Lady Superintendent. She was trained at St. Bartholomew's Hospital, Rochester, and has been Ward Sister, Theatre Sister, and Assistant Matron at the County Hospital, York.

MATRON.

East Suffolk and Ipswich Hospital, Ipswich.—Miss Katharine Violet Merriman has been appointed Matron. She was trained at King's College Hospital, where she has held the position of Sister. She has also been Matron of No. 30 and No. 26 General Hospitals with the British Expeditionary Force.

Maternity Hospital, Crewe.—Miss Florence Fox has been appointed Matron. She was trained at the Essex County Hospital, Colchester, where she subsequently held the position of Sister. She has also been Night Sister at the Royal Infirmary, Dundee, and Assistant Matron at the Essex County Hospital. She is a certified midwife.

Mogerhanger Park Sanatorium, Sandy.—Miss Esther A. Winter has been appointed Matron. She was trained at the Royal Hospital, Sheffield, and has been Assistant Matron at the Royal Berkshire Hospital, Reading.

ASSISTANT MATRON.

Essex County Hospital, Colchester.—Miss Jean Brown has been appointed Assistant Matron. She was trained at the same institution where she has since held the position of Ward Sister and Theatre Sister.

SUPERINTENDENT NURSE.

Rochford Union Infirmary.—Miss Edith Florence Jones has been appointed Superintendent Nurse. She was trained under the Southampton Incorporation, and has been Superintendent Nurse at the Infirmary, Rothwell Haigh, Leeds.

SISTER.

Dudley Union.—Miss Ann Jones has been appointed Ward Sister. She was trained at the Shirley Warren Infirmary, Southampton.

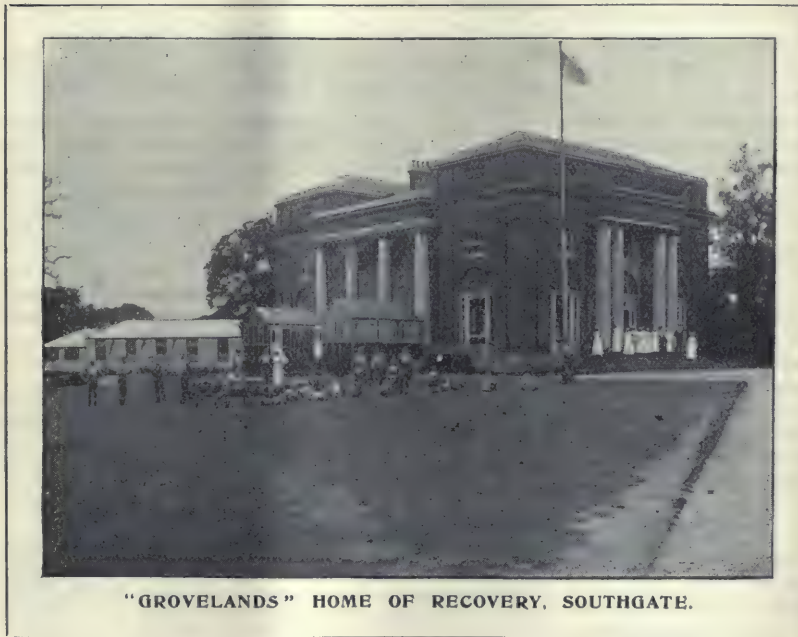
THE PASSING BELL.

On August 2nd, at the Middlesex Hospital, after a painful illness, Sister Ethel May Watson passed away, to the great regret of all who knew her. Sister Watson served throughout the war on the Staff of the 3rd Northern General Hospital (Territorial), where she was very highly respected.

A MEMORIAL GIFT.

The Duke of Connaught, on August 12th, in the presence of a large gathering of the residents in the village, opened the Nursing Home, with an operating ward attached, which he has presented to Bagshot as a memorial to the late Duchess of Connaught and the late Crown Princess of Sweden.

His Royal Highness expressed the hope that the villagers would find in that little hospital something which had long been needed in Bagshot. It was not a charity, but was intended to bring medical and surgical assistance to them easily on the spot. He hoped that the little hospital would remind those who used it of his dear wife, and his dear daughter whose names were there.



A HOME OF RECOVERY.

The authorities of the Great Northern Central Hospital, Holloway Road, N., have been something more than fortunate in securing "Grovelands," Southgate, for their Home of Recovery.

This fine family mansion, built towards the end of the eighteenth century, is a striking example of Ionic architecture, the architect being Mr. Thomas Nash, who designed Regent Street. It stands in very extensive and beautifully wooded grounds, and has an uninterrupted view as far as High Beech in Epping Forest.

The house overlooks a pleasure lake seven acres in extent, and is surrounded by a moat which was originally made to prevent the deer from the park straying into the immediate vicinity of the house.

Many of the rooms still retain their original decoration, which was executed by Italian artists, specially brought over for the purpose.

A curious example of this is to be seen in the Birdcage room, so named from its structure, which resembles a cage.

Forty patients are at present accommodated in these pleasant surroundings, the whole atmosphere of which speaks of healing and repose for weary bodies and overwrought nerves.

The women are accommodated in the handsome lofty drawing rooms, the original beautiful decoration of which must in itself be instrumental in relieving the tedium of illness.

The men have their quarters in a new annexe which, though it makes no æsthetic appeal, is cheerful and conveniently fitted.

The small children's ward, high up, and commanding a lovely view, is enamelled white, and the frieze represents the delights of the seaside, which they enjoy by an anticipation realised, we feel sure, in many cases.

Out of every window some beautiful object meets the eye. The lake is so extensive that a view of it is to be obtained from most aspects.

Some windows overlook the walled-in garden which, in the days of private prosperity, must have been a dream of good things, and even now at the end of a long drought, suggests the possibility of sun-kissed peaches and plums. But this is our imagining only, as the gardener was away on our visit and had the key in his pocket.

There is no resident medical officer, but "Grovelands" is directly under the supervision of the medical staff of the Great Northern Hospital. The nursing staff consists at present of the Matron, Miss Everingham, a Sister, Staff Nurse, and some junior nurses.

The staff is comfortably housed, one delightful bedroom opening on to the roof, of which the nurses take advantage by sleeping out.

The disused stables have been converted into very comfortable cubicles for the house staff. The spacious vinery is at present used to supplement the kitchen accommodation, but we imagine that its obvious attraction as a future winter garden for the patients will not be overlooked.

We are indebted to Mr. Gilbert D. Panter, Secretary to the Great Northern Hospital, for the illustration of the Home which appears on this page.

THE HOSPITAL WORLD.

The Minister of Health has given a written reply to a question by Mr. J. C. Gould as to whether his attention has been drawn to the articles in the Press in reference to the cure of lunacy by vaccine injections; whether he is aware of the allegations that many potentially healthy-minded persons are needlessly confined in asylums because of the lack of proper curative treatment; and whether he will initiate an investigation into the lunacy laws and asylum administration with the object of making such treatment available to the mentally afflicted confined in asylums.

The Minister states: "The answer to the first two parts of the question is in the affirmative. There is no obstacle to the use of vaccines in any case in which that form of treatment is considered suitable by the medical authorities of the asylum. I may add that I have under consideration the question of possible reforms in lunacy administration and treatment."

The Voluntary Hospitals Commission continue to receive numerous applications from individual hospitals, and to avoid misunderstanding they are anxious to make it known that grants will only be made on the recommendation in London of King Edward's Fund, or in the provinces of the local Voluntary Hospitals Committees. Steps are now being taken in co-operation with the county and county borough councils to establish these local committees, and any inquiry as to whether a committee has already been appointed for a particular area should be addressed to the clerk to the county council. Hospitals are asked to defer their applications until the local Hospital Committee has been appointed; and in no case should any hospital apply direct to the Commission.

The Tyrone County Hospital, Omagh, is well known for the good work done there, and we regret to learn that its financial position is so serious that if more support is not forthcoming it may have to close down beds. In a statement recently placed before the Committee, the Rev. H. W. Morrow, D.D., said there had been 100 more patients this year than last year, and every operation case of any consequence was sent there. During the past six months there had been forty cases of appendicitis, and these were nearly all acute cases. If the hospital did not receive better financial support they would have to close up two-thirds of the beds, and admit only cases of an urgent surgical character.

Dr. Thompson said the only alternative to receiving a larger grant from the County Council was to shut up the hospital, as they could not be expected to continue running it when it was so heavily in debt. If it were closed down, the people would soon discover its value. The annual contribution of £1,400 by the Council had been fixed by the old Irish Parliament in 1763, and to have

this sum altered now the Northern Parliament would have to be approached.

It was decided to instruct the committee's solicitor to appear before the County Council and appeal for an extra grant, as the committee felt they could not take the responsibility of keeping the hospital open in its present embarrassed financial position.

LECTURES TO NURSES.

BEDFORD COLLEGE FOR WOMEN (UNIVERSITY OF LONDON), REGENT'S PARK, N.W.1.

SESSION 1921-22.

Courses of Lectures on Social and Industrial Subjects, intended for trained Nurses engaged in work during the day, will be given on Mondays at 7 p.m., beginning Monday, October 3rd, 1921.

MICHAELMAS TERM, 1921.

Ten lectures on "Social Theory," by Mrs. Reid, Director of Social Studies, beginning Monday, October 3rd.

The Nature of Society; Man, a Social Being Community, a Social Group. Organisation within the Group; the Division of Labour Leading to Diversity and also to Social Coherence. Modes and Motives of Association. Social Institutions; the Structure of Society; the Family; Educational Institutions; the State. The State and the Family. The State as Educator. Forms of Government; Democracy; the Democratic Ideals—Liberty, Equality, Fraternity. How Far They are Realised. Democracy and Representative Government.

LENT TERM, 1922.

Ten Lectures on "Industrial Conditions," by Mrs. Williams, B.A., beginning Monday, January 23rd, 1922.

The Evolution of the Modern Industrial System and its Main Characteristics—Industrial Unrest—Strikes and Arbitration—Trades Unionism—Women in Industry—Whitley Councils and Trade Boards—Unemployment.

Fee for each Course, 15s., to be paid before the first lecture of the Course to the Secretary, Bedford College.

The College is five minutes' walk from Baker Street Station, entrance from York Gate (Marylebone Road).

HER FIRST EMERGENCY.

The new probationer was carrying a glass of water to a patient, when the latter gasped:

"Oh, I'm going to faint!"

Very excited at this first emergency, the nurse replied:

"Please wait just a minute till I call the head nurse!"—*The Modern Hospital*.

What the head nurse said when she arrived on the scene is unrecorded.

The marriage is reported at Monroe, U.S.A., of Dr. Harding, father of President Harding, to Miss Severns, a trained nurse.

TYPHUS FEVER "CARRIER."

GREENOCK MEDICAL OFFICER'S REPORT.

In his annual report for 1920, which has just been issued, Dr. J. H. G. Whiteford, Medical Officer of Health for Greenock, gives some interesting details, reported in the *Glasgow Herald*, in regard to the outbreak of typhus fever which took place during the year. In all 24 cases occurred. Dr. Whiteford says the first case occurred on June 1st, being notified as enteric fever, but the diagnosis of typhus was established at once on removal to hospital. The contacts were removed to the reception-house, from where one of these was removed on the following day suffering from the disease—a mild case in a child five years of age. No definite origin for these cases could be obtained, but the house was observed to be verminous. Disinfection, scrubbing, and lime-washing were carried out, and no further cases occurred in the same house until September 7th, over three months later. Three weeks after the first case another was notified to me as enteric fever in another part of the town, but was seen to be typhus fever and was removed to hospital. On inquiry being made it was discovered that this person had helped to nurse a neighbour who had died, certified as "basal meningitis," three weeks previously, and it was also noted that this man who had died was the father of the original case occurring in June. The houses and persons concerned were markedly verminous, and the usual methods of disinfection already mentioned were performed, and the contacts removed to the reception-house. From that time till December 27th, when the last case was notified, there were 20 further cases, making 24 cases in all, the case notified as "basal meningitis" being obviously a missed case.

Endeavours to trace the causation of these cases revealed certain rather interesting features. The widow of the man who was reported as having died of basal meningitis was found to have, in a period extending over three months, visited four houses in various parts of the town in which 11 cases occurred, and it was definitely established that this woman was, and had been, in good health during all the period of the outbreak. As regards the remainder of the cases, no direct causation was to be found, except that they were all members of the Roman Catholic Chapel of which the first case was also a member, and it is suggested that as these cases occurred at much longer intervals than is generally supposed to represent the incubation period of typhus fever, if the disease was transmitted from this common meeting-place, the causation was by means of vermin and not by direct means of infection. In the case of the widow who has already been referred to, I am quite convinced that we had here a "carrier" of the disease in quite a different sense than is usually employed, in that she was unsusceptible to the disease herself, but carried the disease-carrying vermin and distributed them in various quarters. This is, I believe, quite a new experience, and as

soon as I appreciated the possibilities I had her confined to the reception-house and thoroughly disinfected. She was connected with no further case.

WHAT IS A VOLUNTARY HOSPITAL?

Sir William Collins, in a letter addressed to the press, points out that the newly constituted Voluntary Hospitals Commission have ventured where Lord Cave's Committee feared to tread, and have vouchsafed the definition of a voluntary hospital:—

"An institution (other than an out-patient dispensary) managed by a responsible committee, and wholly or mainly supported from voluntary sources (including income derived from endowments or investments), the object of which is to provide medical or surgical treatment of a curative character."

It remains to be seen whether this definition will hold, in the light of the discussions at Newcastle and elsewhere, and some may regret the difficulty of maintaining unmodified the voluntary system "in which most of us have been brought up, with all its splendid ideals and occasional defaults."

A TERRIBLE DISASTER.

The large number of nurses to whom Dr. Herbert E. Cuff, Principal Medical Officer to the Metropolitan Asylums Board, was well known, and by whom he was much liked and greatly respected, will learn with sorrow of the terrible tragedy which has befallen him and his two daughters in their death by drowning at Burnham Ovary, Norfolk, on August 15th, Mrs. Cuff being a witness from the beach.

The two girls, of 14 and 12, both said to be good swimmers, entered a rough sea with a friend, and got into difficulties. Dr. Cuff, who was on the beach with his wife, at once went to their assistance, but was carried away by a wave, and disappeared as well as his daughters. Mr. Edward Colbeck, a Sandhurst cadet, also endeavoured to effect a rescue, but though he succeeded in bringing the elder girl ashore, artificial respiration was unavailing. The bodies of Dr. Cuff and his younger daughter were eventually recovered by a boatman.

In addition to those nurses who worked at the North-Eastern Hospital, Tottenham, while Dr. Cuff was Medical Superintendent there, the fact that he collaborated with the late Miss Isla Stewart in writing "Practical Nursing," a widely used text-book for nurses, brought him into touch with a large number of nurses outside the Metropolitan Asylums Board.

They will, we are sure, wish to unite with us in offering their most respectful sympathy to Mrs. Cuff in the horrifying tragedy which has overwhelmed her.

BOOK OF THE WEEK.

DANGEROUS AGES.*

With "Potterism" still fresh in our minds, we turn to Miss Macaulay's new book with pleasurable anticipation, and we are not disappointed.

It is a clever commentary on the idiosyncrasies incidental to persons of four succeeding generations.

It is dedicated "To my Mother, driving gaily through the adventurous middle years."

The chronicle begins on Neville's 43rd birthday. Not at all the dull anniversary that her age would seem to suggest.

The description of her doings on that particular morning better suggest a girl of fourteen.

All the same, she suffered a restless birthday bitterness in the night, and woke up with the thought, "Another year gone, and nothing done yet."

She arose in the early morning, swam once round the bathing pool, re-clad herself in pyjamas, and swarmed neatly up the smooth trunk of a beech tree, and sat on a broad branch astride.

Nor does this picture suggest the mother of an amazingly up-to-date young son and daughter in their early twenties—but so it was.

Though she loved them well, Neville sat in the beech tree and envied their chances and their contacts with life, envied her husband Rodney, regretted the medical career which her marriage had aborted. Her discontent was dissipated by Gerda and Kay, her son and daughter, who sought her out and called her a sneak for not having wakened them to bathe with her.

"Their childhood had been lived during the great war, and they had emerged from it hot with elemental things, discussing life, lust, love, politics and social reform with cool candour, intelligent thoroughness, and Elizabethan directness."

They were inclined to marriages in the sight of heaven as being more readily dissoluble when fatiguing.

"I do very much hope," said Neville, "that neither of you will perpetrate that sort of marriage. It would be so dreadfully common of you."

"Impossible to say," said Kay, vaguely.

Nan, Neville's unmarried sister, represented the thirties; she wrote, lived in rooms in Chelsea, was rather like a wild animal—a leopard, or something.

Nan had a good time socially and intellectually. She was clever and lazy. Her worst fault was a cynical unkindness, against which she did not strive, because investigating the less admirable traits of human beings amused her. She was infinitely amused by her nephew and niece, but was often spiteful to them merely because they were young. To sum up she was a cynic, a rake, an excellent literary critic, and brilliant novelist.

One reason of her spiteful attitude to Gerda and Kay was because she wrote and thought they wrote poetry. Why shouldn't they do anything else in the world but trespass on her preserves?

"Have you read my poems yet?" inquired Gerda, who never showed the customary abashed hesitation in dealing with these matters.

"Read them—yes," Nan returned, laconically.

"What," inquired Gerda, perseveringly, "did you think of them?"

"I said I'd read them," Nan replied. "I didn't say I'd thought of them."

Mrs. Hilary, Neville and Nan's mother, is a most tiresome person of sixty-three. She was a mother with marked preferences. There were various barriers between her and her various children. She found life tedious, empty and dead.

Neville, her favourite child, found herself constantly asking *must* it be empty and dead? Should she herself feel like that in twenty years?

Mrs. Hilary lived with her mother—dear old Grandmamma of eighty-three—by far the nicest person in the book.

Mrs. Hilary was as envious in her way of the younger generation as Neville, as was instanced by the swimming party on Mrs. Hilary's sixty-third birthday, in which she refused to be outdone by her juniors.

Her daughter-in-law, whom she detested, and who detested her, invited her in a malicious way to sit in the surf with her.

"I prefer swimming," said Mrs. Hilary, and she was shivering now. She usually only plunged in and came out.

Grandmamma, on the esplanade in her donkey chair, called out in her thin, old voice:

"Come out, dear. You've been in far too long."

But Mrs. Hilary only waved her hand to Grandmamma. She was not going to come out like an old woman before the others did, who had swum out and left her alone on her birthday bathe.

Her experiments in psycho-analysis are very amusing.

Gerda's love affair is characteristic of that cool young lady. She considers the marriage ceremony obsolete and absurd, but Barry, a perfectly normal man, refuses to take her on any but the usual terms. Kay persuades her to give in, as, after all, it was not of any importance.

The records of these varying aspects of life finish with a picture of dear old Grandmamma playing piquet with the little maid, who would rather have been in the kitchen writing to her young man, but who liked to oblige the nice old lady, of whom the kitchen was very fond.

"It was all very well for Grandmamma." Mrs. Hilary, who no longer found comfort in psycho-analysis, thought stormily, "All very well for Grandmamma, contented with books, games and sleep; unbitten by the murderous hatred of time that consumed herself. Time so long to Mrs. Hilary was short now to Grandmamma, and would soon be gone."

"Why did life play these tricks?" Mrs. Hilary cried within herself.

What had she done to life, that it should have left her empty-handed, pitiful, alone with time, the enemy, and with Grandmamma, for whom it was all very well?

*By Rose Macaulay. Collins, 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.

A STEP IN THE RIGHT DIRECTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I am glad to see in your columns the recommendation of the Asylums and Mental Deficiency Committee to the London County Council with regard to the inclusion of trained sick nurses on the staffs of mental hospitals.

This is, I am sure, a step in the right direction, and though difficulties in inaugurating the innovation may arise, nothing but improvement could eventually come of it.

In any case the trained nurse should unquestionably find her place in the infirmaries (both male and female) of the mental hospital.

Such a course would be of untold benefit to those who are sick in body as well as in mind, and the experience thus gained would be a valuable asset in the equipment of the trained nurse.

But she must be the right kind of person, no matter what her qualifications, only the educated, sympathetic and Christian woman should be entrusted with the care of these, the saddest class of sufferers.

INTERESTED.

FOREWARNED AND FOREARMED

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was much grieved to read of the death of Lady Truscott, for I well remember how charmingly she welcomed us, both at the Mansion House and, later, at her own house.

In those days comparatively few of us were known to one another, and it was a great thing that as members of the Service we should meet together. Little did we think of the different conditions under which we should meet in a few years' time, for the Territorial Force Nursing Service was supposed to be mobilized only in case of invasion, and few of us seriously contemplated such a contingency. Nevertheless, just as it is manifestly expedient to make military provision against invasion, so it was necessary that the nursing arrangements should be planned, and that we should all know where we were to go in the event of our being called up.

So it came to pass in that eventful August of 1914, that the Territorial Hospitals were opened at short notice, Matrons, Sisters and Nurses responded to the mobilization order, and a trained and experienced nursing staff was on duty in each hospital within 24 hours of mobilization, and quickly the hospitals were ready for the reception of the sick and wounded.

Just imagine if those buildings had not been decided upon, and the arrangements planned beforehand, and if the collection of the nursing staffs had then had to be made, and references taken up.

What chaos! The country owes a greater debt of gratitude than it even yet realizes to those who foresaw the likelihood of war with a foreign power and organized our Service in time of peace, so that 23 hospitals, ready to receive over 500 patients and capable of considerable expansion, were speedily ready. What would otherwise have happened is difficult to imagine, but certainly the saving of life and the prevention of much suffering was the direct result.

Yours faithfully,

T. F. N. S.

KERNELS FROM CORRESPONDENCE.

REGISTERED UNIFORM AND BADGE.

Miss F. C. Higginson, Belfast writes "I have noticed in the *B. J. N.* many letters on the subject of uniform. Would not a registered badge for trained nurses be sufficiently distinctive? To scrap all existing uniforms would be very costly, and besides many of us consider that our own particular uniform is the one most suitable for the special branch of nursing work in which we happen to be engaged."

[The Nurses' Registration Act gives the General Nursing Council power to make provision "with respect to the uniform or badge which may be worn" by registered nurses. Thus the wearing of either, or both, is permissive not compulsory, and there will be no need to scrap existing uniforms, but there can be no doubt that the uniform of the legally qualified and registered nurse will be regarded by the public as carrying with it a special prestige.—Ed.]

GREAT ISSUES.

Miss B. James, London.—"I read with deep appreciation and pleasure the editorial in the *JOURNAL* this week. I understand more clearly than ever before how great were the issues in the Registration campaign, and do not think that even 34 years was a long time for the accomplishment of so great an achievement. Now that the controlling power over our standards and discipline is in our own hands, each one of us must take a pride in maintaining both at a high level."

PRIZE COMPETITION QUESTIONS.

August 27th.—Which infectious diseases are particularly liable to be spread by the agency of human carriers? State in each case in what part of the body the germs are likely to be carried.

September 3rd—Describe the causes, symptoms, and nursing of Phlegmasia Dolens.

We regret that we are unable to award a prize this week, no paper of sufficient merit having been received.

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.

NAUSEA AND VOMITING IN PREGNANCY.

Dr. Victor John Harding, Professor of Pathological Chemistry in the University of Toronto, Canada, contributes to the *Lancet* of August 13th an article of extreme interest on the above subject in support of the theory which he has already put forward with Dr. J. W. Duncan that "the nausea and vomiting of early pregnancy was due to a deficiency of glycogen in the maternal liver. Such a deficiency might be either absolute or relative, *i.e.*, actually lower than normal in amount, or lowered relatively to the fat requirements of the maternal and foetal organisms. All of a series of over seventy cases treated by them improved, and most of them very speedily recovered upon a diet or treatment high in carbohydrate, and thus designed to combat the ketosis from which, with rare exceptions, all the patients suffered.

Dr. Harding now states that "a further two years' experience with the method of treatment has only offered confirmation of the ideas, and to date nearly two hundred cases have been treated by carbohydrate feeding with but few failures. The few failures have been either cases due to deliberate and continued breaking of dietetic regulations, or cases brought in in such an advanced condition of pernicious vomiting that it is doubtful if any treatment would have been of avail."

A. THE PRIMARY ÆTIOLOGICAL FACTOR.

In the nausea and vomiting of pregnancy there are two periods of occurrence, a major and a minor. The major period involves the first third of the gestation period, and the minor is a diurnal periodicity. Sometimes, but very rarely, the nausea and vomiting extend beyond the third or beginning of the fourth month. Many cases which have been most distressing in their symptoms clear up spontaneously at about this time, and many women, knowing this, acquiesce in the discomfort and distress of their condition instead of seeking relief at experienced hands. In this they have been encouraged, either openly or tacitly, by the inability of the medical profession to aid them in their difficulty, and such an attitude has confirmed their belief that a certain degree of nausea or even vomiting is an inevitable accompaniment of childbearing.

MINOR OR DIURNAL PERIODICITY.

"The minor periodicity of nausea and vomiting in pregnancy is shown clearly by the use of the designation 'morning sickness,' though all cases do not exhibit this periodicity in the morning. Nevertheless such a periodicity is very common,

and a diurnal wave of nausea is often observed even if the crest is not matutinal. Such intermittent cases pass insensibly into a continuous condition of nausea or vomiting. The rejection of food, both involuntary and voluntary, with the supervening starvation, intensifies and complicates the picture until we come to know it as pernicious vomiting. It is evident from the latter statement that the so-called pernicious vomiting is regarded as a development of the milder form, differing only in degree, and in multiplicity of effects. Indeed, the work on this subject was commenced with the idea of separating the factors involved in pernicious vomiting through a study of its presumably simpler forms."

STARVATION AND NAUSEA.

In connexion with starvation and nausea we are told that Dorman makes the statement:—

"Small amounts of easily digested food are to be taken every two or three hours, with regular meals omitted. Many patients discover this fact for themselves. *The extremes of nausea come on after a prolonged fast.* Sometimes the evening meal, which is a late dinner, following a light luncheon, is the time of greatest distress. The meal is approached with a great distaste for food and is either refused or rejected after eating. The underfeeding then exaggerates the nausea. A tolerance for dinner may be acquired by taking afternoon tea."

Titus, Hofmann, and Givens, commenting on morning sickness, remark:—

"The first nausea of pregnancy usually affects the patient early each day soon after she arises. *This is after the longest period of fasting in the 24 hours.* An overnight fast can produce only moderate hunger, but any hunger may be considered mild starvation. If eating before making any exertion relieves this morning nausea it is obvious that there is a relation between starvation and the occurrence of the nausea."

B.—SECONDARY ÆTIOLOGICAL FACTORS.

Intestinal Intoxication.—No one can doubt the importance of regular bowel movement in ordinary health, and it is equally important in the pregnant condition. Dirmoser was responsible for the emphasis which has rightly been placed upon this factor, and several cases have come under observation where a certain degree of nausea in a pregnant state has indubitably been due to this cause. To ascribe to intestinal intoxication a primary ætiological importance is, however, to place it in a wrong position.

Neurosis.—This factor is undoubtedly an important one; so important clinically that it has been given a premier place by many observers in this field. Nevertheless, it has been here placed as a secondary ætiological factor. A normal pregnancy is marked by heightened nervous reflexes, and an unduly sensitive sympathetic nervous system can only have one effect upon the store of hepatic glycogen. It will result in its diminution.

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EDITORIAL.

THE STATE OF THE PUBLIC HEALTH.

The Annual Report of the Chief Medical Officer of the Ministry of Health to the Right Hon. Sir Alfred Mond, Bart, M.P., Minister of Health, is a document of more than ordinary interest and importance, for on the health of the nation depends its happiness, its stability, its very existence.

Sir George Newman, in his introduction, alludes to the fact that the growth and expansion of the meaning of Preventive Medicine is one of the characteristics of the present time. Not only is increased interest being taken by the public generally in all questions of personal and public hygiene, but the somewhat remarkable advance of the science of Medicine and the new applications of its art tend continually to enlarge its scope. It is the universal experience that human life is crippled or curtailed by disease, which leads to disablement, incapacity or even premature death. The purpose of Preventive Medicine is to prevent such disease as is preventable, to lengthen man's life and make it happier and more effective. In order to achieve these ends we must, first, develop and fortify the physique and powers of resistance of the individual; secondly, we must seek to discover and then prevent or remove the causes and conditions of disease and its propagation. Thus, in a word, the science of Preventive Medicine means the establishment and maintenance of individual health and the avoidance of infection or other conditions which bring about disease.

A Ministry of Health to serve as a central co-ordinating Health Department for the whole country was proposed by Sir John Simon so far back as 1854. It was, in fact, established only in 1919 by the Ministry of Health Act of that year. It is

part of the inevitable organisation for dealing with the public health. For in this business there would appear to be no escape from the necessity of having in this country:—

(a) A central supervising Department, a Ministry of Health;

(b) local authorities or representative bodies charged with the administration of Acts of Parliament and the local governance of local affairs;

(c) voluntary societies and agencies for the advancement of health and social betterment, by means of which a free people inspire their laws;

(d) the medical profession as instrument and interpreter of true Hygiene; and

(e) an educated people willing and able to practise the way of health.

In the carrying out of this programme successfully the intelligent work and enthusiastic co-operation of trained nurses is an essential factor. As Sir George Newman points out, "it is in the local area, in direct touch with the patient, that the true integration of Medicine is to be achieved. It is there that the medical practitioner works, and that early diagnosis and a prompt and adequate medical service is to find fulfilment. It is there and not in Whitehall that the actual battle with disease will be lost or won. Maternity, child welfare, industrial hygiene, a sanitary environment, the prevention and cure of disease, the education of the public—these matters can only be dealt with directly where the people are born and live and work and die."

This applies with equal force to nursing; for the district nurse, the school nurse, and the midwife have, by reason of the confidence and esteem in which they are held, a considerable influence on the health of those among whom they work.

"GOUT."*

By C. PRESTON BALL, M.A., M.D., M.R.C.P.,
D.P.H., L.M.

[ABRIDGED.]

(Concluded from page 111.)

Now, chronic rheumatism and rheumatoid arthritis very often begin like rheumatic fibrositis, *i.e.*, the toxin first affects the fibrous tissues in the tendons, ligaments and fascia around a joint. There is frequently a history of some injury, even a slight injury to the joint, which within a week or two is followed by pain and tenderness around the joint with loss of power in movement. With the pain there may also be some local heat (an inflammation) and tightness due to exudations around the joint capsule.

Very frequently such a case is diagnosed as gout, and the patient is put on a strict anti-gout régime, with lowering treatment by iodides, colchicum, and alkaline waters. Also, unfortunately, the case is aggravated by the patient being ordered massage and electricity.

I firmly believe that such cases as these and so-called fibrositis are muscular. Rheumatism, or the beginning of chronic rheumatoid arthritis, *i.e.*—eventually, if not treated the inflammatory process will bury itself into the joint, causing degeneration of the synovial membrane and cartilage, and in the end erosion of the joint bones.

The modern tendency for lay people to read and study advertisements of "cures" for all ailments leads many patients to disaster with reference to rheumatic diseases, for advertisements purporting to cure these ailments by some nostrum or other are invariably headed "Cures for rheumatism and gout"; they will go on to describe how their wonderful elixirs will dissolve and eliminate the uric acid from rheumatic joints. Hence, many people suffering from rheumatism in different forms have wasted their money and their strength long before they get into the hands of the physician. They are greatly surprised when they are told that their trouble is not rheumatic gout, that it is not due to uric acid.

Not so many years ago an enormous number of ailments were all attributable to a uric acid diathesis. I am personally convinced that diseases due to uric acid excess, including gout, are daily becoming more rare, while diseases due to toxins of microbic origin are increasing. This is chiefly due, I am sure, to the fact that our knowledge, thanks to the pathologist bacteriologist, is improving.

To return, however, to our consideration of gout in both the typical and atypical forms, the real difficulty is in making a correct diagnosis. In the acute typical forms it is easy enough, as described, but in the atypical and chronic forms it is one of

great difficulty. There are, however, many cases of real gout of the atypical type, *i.e.*, where the big toe is not the offending member, but where other joints are affected such as the knee joint, for instance.

If careful consideration is given, however, to the history of the case, the age of the patient, and the clinical symptoms a diagnosis can be made, especially if the urine is found to contain an excess of uric acid. As a general rule, moreover, when gout attacks a joint or joints, it remains in these joints until the attack subsides, whereas in acute articular rheumatism the trouble frequently jumps from joint to joint.

It is the chronic afebrile cases of rheumatism, however, which are so frequently misjudged to be gout—by these I mean rheumatoid arthritis and osteo-arthritis, or arthritis deformans. The errors in diagnosis are more frequent still where the phalanges of the fingers are deformed—if the changes are limited to the capsule edges of the finger joints, causing small elevations around the joint—these are known as "Heberdens Nodes," and are typical of rheumatoid arthritis—these nodes contain no urates or deposits caused by uric acid.

It is very rarely, however, that we now see the true gouty finger joints so well known by our ancestors. These finger joints were swollen hard, stiffened and deformed, and frequently the urates ulcerated through the skin forming actual chalk like deposits in and around the knuckles. Probably you have heard of your own ancestors with gouty fingers being able to use these joints to write on a slate, the score at a game of whist. These were extreme cases and are seldom, if ever, seen nowadays.

We are compelled to believe that the reason is that we, of the present generation, are more temperate both in eating and drinking—by drinking of course I mean alcoholic liquors, especially rich wines. Port wine appears to generate a gouty diathesis quicker than any other wine or spirit.

Now, the only concise way to diagnose gout in all forms is by examination of the urine.

For the purpose of explanation we distinguish two kinds of uric acid: (1) Endogenous, and (2) Exogenous.

The first, *i.e.*, endogenous uric acid, is the uric acid that an individual can store in his blood, and excrete in his urine, by the wasting of his own muscles, and some individuals have the power, unfortunately, even when on a strict carbohydrate diet, of making a large amount of uric acid in the blood from their own tissues. This is probably the true hereditary gout tendency. Such an individual will excrete the same amount of uric acid daily no matter how strictly his diet is formulated for him, and if he should take much proteid and alcohol—say a good dinner of beef steak with port wine—the uric acid in his blood may, you can readily understand, assume a large proportion. Hence such an individual will either suffer from severe gout attacks, or, if he persists in diet indiscretions, will eventually suffer from chronic

* A Lecture given to the Chartered Society of Massage and Medical Gymnastics, Dublin.

gout, with pains, deformities around joints, headaches, indigestion, arterio sclerosis, and possibly kidney disease.

(2) The exogenous uric acid is the uric acid which is excreted or collected in the blood from the proteid taken in, and the amount of damage done in the gouty sense to an individual, otherwise normally by excessive eating of proteids, &c., will vary according to their susceptibility. Such an individual, however, can eat or drink a lot more than those who have a preponderance of endogenous uric acid before showing a true gouty tendency.

All proteid foods, such as beef, beef steak, liver, kidney, pork, salmon, and the like, contain what is known as purin bodies. The nucleus of the animal muscle cell in course of digestion breaks up into purin bodies, and other materials not necessary to mention here. These purin bodies undoubtedly are the poisons which eventually form uric acid.

Now, if a correct diagnosis of Gout is to be made, and in order to make certain we are dealing with Gout, not Rheumatism, the urine should be examined for uric acid. Normally, every individual excretes a certain small quantity of uric acid (about 7 grains per day).

You will have gathered from what we have said that the tendency to Gout in a patient depends upon their ability to excrete and get rid of uric acid, or purin bodies when taken into the body in any excess. Also on the fact that some patients become pathologically able to store uric acid from their own system—(*i.e.*, Endogenous uric acid). In these patients it is really one of the forms of "Auto-Intoxication"—a subject which is creating a great deal of attention and interest during the present time.

Why some patients form and store more Endogenous uric acid than others it is difficult to say, but the cause is believed to be due primarily to an increase in the number of Bacilli Coli Communi in the intestines. I just mention this, but it is not very definite as yet.

In the diet of gouty patients lies the true and correct way of treatment, but if a diet free from purin bodies is given, it is very important to be able to add an amount of proteid at times for fear of the patients becoming weakened if all should be excluded from their food for a prolonged time.

By measuring the amount of uric acid in the urine under a purin free diet, and testing again after the inclusion of a given quantity of proteid, we can see if the patient excretes this amount freely; if so, we can test and reach the "Amount of Tolerance" in the patient.

It is in the Spas that a gouty patient will benefit, such as:—Bath, Buxton, Homburg, or Hissingen, although it is possible the same régime of ordinary water drinking at home would benefit as much, if it were taken with the same regularity.

Gouty subjects are often very fat, and they suffer in consequence almost as much from obesity as from the Gout trouble.

It is very important to try and reduce this

obesity, but the two cures should not be instituted at the same time, as many patients have been known to collapse from such dual treatment. The heart may become weak, and dilatation follow if a fat patient is too rigidly treated without:—(1) Meat or Proteid. (2) By Baths and Massage. (3) By large amounts of Alkaline waters. (In Harrogate as much as 4 parts of strong Sulphur are taken a day.) (4) By unceasing exercise.

It is better to treat the obesity first. Reduce the fat slowly, and allow the patient a mixed diet with some proteid, even should he get an attack of Gout during the reduction cure. Regular exercise, little fluids, no butter or potatoes or root vegetables, combined with vapour baths and good strong general massage will effect a reduction in most obese patients, with strict abstinence from alcohol, especially beer, stout, etc.

When the patient is reduced to our, or rather his satisfaction, if the heart is strong and sound, he can then be put on a strict anti-gout diet, not before.

Now when we come to consider an anti-gout diet, we find it is not an easy matter by any means. Anti-gout diet means food free from Purin Bodies:—Milk, Cheese, Eggs, Bread and Vegetables give practically a purin free diet, but it is impossible to get a patient to continue such a limited diet for any length of time, so we may add fish, almost any kind of fish, but not Salmon.

Of all foods Eggs appear to be the safest; they are nourishing, safe and practically free from purin bodies. As regards the use of alcohol in Gout cases, I think it is safe to say that the less alcohol a patient with the Gouty Diathesis takes the better.

There is a popular idea that Whiskey, especially if diluted with lithia water or the like is safe, but it has been proved that even Whiskey or indeed alcohol in any form retards the elimination of uric acid from the body.

As regards Drugs, the following are among the best:—Colchicum, Piperazine, Salicylates, Urotropine, and Solurol (or Thymic Acid). The latter is probably the best of all, but should not be given continuously, as it will lose its effect, but can be given for 9-10 days at a time with considerable benefit.

There are a few forms of Gout which I have, for fear of wearying you, purposely omitted, such as Gout which is produced by chronic Lead Poisoning, and that form of Gout known as Poor Man's Gout. The latter is either hereditary or brought about by excessive Beer or Cider drinking.

I live in hopes that in the near future we shall be able to do more for a disease which at present is open to so much quackery, and in which there are so many so-called "cures."

You, yourselves, will not be called on to massage acute typical cases, but you can do great work for the Obese and for cases of chronic Gout, where the deformities are not permanent, and where the general circulation and Muscle Tissue is enfeebled.

NURSING ECHOES.

How many nurses realise that as a by-product—if we may so term it—of the war there has grown up in our midst the Ministry of Pensions Nursing Service, with Headquarters at 5, Millbank, S.W., of which Miss M. E. Davies, R.R.C. (formerly Matron of St. Mary's Hospital, Paddington, and of King George's Hospital, Stamford Street, S.E.), is Matron-in-Chief, or that the nursing staff under her direction includes considerably over 1,000 nurses of various grades, a staff numerically larger than the present strength of Queen Alexandra's Imperial Military Nursing Service.

In addition to the Matron-in-Chief there is a Principal Matron at Headquarters, and the grades in the Service are those of Matron, Charge Sister, and Nursing Sister. The members of the Service staff the Ministry of Pensions Hospitals to be found throughout the United Kingdom, two of the largest being the one at Orpington, in Kent, and that at Knotty Ash, Liverpool.

The qualifications for appointment are a certificate of not less than three years' training in a recognised training school for nurses. The applicant must be of British parentage, and will be required to fill in a form of application, and to produce the following documents if required: (a) a certificate of registration of birth, or a declaration made before a magistrate by one of her parents, or former guardians, giving (a) the date of her birth. (b) Certificate of training in the original. (c) Medical Certificate. (d) Dental Certificate.

Matrons and all Sisters are required to sign an undertaking to serve for at least six months. The engagement can be terminated at any time, a month's notice being given and required. Uniform allowance is issued on renewal of the agreement every six months, but in the event of the full period of service not being completed the whole amount must be refunded.

Sisters are appointed provisionally for one month, which is included in the first six months of service. A report in writing on each Sister is made to the Matron-in-Chief before the provisional period expires as regards her suitability for the work. Charge Sisters are, when possible, selected from the Nursing Sisters.

The pay and allowances are Nursing Sister (Staff Nurse), £40, rising by £2 10s. annual increment to £45; Charge Sister, £50, rising £5 to £65; Matron, £75, rising by £10 to £150. Board and washing allowance per annum is the same for all ranks, £55 18s. per annum. Uniform allowance is £20 the first

year, £5 the second year, and £10 each subsequent year. In addition substantial charge pay is given to Matrons and Sisters in charge of the nursing arrangements in hospitals of over 100 beds. The leave allowed is—Matron, six weeks per annum; Charge Sister, five weeks per annum; Nursing Sister, four weeks per annum. Gratuities, in lieu of pension rights, are granted—Matrons, £15 per annum; Sisters, £10; Staff Nurses, £7 10s.

In regard to the work of the nurses of the Northampton District Nurses' Association, the Inspector from the Headquarters of the Q.V.J.I. has reported that "The Central Home is comfortable and well managed, and the Maternity Home, under Miss Almond's superintendence, is efficiently and well conducted. The midwifery training is thorough and systematic, and the general nursing seen was satisfactorily carried out. The district bags were in good order; the books were neatly and well kept."

Five candidates sat for the examinations prior to enrolment as Queen's Nurses; all passed in the first class division, and in two examinations nurses came out second in the United Kingdom, taking 57½ and 57 marks respectively out of a possible 60. Thirty-six nurses gained the Central Midwives Boards' certificates.

A breezy article in the *Brighton Herald*—"Summer Tales of the Surgery Sister"—ought to attract funds to the coffers of the Royal Sussex County Hospital. "It has some unique cases connected with summer by the sea. You ask the Surgery Sister, that cheerful little woman with a stimulating manner which suggests an incarnation of Brighton's best ozone, and with a smile that is sunshine itself. Under the guidance of the medical and surgical staff, she takes the cases as they come, one after the other, in a constant procession all through the day. It is a kind of first-aid arrangement, preliminary to the more expert treatment which she calls in whenever necessary. Her experiences are many, even as the ills that flesh is heir to are many. But just now she talks about things that smack of summer. Her hands are full with cases of sunburn, varying from the slight but tormenting blister to serious sunstroke. She tells you of children with their feet cut by the glass thrown about by holiday makers. There are the boys who go fishing and, aiming wildly, catch themselves in their fish hooks. It is no joke to get a barbed fish hook into your thumb or the back of your neck."

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The time is now drawing near when, at the September meeting, the first list of applicants for Registration will be considered; and as, after the Application Form and Fee have been received at the Office, the references take some time to gather in, all those nurses who wish to be registered at the first opportunity should forward their Forms to the Registrar without delay. Nurses living in London will save themselves trouble by calling at 12, York Gate, Regent's Park, and handing in Form and Fee. Between the hours of 11 to 1 (for night nurses) and 2 to 5 are most convenient.

We are glad to learn that Miss Cox Davies has sufficiently recovered from her serious illness to be able to leave the Royal Free Hospital for change of air. We sincerely hope she may greatly benefit thereby.

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

NURSING IN THE HOUSE OF COMMONS.

LADY SUPERINTENDENT'S AT HOLLOWAY PRISON.

Viscountess Astor on August 11th asked the Secretary for the Home Department whether the lady superintendents recently appointed in Holloway Prison possessed medical or nursing qualifications; if not, what other qualifications they possessed; and what were their duties and powers.—Mr. Shortt replied: One of these ladies is a highly qualified nurse, who has had much experience in charge of outside hospitals. She has the supervision of all the hospital work of the prison and of the hospital staff, subject to the control of the medical officers and the Governor, who is a medical man. The other has had great experience as a prison officer, and has the supervision of the disciplinary side of the prison with its staff, subject to the control of the Governor.

The "highly qualified nurse" to whom the Home Secretary referred is Miss L. E. Jolley, who was, before the war, Matron of the Royal Southern Hospital, Liverpool, who did good service at Salonika and elsewhere during the war, and was, for a time, Matron-in-Chief of the Royal Air Force Nursing Service.

The silly season must, we suppose, be held responsible for the statement published in more than one paper that officers appointed to permanent commissions in the Q.A.I.M.N. Service are

to have a free issue of camp kit in kind. The members of the Service will get the camp kit, but none of them hold commissions as officers, permanent or otherwise, as all the nursing world knows

GREAT MOVEMENTS.

Mrs. A. M. Dike, Commissioner of the American Committee for Devastated France, writes in her latest report:

All great movements, like all great men, have had small beginnings. Sir Isaac Newton was not only a baby, but a seven-months baby—he grew up and forever to be honoured are the forces that sheltered his nascent life and with him a century's scientific advance.

There comes a time in any movement which has arisen in answer to a real demand and in response to a vital need, when those who have hovered it as a hen hovers her brood, a woman her nursing, recognize that it has outgrown its nursery and is pushing forward into the outer world to justify the purposes which gave it birth. Such a time has come to the Nursing Service of the American Committee.

It began in answer to the appeal of one group of mothers and babies in one little shattered village. It spread over the area covered by the American Committee because everywhere there was the same appeal. It has confined itself to this limited area because neither the funds nor the trained personnel have been available to permit its extension. But so rigid has it maintained its standard of personnel as of work—and so devoted have been the French nurses who are giving their youth to its development, that it has already reached a place of international importance as a demonstration field for the work of graduate nurses unique on the continent of Europe.

To set forth this position to our Committee in America and prove the claim of the nursing service that the time has come for something bigger is the purpose of this report rather than to give a detailed account of work accomplished during the past fiscal year. Statistics, compiled from the daily reports of every nurse, show that the staff which began with one graduate nurse and now includes sixteen in the Aisne, two on scholarships in America and seven in Rheims, has had in the Aisne alone in the past nine months, nearly nine thousand patients for instruction or nursing; has accompanied over a thousand to hospitals, dispensaries, doctors' offices and to an oculist, and cared for seventy-four in a convalescent home.

A touching instance of local appreciation came recently when my colleague, Miss Walker, was unanimously voted an honorary member of the communal Relief Bureau of the town of Vauxbuin, not only because of the "enlightened and untiring devotion which the nurses had given the sick of Vauxbuin" . . . but because "this precious help" had so lessened disease as to diminish sensibly the Bureau's heavy budgetary expense for medical and pharmaceutical care.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

A HOLIDAY LETTER. JAPAN TRANSPORTED.

We had heard of a gem from an Eastern landscape that lay among rough furze-covered slopes in the Ocils and so, for a glimpse of Japan, we sped by motor car along the Eastern stretches of the hills, past many a tiny hamlet, past banks of bracken and heather with many a glimpse of "the clear winding Devon" threading its way about fields of yellow corn and green turnip crop in no way suggestive of a local psychology which would seek to place alongside them anything so unproductive of practical and tangible results as a Japanese garden. But the tragedy of the loss of a possible few acres of good turnip crop through Japan's having captured the imagination of the owner of Cowden Castle did not weigh heavily upon our spirits when we reached the Mecca of the afternoon's pilgrimage. For before us lay quaint thatched roofs over queer erections of wood, pagoda-like arches of sunny Japan, turreted summer houses with English roses climbing shyly about them and many an odd planked bridge and pier stretching out into a broad lake, introduced into the landscape by the simple expedient of damming up a narrow mountain burn. By a grassy path, surmounting the sloping banks of the lake, we reached the opposite side where one can enjoy what is perhaps the most beautiful view of the garden and feel in sympathy with the legend, set out in curious characters over an archway of roses, naming this part of the garden "A Place of Pleasure and Delight." For, with intuitive knowledge of her art, the Japanese lady who laid out the garden so selected the position of the lake that the whole slope of the garden lies mirrored in a sort of shining panorama of colour. Clumps of white and purple heather and the pale greens of the bank shine up in delicate, glittering reflection, creeping masses of "star of Bethlehem" light up the water here; and there a mass of elder, slowly changing to the tints of the autumn, makes a splash of yellow against dark reflections of pine and fir. The leaves of the mahonia too are changing to bright reds and, with the purple berries clustered about them, make a rich contrast, in the water, with the shadow thrown by a rough boulder or quaint and ancient Japanese lantern cut in granite. Rippling masses of red, caught from the rambler roses high on the bank, keep tune with the waving greens and browns of the

bulrushes for, in this garden, there is no disharmony though roses do keep company with bulrushes and summer houses with ridiculous roofs obtrude themselves upon a northern common sense which holds fast to the necessity for strong walls surmounted by proper and geometrically planned roofs.

And the wild bees and the birds have come to take a part in the making of the garden; the hum and the twitter of their song rises softly above the sound of rippling water and the gentle rustle of the leaves in the wind of a summer afternoon. Now and then a waterhen shoots across the lake's surface making, as she goes, the curious arrowhead-like ripple on the water which is characteristic of her "progress."

Near the end of the lake we reach a red patch of sand with curious trees about it, just such a patch of colour as the Japanese love to introduce into their gardens; it has fringes of green and you cross it on a double row of stepping stones and come to a pathway no longer of these but of large smooth flags laid one by another with rock flowers creeping up on each side and between the margins of the stones. The Torii, an arch of wood painted a bright red, stands on the bank beyond and indicates why special care has been bestowed on this pathway, why the little rock plants were planted about it. For a Torii always indicates the proximity of a shrine and, sure enough, on passing under the Torii into the thickness of shrubs and trees beyond it we find ourselves before a Shinto shrine. Beneath its arch are two trellised doors and—shades of the Covenanters and good kirk-going folk sleeping your last sleep on the hillsides near by—on opening the doors we find a group of heathen images comfortably sheltered therein. On the wall behind them hangs a mirror, symbol of the Shinto religion. In the reading of this symbol lies the sum of the Shinto creed—"Know Thyself," a mandate which appears in almost every religion and every philosophy and which embodies the compass of another ancient religious symbol—the triangle typifying God, Man and the Universe. The Shrine stands at the apex of the triangle of the garden and from this "holy of holies" there rays out the beauty of tree and lake and soft sloping bank. Thus in a garden we contact the religious feeling of a pre-Christian age striving to interpret the writings of the gods in cloud and river, in tree and grass and flower.

I. M.

THE SOUTH AUSTRALIAN BRANCH.

SISTER EVA M. PENROSE.

We present herewith the portrait of Sister Eva Mary Penrose, Secretary of the South Australian Branch of the Royal British Nurses' Association and Matron of the Nurses' Home, the property of the branch, situated at Dequetteville Terrace, Kent Town, one of the most convenient suburbs in Adelaide. Sister Penrose was born at Weston-super-Mare, England, and when quite young came with her parents to South Australia. She was educated in Adelaide, and on the completion of her studies embarked on her nursing training at the Adelaide Hospital. There she remained for three years, when, having successfully passed all her examinations, she took up general nursing. On two occasions she acted temporarily as Matron of the Royal British Nurses' Association Home, during the absence of Miss Benallack, who was then in charge; and in July, 1915, she was officially appointed to the positions of Matron and Secretary. It may be mentioned that Miss Penrose only applied for the position after she had failed in her application to join the Australian Nursing Service with the Expeditionary Forces. Miss Penrose was not long in discovering that her new post was anything but a bed of roses, for the absence of the majority of the Nurses of the Association at the front made the carrying on of the institution an extremely difficult matter. But those in charge were not dismayed, and stuck valorously to their posts, and with Miss Penrose's valuable assistance successfully weathered the storm. Only those in close touch with the inner workings of the Branch know what a strenuous time was passed through. The question of the renovation of the Home was



SISTER EVA M. PENROSE,
Secretary South Australian Branch, R.B.N.A.

a pressing one, but it was a matter in which delay was impossible and a good deal of ready money had to be obtained for the carrying out of the work. It was deemed advisable to dispose of a valuable site on South Terrace, Adelaide, that had been purchased with a view to erecting a Home upon it. After paying off £300 last year, the Branch to-day has a liability of something like £1,400 on its books. Against that it has a splendid Home, which, on a pinch, can accommodate something like forty nurses. For three years the Home has been the headquarters of the Army Nurses' Club, but this arrangement is now about to terminate. The South Australian Branch

possesses about 530 members, a total that is being added to every half-year. The Home is exceedingly well patronised, and there is no doubt that before long the question of enlarging the building will have to be taken into consideration. Fortunately, there is any amount of land to permit of this being done, and the contiguity of the Home to the city makes it popular with medical men and nurses alike. Sister Penrose has proved an ideal Matron. She has "carried on" in the most economical manner, performing her strenuous duties most tactfully and efficiently, and in a way that has earned her the respect and esteem of

everyone connected with the institution. The Association has, indeed, been fortunate in retaining her services, and it is to be hoped that it will be long before she severs her connection with the Home.

APPOINTMENT.

Miss Jean Gunn, M.R.B.N.A., has been appointed Sister at Kilmarnock Infirmary. She was trained at the Royal Infirmary of Edinburgh.

ISABEL MACDONALD,
Secretary to the Corporation.

HONOURS FOR NURSES.

MEDAILLE DE LA REINE ELISABETH, AVEC CROIX ROUGE.

The King has given the recipients of the above medal awarded by an Allied Power for distinguished service during the war unrestricted permission to wear the medal. They are:—Sister J. Atkinson, Territorial Force Nursing Service; Matron G. A. Flood, R.R.C., Queen Alexandra's Imperial Military Nursing Service (Reserve); Sister K. Irvine, A.R.R.C., Territorial Force Nursing Service; Matron K. G. Lloyd, R.R.C., Territorial Force Nursing Service; Sister E. Mawhood, Territorial Force Nursing Service; Matron-in-Chief Dame E. M. McCarthy, G.B.E., R.R.C., Territorial Force Nursing Service; Matron M. S. Riddell, R.R.C., Territorial Force Nursing Service; Sister G. Thompson, A.R.R.C., Territorial Force Nursing Service.

APPOINTMENTS.

MATRON.

Aldingbourne House (for Cases of Pulmonary Tuberculosis), near Chichester.—Miss Annie Morrison Noble has been appointed Matron. She was trained at the North Devon Infirmary, Barnstaple, where she was Night Sister, Day Sister, Assistant Matron, and Matron. She also did war service from August, 1915, to December, 1918.

Isolation Hospital, Reigate.—Miss R. Ives has been appointed Matron. She was trained at the Southampton Incorporation Infirmary, and has been Superintendent Nurse at the Rothwell Haigh Infirmary.

ASSISTANT MATRON.

West House, Royal Edinburgh Asylum.—Miss Elizabeth Cameron has been appointed Assistant Matron. She was trained at the Royal Asylum, Gartnavel, Glasgow, and the Royal Infirmary, Dundee, where she subsequently held the position of Sister. During the war she was Matron at the Lodge Auxiliary Hospital, Broughty Ferry, and also did war work in France. She has had experience of private nursing.

Hackney Infirmary, Homerton.—Miss A. M. Shotton has been appointed Assistant Matron. She was trained at the Portsmouth Infirmary, and was Night Sister at the Dudley Infirmary, Ward Sister and Night Superintendent at Paddington Infirmary, Massage Sister at the Norfolk War Hospital, and Assistant Matron at the Booth Hall Infirmary, Manchester.

SUPERINTENDENT SISTER.

Sheffield Street Hospital, Kingsway.—Miss W. Sidgwick has been appointed Superintendent Sister. She was trained at the London Temperance Hospital.

NIGHT SISTER.

General Infirmary, Harrogate.—Miss Blodwen Thomas has been appointed Night Sister. She was trained at the General Hospital, Cheltenham, and was subsequently Staff Nurse for six months in the Venereal Diseases Department at St. Bartholomew's Hospital, London.

Isolation Hospital, Norwich.—Miss Florence Felt has been appointed Night Sister. She was trained at the General Infirmary, Worcester, and has been Sister at the Isolation Hospital, Norwich, and at the General Hospital, Weston-super-Mare.

Westmoreland Sanatorium, Grange-over-Sands.—Miss H. G. Hamilton has been appointed Sister. She was trained at Blackburn, and has been Sister at the Sanatorium, Middleton-in-Wharfedale, at the General Hospital, Nottingham, and of the tuberculosis block at the Yardley Road Sanatorium, Birmingham.

EXAMINATIONS AND PRIZES.

The prizes gained by the Nurses at the East Suffolk and Ipswich Hospital in their examination were presented by Mr. John D. Cobbold in the Board Room of the Hospital recently as follows:—

Senior Division.—1st prize, Nurse Bamber; 2nd prize, Nurse Crocker.

Junior Division.—First class: 1st prize, Nurse Bell; 2nd prize, Nurse Skene. Second class: 1st prize, Nurse F. Buckman; 2nd prize, Nurse Cunningham.

The Matron's Special Prize for the best nurse from every point of view was gained by Miss F. M. East, and two prizes given by Dr. C. K. Moseley, lecturer in surgery, to the nurses, by Nurse Humfress and Nurse Barker.

In addition to the prizes three medals were awarded. *Gold Medal*, Nurse Shepherd; *Silver Medal*, Nurse Mayes; *Bronze Medal*, Nurse Rogers.

Dr. W. W. Sinclair, in thanking the chairman for presiding, said how much the nurses were indebted to Mr. Cobbold for looking after their interests. It was he who had instituted the annual prize-giving, and had year by year given the gold, silver, and bronze medals. Dr. Sinclair said further: "I cannot let this occasion pass without saying one word for our dear Matron. I have been associated with her ever since the date she was appointed, and throughout all those years I have been struck with the wonderful way in which her kindly influence has permeated throughout all sections of the nursing staff, and the warm affection in which she is held by the large number of nurses who have been, and are now, members of that staff." He referred to the fact that the Matron was retiring from her duties, and took the occasion of adding to the number of prizes by presenting her with a "prize." This was a beautifully-bound volume of Mr. Punch's "History of Modern England."

The report of Mr. Russell Howard, C.B.E., M.S., F.R.C.S., surgeon to the London Hospital, the examiner, was of special interest, showing that all the nurses, with a single exception, had passed the very difficult examination. Mr. Russell Howard added: "I would especially like to commend the quickness and intelligence displayed at the viva-voce examination, which, in my opinion, is a better test of a good nurse than the written paper, showing that the nurse is able to contend promptly and well with difficulties as they arise. Although no part of an examiner's report, I would like to put on record my professional admiration of the very healthy appearance of the candidates, as showing the excellent and happy conditions under which they must be working."

COLONIAL APPOINTMENTS.

The following appointments to the Colonial Service have been made by the Secretary of State for the Colonies during the month ended August 10th:—

Straits Settlements.—Miss A. Haines and Miss M. Garrow, to Nursing Sisters.

THE MINISTRY OF PENSIONS HOSPITAL, ORPINGTON.

THE AFTERMATH.

Those who have visited the battlefields of France and elsewhere, and who are not totally insensible, must carry with them for the rest of their lives an abiding memory of the tragedy of war, a deep sense of pride in those of their blood who at the call of Empire, offered freely that most precious gift, life itself—a gift which was accepted—and whose graves are mute evidence that they paid the supreme sacrifice.

Deep in our hearts there lies the remembrance of those little white crosses marking the spot where a brave man rests. Gathered together in their thousands, in their hundreds, in little groups by the wayside they mark the resting place of a great army for ever glorious, and passers by, on business or pleasure bent, bare the head, or raise the hand to the salute.

But what of that other army, the maimed, the halt, the blind, whose offering was equally splendid, but whose fate was not a glorious death but the harder one of a shattered life, and whose pain

“ Passeth not, nor will pass—and only this
Remains for them to look for—more of pain
And doubt if they can bear it to the end.”

Though three years have passed since Armistice Day there are, we know, 7,000 men in hospital in London alone who contracted their sickness, or received their wounds in the Great War, and many thousands more are gathered together in the hospitals under the control of the Ministry of Pensions, many of whom struck down in the prime of their manhood must, for ever helpless and in pain, be dependent on the services and ministrations of others. What greater vocation could any nurse desire than to serve these men who received so great a hurt in preserving the freedom of the world, and in defending British women from the fate that befell so many of their sisters in the invaded regions of France and Belgium?

The graveyards of the Allied Armies are sad, but the hospitals in which are gathered the broken men who are the aftermath of war are infinitely sadder. Only let us always remember that they are still with us, and that by tender, skilful and sympathetic service we may repay in some small part the debt which we owe them.

A visit to such a hospital as that established by the Ministry of Pensions at Orpington, where some 1,000 disabled men are gathered together, is at once a sad and a comforting experience. Sad, because before our eyes there lies bare the book of tragedy, its pages open for

all to read. The face, the attitude, of patient after patient is mute evidence that he has drained the cup of suffering to the full, and in some instances that it cannot be long before

“ Death the Consoler,
Laying his hand upon many a heart, will
Heal it for ever and ever.”

And comforting because on every hand there is evidence that the nation is doing what is possible to discharge its obligations to these men, and that all that medical science, and skilled nursing can do to alleviate their sufferings, to restore their health, to minimize their disabilities will be done.

We refer elsewhere to the Ministry of Pensions Nursing Service, and the hospital at Orpington is staffed with its members. The Matron is Miss Kathleen Smith, R.R.C., who as a member of the Territorial Force Nursing Service did good work as Matron of the 5th Southern General Hospital, and afterwards in France. Still later she was one of those selected for service in Cologne with the British Army on the Rhine. The uniform of the staff is grey, with three blue stripes on the sleeve for the Assistant Matron and two for the Charge Sisters. The cap is a hemstitched square of clear muslin, becomingly worn with the monogram M.P.N.S. (Ministry of Pensions Nursing Service) embroidered in blue in the front. A blue belt is also worn.

Those who knew the hospital when it was the Ontario Military Hospital, staffed by the Canadian Army Nursing Service, will remember that it consists of long huts opposite to each other, at right angles to a connecting corridor, with windows on either side, and at the far end a French window, which, set open, frames a vista of green fields, undulating ground, and beautiful trees, familiar to those acquainted with the county of Kent, than which there is none fairer in this country. It is set on the side of a hill and the cases are classified, according as they are surgical, or medical—heart cases, phthisical cases, bronchitis and asthma, malaria and other tropical diseases such as dysentery and sprue, also enteric.

The sisters' quarters are also in huts, each one having a separate room. There is a common sitting-room and a rest and writing-room, harmoniously furnished, a mess room and servery, for the Sisters run their own mess, and have a separate kitchen and kitchen staff. The Matron's simple but charming quarters are adjacent.

The Medical Superintendent is Colonel Heaton, who has charming quarters at the Boundary House. M. B.

HOSPITALS IN STATE PRISONS.

The most fertile field for hospital development to-day is the State and Federal prison. With few exceptions, these institutions are almost devoid of what can be truthfully called hospital facilities for their sick and injured.

A man is received in the average State prison after confinement, perhaps, in a filthy jail, and after strain due to trial, and is at once assigned to a cell and a place in which to work.

In choosing his work for him, the officials lay much stress upon what he has done outside. If he has done nothing there, he is sent wherever a man may be needed. The examination of the man to determine his physical and mental condition is perfunctory; in many cases it is not made at all.

The life of the prisoner is without the attention of medical, dental, or psychological specialists. If surgery is needed there are only primitive facilities at hand. Sometimes the prisoner is removed under guard to a city hospital for amputation or other operation which is too serious for the prison staff to attempt. . . .

A State or Federal prison needs a complete hospital in a building by itself, equipped for surgery, dentistry, eye, ear, nose and throat and the ordinary laboratory routine work. The staff should consist of a competent physician of modern training and education, with sufficient medical assistance so that it will be possible to have someone on duty all the time.

The prisoner, on admission, should be carefully examined in every respect, psychologically, psychotically, neurologically; his eyes, ears, nose, and throat should be gone over. Surgical treatment, if necessary, should be applied.

In other words, the man should be put into as perfect physical condition as possible.

His work should be picked for him after a study by the psychologist and other specialists. The effort should be to fit the man for the years he is to spend within the walls, and also to prepare him for the time when he shall again take up his life outside. To do this without hospital facilities, psychological examination and advice, intelligent treatment of his physical, mental, and nervous being, is impossible.

There is the added consideration that the prison of to-day must make provision for the psychoses. Prison insanity or prison psychosis is a distinct type of reaction found only within the walls. It requires special equipment, including the right kind of building construction. Again, there is tuberculosis, a common disease in prisons. Very little accommodation has ever been made for the segregation of the incipient or of the mildly chronic case. When the disease becomes virulent some sort of segregation is attempted.

In the average State prison little attention is given to public or individual health, yet it is a community in which there is the very greatest need for health work and education.—*The Modern Hospital*.

THE HOSPITAL WORLD.

Writing in the *Contemporary Review* on "The Plight of the London Hospitals," and describing the closing down of seven wards at King's College Hospital, Mr. C. E. A. Bedwell says:—

"An attempt to describe the empty wards, the unoccupied nurses, and the appalling atmosphere of depression everywhere would involve the use of language which would seem to be exaggerated if it were really descriptive. But perhaps the worst was yet to come. The Medical Board re-allocated the beds to the various classes of patients, and among other results the maternity ward, which is one of the largest in a general hospital in London, had to surrender half the beds to gynæcological patients. Twenty-three expectant mothers had to receive six weeks' notice that, after making arrangements weeks beforehand, and in some cases paying contributions towards the cost, they must find somewhere else for their confinements because there was no room for them. Five out of the twenty-three were living in one room, a sixth with three children was in two rooms, and a seventh with five children was in two rooms.

"The main facts connected with the closing of a hospital have been stated baldly, as Lord Cave's Committee might have given them to support their conclusion that 'if any considerable number of hospitals should close down, the shortage of accommodation would be such that the public would be compelled to step in and supply the deficiency, and the position of the hospitals throughout the country would be imperilled.'

"It should be realised, however, that this condition of affairs is far more than a danger to the public health service of the country. The closing of wards in hospitals like King's and the London, standing in the midst of large populous areas, is a direct stimulus to unrest and something worse. To tell a man, already troubled by present conditions, that his child is seriously ill and should receive treatment as an in-patient, but that there is no room, is tantamount to an invitation to him to 'see red,' and has an effect upon an ever-widening circle of his friends and acquaintances. If, in addition, he has an opportunity to frequent a neighbourhood where ostentatious luxury and self-indulgence are conspicuous, then there is little need for any propaganda to make him a revolutionary against the community and a desperado fighting merely for the existence of himself and his family."

We understand that the Duchess of Connaught's Memorial Nursing Home at Bagshot is open to the patients of any practitioner in this urban district, under their own medical advisers.

The Woolwich Medical Officer of Health reports that diphtheria and scarlet fever are becoming less virulent, and suggests that some hospital accommodation now available for scarlet fever, which

can often be treated at home, should be devoted to measles cases, which are often far more serious.

Mr. Walter Beer, of Livingstone Drive, Liverpool, who died on March 24th, left £400 to the Liverpool Jewish Board of Guardians; £200 to the Old Hebrew Congregation, Princes Road, Liverpool; £200 to the David Lewis Northern Hospital; £200 to the Royal Southern Hospital, Liverpool; £200 to the Liverpool Royal Infirmary; and £100 each to the Liverpool Dental Hospital, the Liverpool Hospital for Cancer and Diseases of the Skin, the Liverpool Eye and Ear Infirmary, Myrtle Street, the Liverpool Infirmary for Children, the Stanley Hospital, Liverpool, St. Paul's Eye Hospital, Oldhall Street, Liverpool, the Leasowe Sanatorium for Crippled Children, and the Liverpool Hebrew Ladies' Benevolent Institution.

Miss Dulcie Charlotte Vivian, of Clyne Castle, Swansea, and Belgrave Square, London, bequeathed £1,000 to the Swansea Hospital and £500 to the London Hospital.

The Rockefeller Foundation has given \$1,785,000 for the establishment of a "School of Public Health" at Harvard University.

THE ROYAL SANITARY INSTITUTE.

The autumn courses of training for Sanitary Officers, Health Visitors and School Nurses and Maternity and Child Welfare Workers, arranged by the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W. 1, will commence in September—that for Sanitary Officers on Wednesday, September 21st, at 6 p.m., and that for Women Health Visitors and Child Welfare Workers, on Friday, September 23rd, at 6 p.m.

We notice among the lecturers in the latter course the names of Miss Isabel Macdonald, Secretary of the Royal British Nurses' Association, and Mrs. K. Lomax Earp, Matron of the Health Institute, Kilburn.

The training not only includes lectures, but practical demonstrations in the Museum of Sanitary Appliances, at Infant Consultations and Child Welfare Centres, visits to public works and other places of sanitary interest, and the use of a reference library, lending library and reading room.

The lectures are followed by the standard examinations of the Institute, which are recognised in all parts of the British Empire.

The fee for the complete course of lectures and demonstrations is £5 5s., or for Part I £3 13s. 6d., and Part II £2 2s.

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 the Course of Lectures.

Forms of application and all particulars can be obtained at the Institute.

PROFESSIONAL REVIEW.

THE EXPERIENCES OF AN ASYLUM DOCTOR.*

"The Experiences of an Asylum Doctor, with suggestions for Asylum and Lunacy Law Reform," by Dr. Montagu Lomax, M.R.C.S., is dedicated by the author "To all the insane poor, in sympathy with their sufferings, and in hope of alleviating their hardships," and is written by a doctor who, when the war broke out, had lately retired from general practice, and, wishing to "do his bit," looked about for some means of making himself useful. Having been a lifelong student of psychology, and hearing there was a great dearth of asylum doctors, he applied for, and soon obtained, the post of Assistant Medical Officer in one of the largest County Asylums. Here he stayed only two months, in the second asylum to which he was appointed the year afterwards he remained for nearly two years. It is from his experience in this second asylum, one of the largest in England, that the facts enumerated in the book have chiefly been taken. Concerning this he writes:—

"Profoundly interesting as I found the study of insanity and psychiatric problems to be, I was not long in either asylum before I realised there was a problem of still more urgent interest and importance, viz., that of our treatment of the pauper insane, and, in fact, the whole problem of asylum administration and lunacy legislation. I had not occupied my position more than a few months before it became evident to me that the administrative system under which our public asylums were conducted, and as constituted by Act of Parliament, permitted the occurrence of grave defects and abuses, which appeared to be involved in the system itself, and which could not be rectified without far-reaching administrative reform."

Dr. Lomax does not claim that this was any new discovery, as it has been admitted and deplored for some time past by those concerned in asylum administration, and discussed at meetings of the Medico-Psychological Society, but though it was suspected that all was not well with our public (or private) asylums, or our treatment of the insane, no attempt has hitherto—so far as he knows—been made to bring the subject to public notice. "All reforms of public institutions depend, in the last resort, upon the rousing of public sentiment, and the pressure of public opinion. It is not enough for specialists and experts to be satisfied of the necessity for reform; it is for the public itself to take the lead. But to do this the facts must be known. This book is an attempt to supply the facts, and give the reasons, and thereby enable the public to form a judgment and take action accordingly." Dr.

* George Allen & Unwin, Ltd., Ruskin House, 40, Museum Street, W.C. 1.

Lomax asserts that "our asylums detain, but they certainly do not cure; or if they cure it is only by accident, so to speak, and in spite of the system, not as a result of it. He emphasises that it is the *system* he is attacking and not individual asylums; it is principles, not persons.

One of the chief defects in our system of asylum government against which Dr. Lomax protests, is that it permits the Medical Superintendent to combine in his own person the dual offices of Medical Superintendent and Executive Chief, and he maintains that the result is, in ninety-nine cases out of a hundred, to cause the purely medical duties of a Superintendent to be largely subordinated to his executive responsibilities, thus entailing an enormous loss of efficiency in the medical organization of the asylum, and in the remedial treatment of the insane.

As the book deals with the pauper lunatic and purports to be an examination into the working of the Lunacy Acts and the Mental Deficiency Act, Dr. Lomax gives briefly a *résumé* of the terms most commonly used and as legally defined, as well as a short description of the local bodies concerned in asylum administration, the officials appointed by the Legislature to supervise and report upon their work, and the legal formalities necessary for the certification and reception of pauper lunatics.

Dr. Lomax is of opinion that "however much we may conceal our ignorance by learned phraseology, we know little more concerning the real nature of insanity at the present day than was known to the ancient Greeks and Romans," and that this fact "has important bearings on the question of treatment, and explains much of the apathy and indifference shown not only by the public, but by the medical profession itself, to all efforts directed at asylum reform, as well as much of the confusion that exists as regards our legal and moral responsibility to the insane."

WARDS AND GENERAL ROUTINE.

Dr. Lomax describes the wards of an asylum, the first being the Reception Ward through which each patient is passed. It is in the same block as the hospital, and that part of it in use contains a number of open beds, and six single rooms. Patients who are violently maniacal or noisy, or who have a bad record, or who for any other reason (such as parasitical affections, skin disease, venereal infection, &c.) require isolation, are put in the single rooms until such time as they are considered fit for the open ward. These single rooms are features of all the wards. Those described by Dr. Lomax have a floor area of about 9 ft. by 12 ft., and about 12 ft. high. The floor is composed of wooden blocks, and none of the rooms are heated. Each contains a coir mattress laid upon the floor, but no bedstead. The bedding consists of coarse canvas rugs, though the better behaved patients are allowed blankets when necessary. As many refractory patients tear up their bedding, canvas rugs are imperative in these cases. The doors are provided with an observation aperture strongly glazed,

and the rooms are lit in the daytime by a window placed high and opening for ventilation purposes. These windows are shuttered, and the shutters lock back when open. At night the rooms are lit by an electric light bracket over the door, protected by a sheet of wire gauze. The doors of these particular rooms are none too strong, and have been burst open before now by violent patients. The walls have also been scaled by active and agile occupants, who have squeezed themselves through the wire-protected aperture over the door, and thus effected their exit. But these have been very exceptional cases, and for most practical purposes the rooms are sufficiently strong. They are not provided with locks, but have an outside handle and drop latch, the latter being a concession to the Board of Control, who disapprove of locked doors in single rooms, but which are just as effectually closed with an outside latch as with a lock.

The next step is the removal of a patient (who is presumed in this instance to be suffering from melancholia, with suicidal tendencies) to one of the general male wards. The removal of a patient from the Reception Ward owing to limited accommodation, and often before he is fit, is commented on later, and is described by Dr. Lomax as one of the most serious defects in asylum organisation which it is his object to expose.

"The general ward alluded to is a mixed ward containing some ninety or a hundred patients of various types of the more demented class, and a few actively homicidal or suicidal, and is under the care of an experienced and responsible attendant, or Ward Charge as he is called, with three or four attendants under him. For reasons of safety, our patient, who may be quite mild-mannered and inoffensive in appearance and behaviour so far, has been placed on what is called the "SS" or special suicidal list, which means that he must never be left out of the attendant's sight, night or day. Under this category he has also to be put "behind the table" when in the ward, *i.e.*, his freedom of movement is absolutely curtailed; he is not allowed to walk about, or mix with the other patients, but must sit behind the table, and against the wall, where he can be more closely watched and restrained if necessary.

Dr. Lomax condemns in strong terms this "behind the table" treatment. In his judgment, were there a sufficient number of attendants, or were the patients properly graded and classified, it would be totally unnecessary.

It is simply an inhuman device to save the attendants trouble, and to diminish their responsibility. Picture the scene. Perhaps a dozen of the worst cases in the ward. Behind the table they sit all day with their backs to the wall, and only leave their place to satisfy the calls of nature. In front of them is an attendant always on duty. They have no amusement, no exercise, no employment. Yet not even for meals do they change their places or surroundings.

(To be concluded.)

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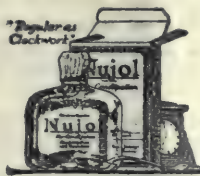
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WINGARNIS

BOOK OF THE WEEK.

THE MASTER OF MAN.*

The Isle of Man is once more selected as a theatre for a tragedy by Mr. Hall Caine.

Once more his characters are made to play the parts of passion and its devastating consequences. In this story not only the woman pays but the man also—her partner in sin—to the full.

It began, this fateful acquaintance, when the lad Stowell was at school. At the close of that period his friend Alick Gell came near to being discovered as the boy who had been seen with little Bessie Collister after hours.

Stowell, however, was suspected and accused, but Alick was his friend and he maintained silence under the accusation. Victor was the son of Deemster Stowell, who bore an unstained name for honour and uprightness as a judge. Victor Stowell, although his name was cleared, in consequence of this incident ended his school career abruptly. It is somewhat difficult to understand why he should have been sent home, in these circumstances, under a cloud.

Little Bessie, also, was sent home from her place to her mother and brutal stepfather, though at that stage no harm had been done. Dan's brutality to the girl was the indirect cause of her ultimate downfall.

She met Victor, subsequently, when he was a student of law at the Manx Bar. He and his friend Alick had been bathing, and the girl came along driving her cows.

"She was a strapping girl of four or five and twenty, full-blooded and full-bosomed, with coal-black hair and gleaming black eyes under her sun bonnet, which was turned back from her forehead, showing a comely face of a fresh complexion, with eager mouth and fresh red lips. She came swinging down the glen with a jaunty step, her hips moved, with her whole body, to a rhythm of health and happiness."

Now Victor Stowell was a fine young fellow, clean of mind, with high ideals; but an unkind fate threw him into the arms of Bessie, with the usual result.

And he hadn't meant any harm; indeed, he struggled against the temptation.

He met her again at a dancing hall in Douglas, where he and his friend Alick had gone in search of light-hearted adventure.

Bessie had been threatened by her stepfather that if she were not in by ten she would not come in at all that night. The excitement of the dance caused her, like Cinderella, to outstay her time. Victor found her, later, wandering crying about the streets, and at first, from motives purely of compassion, took her to his rooms.

Repentance came when too late; but his really chivalrous nature led him to make provision for Bessie, and in due course he intended to make her his wife. This in spite of his romantic love for Fenella, the beautiful daughter of the Speaker.

The real drama of the book lies in the tragedy of Bessie killing, albeit unintentionally, her illegitimate child, and being tried by Victor Stowell, who had by this time succeeded his father as Deemster.

Of course, no one suspected his relationship to the girl, and the paternity was popularly attributed to his friend Alick Gell, whose boyish attraction towards Bessie had ripened into love.

To understand the story it must be understood that Victor himself was for a long period unaware of the coming of a child as a result of his sin. His dilemma was a terrible one. On the one hand was his responsibility to Bessie (who had finally preferred Alick and had refused to marry him), and on the other hand was the solemn oath he had taken as Deemster to administer impartial justice.

He laboured unremittingly to get the death sentence commuted, and failing this he contrived (by virtue of his position) Bessie's escape across the seas with Alick.

Conscience played its part with him, and he then delivered himself up to justice, and received a sentence of two years' imprisonment in the prison from which he had effected Bessie's escape.

Through all the tragical happenings he had retained his passionate attachment to Fenella, who on her part shows herself the noble woman that she is.

She obtains a post in the jail in order to be near her lover, and finally prevails on the Bishop to marry them in the prison.

"It was all over. The parson, the jailer and his wife were gone. Stowell and Fenella were alone together in the prison chapel, locked in a passionate embrace.

"The kitchen candles were burning out, but the little dark place shone with glory.

"Two years! It would be like two months, two weeks, two days—it would be like a walk in the sunshine.

"She well knew that the victory had been won, that the resurrection of his soul had already begun, that he would rise again on the same soil on which he had so sadly fallen; that shining like a star before his brightening eyes was a vision of a far greater and nobler life than that which lay in ruins behind him, and that she, she herself, would always be by his side to 'ring the morning bell for him.'"

This is a deeply interesting book, and in addition to its thrilling tragedy it is most interesting in its account of Manx customs and its many powerful delineations of character.

H. H.

A WORD FOR THE WEEK.

"If one brave, broken soul you leave befriended,
The world will know your own soul's life is dead.
Then shall your hope of dominance be ended;
Worthless the body whence the soul is fled,
Hereby the world shall test your right to headship;
Hereby shall know if you are sound at heart;
Or if your soul is sunken in the dead sleep
Of those who value not 'the better part.'"

—John Oxenham.

* Hall Caine. Heinemann.

LETTERS TO THE EDITOR.

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

ONE OF THE FEW NECESSITIES OF EXISTENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I express my deep gratitude to Miss Margaret Hitchcock for her great kindness in securing to me the Journal for still another year. I shall not fail to send her a weekly blessing for it. I am content with the bare necessities of existence, which for me, though few, include the B.J.N.

For your own gracious part in the matter I offer my heartfelt thanks.

I am, dear Madam,
Yours faithfully,
AN APPRECIATIVE READER.

DO AS YOU WOULD BE DONE BY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I think it would be a great advantage to the sick public if every nurse who "fell sick" were nursed in the general ward of a general hospital, preferably other than her own training school.

She might come away perhaps a sadder, but certainly a wiser woman.

If she struck unlucky, she might learn what tea tastes like made before the water has boiled; how appetising when it is slopped into the saucer; how palatable is bread and butter cut many hours before it is served for breakfast.

She might experience the discomfort of having her face dabbed with a luke-warm flannel and hurriedly and partially dried. If she has a sensitive skin she will remember it.

She may be ordered by an autocratic and pert probationer to keep her bed tidy, and have to wait for the pleasure of that young lady for her humble request to be acceded to.

She may perhaps experience the annoyance of hearing her anxious friends discourteously snubbed if they venture to show any interest in the nature of the illness of one who is dear to them.

She will not have suffered a bitter and humiliating experience in vain if she left the hospital with the old adage stamped on her mind: "Do as you would be done by."

I believe that the majority of nurses have no need of this homely precept; their innate sympathy is sufficient; but, alas, there are many that have, and—

"Evil is wrought by want of thought
As well as want of heart."

I write as one who has been both nurse and patient.

"IN THE KNOW."

THE CONCERN OF ALL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with great interest your editorial last week on "The Concern of All," and fully appreciate what must be the result of the teaching in the doctrine of Communism, instilled into children in their early years, if it is allowed to go on unchecked. The responsibility of the vote on Borough and other Councils is evident, and I hope we shall all take it to heart.

To pass from the general to the special. There is one very particular "concern of us all" which we shortly shall have to face. I mean the election of our representatives on the General Nursing Councils. A great deal will depend upon how we exercise that vote, and it is very incumbent upon us to take pains to use it well. So far as I know, it is the first time that any profession of women in the United Kingdom has had so great a power of self-government placed in its hands, and the way in which we use it will be keenly scrutinised. We may make things either easier or more difficult for other professions of women which are as yet unorganised.

Let us acquaint ourselves with the work of the present members of the Councils, which, so far as the General Nursing Council for England and Wales is concerned, we can readily do by studying the very full reports of its meetings in our JOURNAL. I have been deeply appreciative of them from this point of view, and have gained much knowledge from them.

I hope that when we are informed that an election will take place that we shall be ready with a well-considered opinion, and that we shall work hard to secure the election of candidates who will carry on the work of the Council for the benefit of the public and of the nursing profession.

I am,
Dear Madam,
Yours faithfully,

A NURSE WHO FEELS HER RESPONSIBILITY.

PRIZE COMPETITION QUESTIONS.

September 3rd.—Describe the causes, symptoms, and nursing of Phlegmasia Dolens.

September 10th.—What do you know of summer diarrhoea, its causes, treatment and nursing care?

We regret that we are unable to award a prize this week. Competitors should read the Rules carefully as some are disqualified through their failure to observe them.

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The Midwife.

A REMINISCENCE OF THE ORIENT.

By A CERTIFIED MIDWIFE.

A is the Advent—"Please, Nurse, do come quick!"
 B is the Bag which is ready on tick.
 C is the Cloak, taken down from the peg;
 D the Departure—"Don't stop me, I beg."
 E stands for Energy—there without fail.
 F Nurse's Figure—a ship in full sail;
 G is the Greeting—"How are you, my dear?"
 H is the Hurry—"Get the room clear";
 I is the Iodine, she brought along.
 J is the Jostle of women who throng;
 K is the Kindness, which all neighbours know.
 L is the Linen, O! quite a poor show!
 M is the Mother, so anxious and worn.
 N is the Ninth (it will be when born);
 O is a letter much used in the dawn.
 P is Post Partum—patient quite weary;
 Q "Fetch the doctor, without any Query."
 R the Relief, when he comes through the door;
 S a Surprise for poor mother in store.
 T there are Twins (she may deem it a bore).
 "As you are the Umpteenth babes on my list,
 'Vale,' my dears," and the infants Nurse kissed.
 W and X and Y and also Z
 All stand for quiet words which Father said
 When he observed *two* babies in the bed.

MIDWIFERY ON CANAL BOATS.

Some interesting facts are recorded in the Report of the Departmental Committee appointed by the Minister of Health, under the chairmanship of Mr. Neville Chamberlain, to inquire into the practice of living-in on canal boats, and its effects on the health and morals of the bargee population, recently issued through the Stationery Office.

Contrary, probably, to the preconceived ideas of many people, the Committee state that the consensus of opinion is that, so far as health, cleanliness, morality, feeding and clothing are concerned, the bargee and his family are fully equal, if not superior, to town dwellers of a similar class.

"Life on board these boats appears to be of an almost patriarchal character, and there was general agreement among the witnesses that the presence of the wife and mother on board helps to preserve a high standard of morality among the men and a kindly but efficient discipline among the children."

About 50 per cent. of the children are born on the boats under conditions quite unsuitable to mother or child in cases of confinement, yet one nurse with considerable experience of these cases asserted that she had never known of a case where a mother died in confinement, and only one where a child was born dead.

A NEW INFANT FEEDER.

A new feeder for weak and premature infants has recently been introduced, says the *Modern Hospital*. It has a capacity of one ounce and is graduated in eight parts, each part representing one dram. The bulb fits into and not over the syringe barrel, and is very much easier to remove and attach, whenever this is necessary, for the purpose of sterilising than an ordinary bulb. The feeder will also be found very useful for removing the cream from the top of cow's milk. It is only necessary to remove the nipple, compress the bulb, insert the lip of the feeder into the milk bottle, and draw the excess cream into the glass barrel.

COMPLETE FOOTPRINT OUTFIT.

The same journal states that a very definite hospital problem, particularly for maternity institutions, has been the proper identification of babies. The Chicago Lying-in Hospital was probably the first to devise the footprint method, as one of the very definite means of identification. Authorities agree that one method of identification is not sufficient, and that two or even three different methods should be followed to ensure absolute security. As a result given to the footprint method, as adopted by the Chicago Lying-in Hospital, a manufacturer has recently introduced a complete outfit, including all necessary material for the making of footprints. The routine in this permits making one footprint for hospital record, and giving the patient a duplicate copy.

A CLEVER MOTHER.

The waterhen, referred to on page 130, is a bird who is alert and quick in her movements, trim and neat in her attire, and she is possessed of sound theories on infant welfare. For, before the eggs of the waterhen are completely hatched, she has ready for her expected family a beautiful new nest and, by methods best known to herself, removes them immediately to the clean, fresh "day nursery."

LIBERTY FOR THE BABY.

Time, 5 a.m. Artisan father, to eight months' old baby who has been screaming unattended for half-an-hour, and who has spent quite one-fourth of her short life in pitiful crying: "Cry away, my ducky, if you *want* to cry you *shall* cry, and if they knock at the wall next door we won't take no notice of them!"

Tenant on the other side of the thin party wall reluctantly decides that to get up early would be the lesser evil.

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EDITORIAL.

THE SOUL OF THE HOSPITAL.

Mr. E. W. Morris, House Governor of the London Hospital, writing in the *Times* on the evil days upon which the voluntary hospitals have fallen, considers that out of the turmoil and stress may emerge a better thing—a voluntary system with its high code of honour, its elasticity, its adaptability all preserved, but with its power of usefulness enlarged, its influence extended, and its stability assured.

After referring to the religious foundations of the hospitals, he writes—

“The hospitals have changed in many respects, but not at all in the spirit that inspires them and rules in them. They still stand for a principle. They are still monuments of helpfulness. The religious atmosphere in which they were born and reared is still with them and shows itself in its finest form. There is something spiritual about them. Every rollicking student bends to that influence; it makes a man of him, a gentleman. Later he qualifies and becomes house surgeon or house physician. The soul of the hospital holds him and moulds him. Later yet, he becomes a country doctor and stands at your child's bedside. The soul of his hospital holds him still, and you may thank God for the hospital, for the man, without a second's hesitation, will if necessary, give his life to save your child. He is blessed, and you and your child, by the presence in him of something that neither he nor you nor I can define. I call it the soul of the hospital. You may call it by some other name. It is the growth of centuries. There is a soul in the Army and in the Navy and in the Air Force; there is a soul in a ship and in a coal-

mine. It stands by the side of the man who is disciplined and trained to see that ‘duty’ comes first and middle and last in life, and that ‘rights’ are as nothing to it.

“When a house physician left his cards this evening with a growl and went to deal with a diphtheritic child who coughed in his face, the soul of the hospital went with him . . . When a frail woman awaits the end of it all with a courage that fills you with envy, and not with pity at all, the soul of the hospital is by her side. During the war I saw a surgeon, himself wounded and in great pain, carried to the theatre on a stretcher to operate on a child, also carried to the theatre on a stretcher. Propped up as best we could arrange it he saved the child's life by an operation he alone could do, and we carried them back to their wards again. The soul of the hospital had need of him.”

“The hospitals,” says Mr. Morris, “are researching and going into causes of things, and then preaching the gospel of prevention. Trained brains as well as brave hearts are at work with microscope and incubator; biochemists are studying and watching and reporting; workers in the house of the dead are telling us our mistakes in order that the living may be saved; wizards tame the dangerous Röntgen rays to their will and make them the servants of the injured and sick.

“And so the great fight goes on, and the soul of the hospital smiles,” but the cost has all but ruined the hospitals. He looks for the solution, and there are many who will agree with him, in some form of insurance, by which all the resources of a hospital shall be available for persons with an income up to, say, £500 a year on the recommendation of their doctor. It is about to be tried, and it is worth trying.

OUR PRIZE COMPETITION.

DESCRIBE THE CAUSES, SYMPTOMS, AND NURSING OF PHLEGMASIA DOLENS.

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

Phlegmasia Dolens is the condition resulting from the formation of a blood-clot in a large vein, usually in the left leg, though both legs or the arms may be affected, and it has a tendency to spread from one limb to the other.

Causes.—Accidental injury to the blood-vessel, during operation, or by disease; on the entrance of air or bacteria into a blood-vessel, as these cause rapid destruction of leucocytes and blood plates and consequent production of thrombin. That form of phlegmasia dolens known as *white leg* may occur in both sexes and in non-pregnant women; but most frequently it is one of the results of the peculiar condition of the blood in pregnancy or during the first fortnight of the puerperium. It consists in the obstruction of the femoral vein by a blood-clot, and appears to be due to too early exertion after parturition, exposure to cold, and a poisoned state of the blood. It is a local expression of septic infection.

Symptoms.—Fever, the temperature rising to 101 deg. or 102 deg.; rigors, headache, weak and rapid pulse; constipation and serious constitutional disturbance; often great thirst, and severe pain in the affected limb. The pain may begin in the calf of the leg and spread upwards into the abdomen, or the reverse may be the case. The calf of the leg may swell suddenly and, with the front and the inner side of the thigh become acutely tender to the touch. The swelling first appears where the pain is; abdominal pain causes swelling in the vulva, groin or buttock; pain in the leg will result in swelling there. The whole leg may swell up in a few hours to twice its normal size; the veins become hard and cord-like and the skin over them reddens. The swelling in white leg, unlike dropsy, does not *pit* when pressed by the finger, but is white, shining, hard and firm. In some cases suppuration of the glands of the groin occurs.

Nursing.—Absolute rest is indicated. The limb should be wrapped round with gamgee tissue on which laudanum may be sprinkled to relieve the pain. It should be supported in an easy position by air cushions or small pillows, and a cradle placed over to protect it from pressure. The patient must not be allowed to sit up. These cases are often long and tedious; the symptoms may subside after a few days or

may persist for weeks, and even months, the *wooden* feeling in the leg may continue long after the swelling has disappeared. Suppuration in the leg or joints, with consequent blood-poisoning and exhaustion may cause death. The condition is one of great danger, as it may terminate fatally at any moment unless every precaution be taken to avert accident. The chief danger is the breaking up of the clot and a detached portion being carried to the heart where it may become arrested, increase in size by fresh deposit upon it from the blood, and so cause death by stopping the heart's action. This is *cardiac thrombosis*. Or a fragment of clot may be carried from the femoral vein, pass through the heart and block up the blood-vessels of the lungs, thus causing death from asphyxia. This is *pulmonary embolism*. In *cardiac thrombosis* the face appears pale and death-like, the pulse labouring, the breathing hurried and difficult. In *pulmonary embolism* the face becomes purple from the stagnation of blood in the veins, the patient gasps for breath and may die in a few minutes, or even seconds, through suffocation. In less severe cases the patient has rallied and recovered by the timely administration of sal volatile and brandy in repeated small doses. But inability to swallow may make this treatment hopeless. It is therefore of vital importance that remedies should be ready for instant use, and that the patient should never be left for one moment unattended until convalescence is established.

A light and nourishing diet should be provided, with special regard to the prevention of constipation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mildred M. Comer, Miss Henrietta Ballard, Miss L. K. Clarke, Miss J. Evans.

Miss Comer writes that treatment consists in complete rest in bed. The limb must be kept very still. Raise on pillows, wrap in wool to keep up warmth, and place sandbags on either side; raise bed clothes by means of a cradle, but keep leg warm. No movement should be made voluntarily until fourteen days after cessation of pain and swelling. The bowels must be kept freely open and patient's strength maintained by nourishment and such stimulants or drugs as are ordered by the medical officer. Relief of pain may be effected by hot fomentations or painting line of vein with tincture of belladonna.

QUESTION FOR NEXT WEEK.

What do you know of summer diarrhoea, its causes, treatment, and nursing care?

THE NURSE AND HER RELATION TO IMMUNOLOGY ANTIGENS AND ANTIBODIES.*

BY ROBERT A. KILDUFFE, A.M., M.D.,
*Director of Laboratories, Pittsburgh and
McKeesport Hospitals, Pittsburgh, Pa.*

Even a cursory glance at the history of the development of medicine will disclose a constant tendency towards measures aimed at the prevention of disease. Even in the primitive days when diseases were looked upon as manifestations of the disapproval or anger of the gods, or as resulting from the machinations of demons and evil spirits, we find, in the early writings, much prominence given to directions for propitiating and appeasing the various influences held responsible, with the idea of warding off the diseases thought to result from their evil influence.

With the discovery of bacteria and protozoa and the gradual evolution of an understanding of the mechanism whereby they produce pathological effects, the efforts to counteract and prevent their activities became more systematised and intelligent, so that the present century finds preventive medicine securely placed upon a sound and scientific footing and ever advancing in its warfare for the eradication of disease.

The history of nursing likewise shows a constant trend in the same direction, the more marked because it has taken place in a relatively short time. It is not so very many years since the days of Sairey Gamp, whose attention was focussed less upon the patient than upon the brown bottle on the mantelpiece; or from the days of Florence Nightingale, the first to realise that nursing involved, not only the care of the sick, but the prevention of the further ills which might befall them, to the nurse of to-day whose greatest endeavours are directed not only to care of the sick but to the safeguarding of the well—in a word, preventive medicine.

It is not enough, however, to rely upon the education of doctors and nurses alone. A most potent weapon in the fight against disease lies in the education of the public, and it is in this connection that the nurse stands in a most important and strategic position arising from her close and intimate relation to the public whom she serves, for often a clear and simple

explanation from her, an intelligent answer to the question of some "doubting Thomas," will be of more value than a host of public lectures or articles in popular magazines which often fail to reach those for whom they are most intended.

It is evident, therefore, that if the true nurse is to act as a medium for the dissemination of information to the public, she must be well grounded in the subject which she is to teach, and it is the purpose of this paper to consider from this standpoint the practical relations of the problems of immunology to the prevention of disease.

The use of serums and vaccines has become so common as to cease to arouse much interest and to be looked upon as a matter-of-fact procedure by the nurse, surrounded and harassed by a multitude of duties, and her curriculum is, as a rule, so crowded as to leave neither room nor time for a consideration of the principles upon which their use is based—and yet, if she were able to express those principles in simple language there would, oftentimes, be a heavy mortality in the ranks of the various "antis" and of those who object to the use of serum "because it is such a strain on the heart."

The principles of immunity may be briefly expressed. Immunity may be looked upon as a term expressing the power of an individual to resist disease, or, if amplified, to resist the effects of micro-organisms or their products, which are pathogenic, for other individuals of the same species.

It had long been known as a matter of common observation that individuals who had suffered from an attack of certain diseases seldom, if ever, again contracted the same disease; and, moreover, that certain individuals under the same circumstances of exposure, apparently were not susceptible to the disease at all. Two things were obvious: in the first instance, something must have been produced in the body of those recovering from these diseases whereby they were thereafter protected; and in the second instance, something of a protective nature must have been present in the bodies of those who were not susceptible.

To find out what these substances were, how they were produced, and whether they could be produced at will and transferred from one to another, were the objects of studies culminating in our present knowledge and application of the principles of immunity in the prevention and treatment of disease in general.

* Reprinted from the *American Journal of Nursing*.

Two terms at once appear and reappear in the literature of the subject which it is necessary to understand, namely antigen and antibody.

If, as a result of the introduction of an infective agent into the body, something is produced which will protect the body against further onslaughts, then the infective agent must in some way, have generated against itself, some antagonistic body—whence come the terms antigen and antibody.

An antigen, then, is any substance which, when introduced into the body, will give rise to the production of substances capable of acting against it, or antibodies.

An antibody is a specific substance produced by the cells of the host in reaction against an antigen.

Among the substances so derived are:—

1. Antitoxins: specific substances capable of neutralising specific toxins, the term specific denoting the fact that a particular antitoxin will combine with and neutralise only the toxin which caused its production.
2. Agglutinins: specific substances capable of causing agglutination or clumping of the agent (antigen) causing their production.
3. Precipitins: specific substances capable of causing precipitation from solution of the substances causing their production.
4. Oponins: specific substances capable of so acting upon bacteria as to render them more susceptible to destruction by leukocytes (phagocytosis).
5. Lysins: specific substances capable of causing lysis or solution of their antigens.

Numerous theories have been advanced to explain the intricate mechanism involved in the complex process resulting in the production of these substances of which the most prominent and, all in all, the most satisfactory is the Side-chain Theory of Ehrlich.

Originally evolved to explain the nutritive processes of the cell, the theory has been adapted and enlarged to cover what is thought to be the mechanism concerned with antibody formation. It must be emphasised that the entire theory is hypothetical.

Ehrlich visualises the cell as possessing two executive centres, as it were; one presiding over the function of the cell as, in a gland cell, to secrete; and one which controls and superintends the processes of nutrition, waste and repair. It is with the latter that we are particularly concerned.

If the cell is to live it must be nourished; to be nourished it must be able to grasp, absorb,

and utilise food molecules in its vicinity. It is easy to visualise, in a purely diagrammatic way, this ability by imagining various outgrowths from the cell capable of combining with certain food elements—these outgrowths being called, by Ehrlich, side-chains.

The picture thus obtained is analogous to and, indeed, derived from the graphic method of presenting chemical formulae. For example, instead of representing the ability of one atom of oxygen to combine with two atoms of hydrogen to form water by the formula H_2O , we may indicate it by the graphic formula $O_{\parallel}^{\parallel}$ in which the combining ability of the oxygen (O) is represented by two receptors or side-chains to each of which is attached an atom of hydrogen (H).

In similar fashion we can imagine the combining ability of the cell to be represented by projecting side-chains or receptors each specific and adapted only to a certain substance. Among these would be side-chains for union with a toxin, for example.

However, as a result of the union of toxin and receptor the latter is destroyed, injuring the cell in this respect.

Here we leave Ehrlich, temporarily, and turn our attention to the investigations of Weigert. As a result of his studies on the mechanism of repair after injury, Weigert noted the prodigality of nature in its reaction to injury. He found that, in cells having the ability to repair damage done to them, the reaction was always in excess of the damage. In other words, if one cell only had been destroyed, the body replaced it by an excessive reproduction of cells of that type, and this fact is embodied in what is known as Weigert's Law of Overproduction in Repair.

Applying this law to the formation of antibodies we find that one toxin receptor having been destroyed, the cell, in its efforts to replace the receptor, produces not one, but a large number of similar receptors. There is only place for the attachment of one to the cell—what becomes of the others? They remain free in the blood stream. Each has the same structure as the original; each has, therefore, the power of combining with a toxin molecule and thereby preventing it from acting directly on the cell and causing injury; and each is, therefore, a free antibody, in this case a free antitoxin.

This, in brief, is the nucleus of the side-chain theory of Ehrlich upon which our present explanation of the mechanism of immunity depends.

NURSING ECHOES.

A much sought-after position in the nursing world is that of Lady Superintendent of the Rotunda Hospital, Dublin, a hospital which, founded in 1745, has achieved a world-wide reputation, and is pre-eminent as a training school for midwives, and maternity and gynæcological nurses. Applications should be sent immediately to the Master, at the hospital.

The authorities of St. Bartholomew's Hospital have decided that in future probationary nurses during their four years' contract of training shall receive £20, £25, £30, and £40 for each year respectively. This scale is also in force at certain other of the large training schools.

The Royal Infirmary, Bradford, offers valuable experience to certificated nurses in its Venereal Disease Department in a six months' course. Lectures are given and a certificate awarded; the salary is £55, and uniform is provided. St. Thomas's Hospital, London, has a well organised Venereal Department, but opportunities for nurses to get practical experience in this important branch of their work, as well as theoretical instruction, are comparatively few, and we commend the course to the attention of certificated nurses.

The same up-to-date hospital has a School of Massage and Medical Electricity, thus giving opportunity for obtaining another much sought-after and valuable qualification. Application for particulars in both instances should be made to the Matron, Royal Infirmary, Bradford.

The mental instability resulting from the war received tragic illustration at the Ministry of Pensions Hospital, Hollymore, near Birmingham, and incidentally the risks to which nurses are exposed in dealing with mentally unstable patients of this class. On Saturday last the wounds of a patient—a man who had been injured in the head, as well as having lost an arm in the war—had been dressed by the doctor on duty, and the patient left the dressing room, but subsequently returned and fired at the Sister, Miss Annie Bloor, who was then alone. The doctor, who heard the shot,

rushed to the room to find the Sister with a bullet wound in her cheek, and the man dead on the floor, as after firing at the Sister he had turned his revolver upon himself. Near by was a revolver containing three live cartridges. We are glad to learn that the Sister's condition after this terrifying experience is not considered dangerous. We sincerely hope that she will soon have recovered completely.

Lord Sackville, President of the Holmesdale Cottage Hospital, Sevenoaks, held an inquiry on Monday last following on the rider of the jury at an inquest on Mrs. Quinnell—a Sevenoaks woman who died in the Tonbridge Hospital—that she should have been seen at the Isolation Hospital, Sevenoaks. The unfortunate woman, whose clothing caught fire, ran to the Cottage Hospital, where she arrived with all her clothing burnt, to find the hospital closed for repairs. She was taken to the Isolation Hospital, which is being used temporarily, only to be refused admission, on the ground that the hospital was not ready. Neither Matron nor nurse saw the patient. At the above meeting the Matron tendered her resignation by letter, saying that in view of her recent error of judgment and her inability to deal with the emergency which arose, she could not expect to retain the confidence of the committee. Consideration of the resignation was postponed as the committee recognised their own share of responsibility.

Had the Matron not made the initial error of neglecting to see the patient, she must have realised that a roof over her head, and such attention as trained nurses could give until she died were the urgent needs of the patient, she would not then, presumably, have sent her on a seven-mile journey to the Tonbridge Hospital.

A memorial tablet has been placed in the village church at Steeple Bumpstead, near Halstead, Essex, in honour of Miss Edith Cavell, who was at one time governess to the family of a former Vicar of Bumpstead. The tablet is fixed near the place where she was accustomed to sit.

The committee of the Royal Infirmary, Liverpool, in their annual report for 1920, anticipate that this year will see a start, at all events, made in the building of the new home for nurses, which has been delayed from one cause or another until its erection has now become imperative.

STATE REGISTRATION OF NURSES.

Now that the holiday month is over and we may expect the General Nursing Councils of England and Wales, Scotland and Ireland, to meet and consider applications for admission to the State Register, it behoves nurses whose applications have not already been sent in to be up and doing, if they wish to be amongst the first to be enrolled.

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

NURSING IN THE HOUSE OF COMMONS.

REGISTRATION OF NURSES (RULES).

In the House of Commons, on August 17th, Major Henderson asked the Secretary for Scotland if objection has been taken by several of the larger boroughs in Scotland to the draft regulations framed by the General Nursing Council for Scotland under Section 3 (1) and (2) of the Nurses' Registration (Scotland) Act, 1919; and whether he is prepared to withdraw the draft rules pending further consideration or until the scheme for the future training of nurses and the conditions with which hospitals must comply before receiving approval as teaching centres are published?

Mr. Pratt: My right hon. Friend is aware that objection has been taken to the rules referred to by my hon. and gallant Friend. My right hon. Friend considers it most desirable that the registration of existing nurses in Scotland should not be delayed, and, as the rules have been carefully adjusted with a view to securing reciprocity of registration with other parts of the kingdom, and as they in no way prejudice the rules that may be made for future nurses, he is not prepared to withdraw them.

ASYLUMS (ADMINISTRATION).

In the House of Commons, on August 16th, Mr. Myers asked the Minister of Health whether, in view of the unsatisfactory and depressing atmosphere prevalent in asylums and due in great measure to the absence of appropriate methods of cure, failure to supply cheerful surroundings or occupation to the patient, he will take into consideration the desirability of scrutinising the defects of the present system and substituting for centralised machinery the system of administration by locally interested public committees likely to be more alive to the needs of the inmates, the observance of the rights guaranteed to them and to their relatives by legal enactment, and all other matters pertaining to their welfare?

Sir A. Mond: It must not be assumed that I accept the suggestions contained in the first part of the question, but, as I have previously stated, I have under consideration the question of possible reforms in lunacy administration and

treatment. As regards the last part, I would remind the hon. Member that the administration of public asylums is already in the hands of the local visiting committees appointed under the provisions of the Lunacy Acts.

PENSIONS FOR WAR DISABLEMENT.

FINAL DATE OF APPLICATION.

The Ministry of Pensions desire to call the attention of officers, nurses, and men, and widows and dependents of deceased officers and men, who served during the Great War, to the provisions of Sections 5 and 6 of the War Pensions Act, 1921.

In accordance with Section 5 any new claim to pension, grant, gratuity, or allowance in respect of disablement under any Warrant, Order in Council or Order administered by the Minister of Pensions, must be made within seven years after the date on which the claimant was discharged, or within seven years after the official date of the termination of the War (August 31st, 1921), whichever date is the earlier. No new claims will be considered after the expiry of the prescribed period. A person is to be deemed to have been discharged from the service at the time when his active service terminated.

Under Section 6 of the Act any claimant (including the widow or other dependent relative of a deceased officer or man), who desires to appeal to a Pensions Appeal Tribunal against the rejection of his (or her) claim to pension, must do so within a period of twelve months after the date of the notification by the Ministry, to the claimant, of the rejection of his (or her) claim, or after the date of the commencement of the Act (August 19th, 1921), whichever is the later date.

THE GREEK NURSING UNIT.

The members of the Greek Nursing Unit, both at Athens and in Turkey-in-Asia, write happily of their work, and of the great kindness they receive, but find the heat trying.—109 degs. in the shade. In a busy theatre with the sun upon it the temperature is unrecorded, but Sister Dumvill is assured that it will be hotter yet.

The four Sisters who have been stationed at Smyrna—Sisters C. Evans, Oakley Williams, C. Baxter, and Browne—and have been very busily employed, have now left for the interior, as the hospitals at Smyrna are emptying and their services are more needed elsewhere. They will have much of interest to relate on their return of their experiences in Turkey-in-Asia.

THE PROFESSIONAL UNION OF TRAINED NURSES.

A Council meeting of the Professional Union of Trained Nurses will be held at 17, Evelyn House, 62, Oxford Street, on Wednesday, September 7th, 1921, at 5.30 p.m.

MAUDE MACCALLUM,
Hon. Secretary.

FREE TRAINING FOR NURSES IN RECEIPT OF A DISABILITY PENSION UNDER THE ROYAL WARRANT.

The Secretary of the Ministry of Labour announces the closing date for the receipt of applications for training in some occupation other than nursing from Nurses in receipt of a Disability Pension, who by reason of any disablement due to war service are unable to return to their pre-war occupation.

Applications for consideration under the Scheme, which allows for the payment of training fees and maintenance allowance in addition to pension, must reach the Controller, Women's Training Branch, Ministry of Labour, St. Ermin's, Caxton Street, London, S.W. 1, on or before October 31st, 1921, except that:—

(1) Nurses who may be demobilised after that date may apply within three months of the date of demobilisation.

(2) Nurses who on that date are in attendance either at a Convalescent Centre of the Ministry of Pensions or as in-patients at a Hospital of the War Office or Ministry of Pensions, may apply within three months of discharge from the Centre or Hospital.

MINISTRY OF PENSIONS NURSING SERVICE.

We are informed by the Matron-in-Chief of the Ministry of Pensions Nursing Service that the present rates of pay are those given below, having superseded those published in our last issue:—

	Initial Rate.	Annual Increment.	Maximum.
Nursing Sister (Staff Nurse)	£60	£2 10	£65
Charge Sister	£75	£5	£85
Matron	£115	£10	£185

War service is allowed to count towards increment, so that all Sisters who have done at least two years' service join at the maximum rate of pay.

Board and washing allowance has also been increased, as from October, 1920, to 24s. 6d. per week.

On and after September 1st, 1921, the gratuities are issued after a minimum period of two years' satisfactory service, and are at the rate quoted in our issue of August 27th.

APPOINTMENTS.

MATRON.

Wrexham Infirmary, Wrexham.—Miss Stella E. Allen has been appointed Matron. She was trained at the London Hospital, E., and has been Assistant-Matron at the West Suffolk General Hospital, Bury St. Edmunds.

ASSISTANT MATRON.

The County Hospital, York.—Miss Isabel Cameron has been appointed Assistant Matron. She was trained at the Victoria Infirmary, Glasgow, where she had charge of the Operating Theatre. She held the posts of Night Sister, Charge Sister and Home Sister at the 32nd British General Hospital, Amara, Mesopotamia, and has lately been attached to the staff of the Scottish Association of Trained Nurses, Edinburgh. Miss Cameron holds the Housekeeping Diploma of the Edinburgh School of Cookery, and for two years held the post of Assistant Domestic Superintendent at the Royal Infirmary, Edinburgh. She is a Certified Midwife.

SISTER.

Isolation Hospital, Norwich.—Miss A. Kitchin has been appointed Ward Sister. She was trained at the

General Hospital, Chelmsford, and has been Staff Nurse at the North-Eastern Hospital and at Princess Mary Hospital, Margate.

Miss Ruth Nurse has been appointed Sister at the same hospital. She was trained at the City Hospital, Little Bromwich, near Birmingham, and at the General Infirmary, Worcester, and has been Staff Nurse at the Paddington Infirmary.

CHARGE NURSE.

Union Hospital, Preston.—Miss Kathleen Josephine O'Reilly has been appointed Charge Nurse. She was trained at the Lurgan Union, Ireland, and has held the position of Nurse in the Macclesfield Union, and of Sister at the Northants War Hospital, and at the Davenham Hospital, Northwich.

TERRITORIAL FORCE NURSING SERVICE.

The following appointments are announced in the *London Gazette*:—

Miss Katherine C. Todd, R.R.C., to be Matron, 4th London General Hospital, August 5th, 1921.

Miss Edith Amy Jackson, R.R.C., to be Matron, 4th London General Hospital, August 5th, 1921.

Miss F. L. Pickett, R.R.C., to be Matron, 2nd West General Hospital, August 5th, 1921.

Miss C. S. E. Fierce, A.R.R.C., to be Matron, 2nd West General Hospital, August 5th, 1921.

Miss E. M. Boston to be Matron, 2nd West General Hospital, August 5th, 1921.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elsie R. Bennett is appointed to Chatham; Miss Muriel E. Botsford to Cheltenham; Miss Emma S. Brown to Shifnal; Miss Kathleen I. Elliott to Worthing; Miss Mary J. Hardy to Heanor; Miss Gladys M. Herd to Burgess Hill; Miss Jane Purdy to Heckmondwike; Miss Marion Rigby to Watford; Miss Elizabeth Rushton to Blackburn; Miss Sarah E. Shaw to Heanor; Miss Kate Stocks to Heckmondwike.

THE PASSING BELL.

We greatly regret to report that Dr. Russell Stewart Wingfield, of Philadelphia, who was seriously burned on August 14th in a fire which destroyed the American Red Cross Children's Hospital at Salonika, died on August 20th, after a week's fight against shock and nephritis. Funeral services were held on August 23rd at the American Red Cross headquarters in Salonika, full military honours being paid by a detachment from the Greek regular army. The body will be shipped to the United States for burial.

Dr. Wingfield was 26 years old. He was born in Richmond, Va., where his parents live at 806, Fourth Avenue. He came to Europe in February, 1921, for service with the Red Cross, and was immediately sent to Salonika to take charge of the children's hospital at the Kalamaria Refugee Camp.

When fire broke out in the hospital dispensary on Sunday night, Dr. Wingfield succeeded in saving all the patients and personnel, with the exception of one Greek interpreter. His heroic efforts, however, cost him very severe burns about the face and arms, and his condition had been critical throughout the week.

Dr. Wingfield was a graduate of the John Marshall High School of Virginia. He enlisted in the Army Medical Corps immediately on the American declaration of war, and served throughout the war as a State Inspector of Draft Boards. After the war he became resident physician at the Stetson Hospital in Philadelphia, leaving this post to come to Europe last February.

HEALTH WEEK.

The Health Week Committee appointed by the Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W.1, announces that Health Week will this year be held, under the patronage of His Majesty the King, and Her Majesty the Queen, from October 9th to 15th. The Lord Mayor of London is Chairman, and Professor A. Bostock Hill, M.D., M.Sc., D.P.H., Chairman of the Executive Committee.

The object of Health Week is to focus public attention for one week in the year on matters of health, and to arouse that sense of personal responsibility for health, without which all Public Work, whether by the Government or Local Authorities, must fall far short of its aims. It is proposed that the dominant idea for 1921 should be "Health, Happiness and Efficiency," and the consideration of what each individual can do for himself and his neighbour in securing a healthy life.

AIMS.

The immediate purpose of Health Week is to make health during the week the chief topic of public concern; to secure the recognition of the fact that disease is a thing which can and should be prevented; to impart sound information as to public and personal hygiene, and to build up a public opinion which will not tolerate a high disease rate or excessive infant mortality, and which feels as a personal reproach the sight of an ill-nourished or neglected child.

Its ultimate object is to set up a high ideal of health and to bring to all that zest in life which only perfect health can impart.

The way in which Health Week has been received and the interest which has been aroused wherever a well considered programme has been carried out, show that it meets a widely felt need. People *want* to know how to be healthy, they are surprised to learn how simple the laws of health are; and there can be no doubt that the celebrations have already been productive of widespread and lasting good.

PROCEDURE.

The manner in which Health Week is observed in each district must necessarily be determined by a Local Committee, but efforts should be made to bring members of every class and profession into line with the specific health work.

To inaugurate the proposal a public meeting may be called, and at this meeting the objects of the movement should be briefly and clearly explained, and a representative Committee and Officers appointed to define and organise the work to be done during the week. The interest of the Mayor or Chairman of the Health Authority and Officers of the Public Health Department should be secured in promoting the meeting, and the Executive Committee in London will (as far as possible) help by suggesting speakers to explain the work.

LOCAL COMMITTEES.

The Local Committee should, as far as possible, comprise representatives of every public body and private society which is in any way concerned with health, and of every agency which plays an important part in moulding public opinion. The following in particular should be invited to nominate members of the Committee:—The Local Health Authority; The Local Education Authority; The Board of Guardians; Local Societies dealing with health, education, housing, the prevention of tuberculosis, schools for mothers, etc.; the Clergy of all denominations; the Press; the Medical Profession, Military Medical Officers; the Nursing Profession; the Teaching Profession; the Friendly and Co-operative Societies, Guilds of Help, and other bodies having influence with any considerable section of the community.

The co-operation of trained nurses in the promotion of Health Week is invited, and we feel sure will be accorded, for none know better the need for the promotion of a higher standard of health.

LEGAL MATTERS.

In the course of the proceedings at the Marlborough Street Police Court on April 25th, when Dr. Starkie, Medical Officer to the St. Pancras Board of Guardians, and a Metropolitan Police Surgeon, was committed for trial at the Central Criminal Court on charges of performing illegal operations on women, the nurse whom he employed stated that she was a Jewess, and that she was born somewhere in the English Channel, her father being a Russian and her mother English. She said that from 1909 to 1913 she secured a general nursing certificate, and one for sick room cookery. She was not a certified midwife. During the war she worked in hospitals as a tuberculosis Sister. Under cross-examination she denied that she had been asked to leave a place where she was employed; she resigned. She did not resign because she knew she was going to be asked to leave. She emphatically denied that she was dismissed from attending one lady because she was drunk; she was practically a teetotaler. She denied having told Mrs. Starkie that she would ruin her husband, but admitted that she wrote to the police in July, but sent them no documents.

Mr. Frederick Palmer characterised the nurse as a "vicious, vindictive woman who was trying to get her own back on this doctor because she had been summarily discharged."

The next Session at the Central Criminal Court opens about September 6th.

TRUE TALE WITH A MORAL.

A SAVING GRACE.

A sense of humour is a most saving grace and its possessors escape thereby many ridiculous situations.

The good lady who inscribed upon an egg which she left at hospital, "Justified by faith," was evidently not richly endowed in that particular.

THE HOSPITAL WORLD.

The governors of St. Bartholomew's Hospital have sold four of their fully-licensed public-houses in London, which brought in a rental of £455. The sales realised £21,950, which invested produces an income of £1,269.

It will all be wanted, as the hospital has an adverse bank balance of £15,000, and needs £100 a day to continue its good work on a voluntary basis.

To reduce the cost of washing, which amounted to over a penny a piece for 20,000 pieces weekly, the Middlesex Hospital now takes in the washing of two other hospitals at cost price.

University College Hospital is now faced with a deficit of £20,000 for the current year. A "Great Society Ball" is to be held at the Royal Opera House, Covent Garden, on December 1st, when Lady Carisbrooke will be the hostess. Applications for tickets should be sent to the Appeal Officer, University College Hospital, Gower Street, London, W.C. 1.

Dr. Florence Ruth Clulow, M.B., B.S., has been appointed House Surgeon at King Edward VII. Hospital, Windsor, the first woman to be so appointed.

The late Mr. William Sutcliffe, of Cheetham Hill Road, Manchester, has bequeathed £1,000 each to the Manchester Royal Infirmary and Dispensary; St. Mary's Hospital for Women and Children; Salford Royal Hospital; and Ancoats Hospital. £500 each to St. Dunstan's Hostel for Blind Soldiers and Sailors, Deansgate; and the Northern Counties Hospital for Incurables, Manchester. £300 each to the Northern Hospital for Women and Children, Park Place; Cheetham Hospital, Manchester; and the Manchester Victoria Memorial Jewish Hospital, Cheetham. £250 to the Manchester Children's Hospital. £200 each to the Manchester and Salford Hospital for Skin Diseases; the Royal Albert Institution, Lancaster; and the Christie Hospital (Cancer Pavilion and Home). £100 each to St. John's Hospital, of Manchester and Salford, for the Ear; and the Ear Hospital, Grosvenor Square.

OUR DAY.

"Our Day" in support of the peace work of the Joint Council of the Order of St. John, and the British Red Cross Society will this year be held on October 1st. Ladies willing to sell flags are, we are informed, asked to send in their names to 19, Berkeley Street, W. 1, indicating the district which they prefer. There is no need why such collectors should wear nursing uniform, which, in our view, is out of place on such occasions.

ASYLUM PATIENT'S DEATH.

An inquest was held at Wakefield last week on Arthur Crosthwaite (43), formerly a miner at Castleford, who died on Sunday, August 21st from shock following scalds received while a patient at the Wakefield Asylum, of which the *Yorkshire Post* publishes a report which we print below.

Mrs. Caroline Crosthwaite, the widow, said her husband had been a patient at the Wakefield institution for some years. She saw him on Thursday last after the accident, and he then told her that he had done it himself, and added that he did not know he had done it. In reply to the foreman of the jury (Mr. W. Hazell) witness said her husband at the time he made the statement was not as sensible as he usually was.

Herbert Price, a patient in the Asylum, gave remarkable evidence. He said he saw Nurse Kaye go to the patient Crosthwaite with another patient named Billy Metcalfe, and ask Metcalfe to get Crosthwaite prepared for washing, whilst she went down to the laundry. She said she would be back in a few minutes.

In her absence, two other patients, Walter Pickering and Bertie Bowles, interfered with Metcalfe, and stripped him. They got some cold water in buckets and threw it over Crosthwaite, who was naked in a backyard—not in the bathroom. They then saw Metcalfe bringing a bucket of hot water and they took it from him, saying: "This is warm water; this will shift him." They threw the hot water over Crosthwaite, who cried out, "Oh!" Witness then reported what had happened to Nurse Beaumont, who came on the scene, saying to Bowles and Pickering: "You cruel beggars."

Nurse Esther Beaumont gave evidence, and said Price did not tell her hot water had been thrown over Crosthwaite.

The Coroner (Mr. C. J. Howarth): Didn't you ask any question as to how this man came to be stripped naked in the backyard?—Nurse Beaumont: No.

Did you tell Nurse Kaye that she ought not to have left him?—No.

Is it against the regulations for one patient to wash another?—Yes, except when a nurse is present.

Nurse Florence Hill said she had noticed that Crosthwaite was very dirty, and she had told Nurse Kaye to wash him. She could not account for his being stripped and washed in the backyard.

Nurse G. M. Kaye, of Heath Common, Wakefield, said Crosthwaite was in a filthy state when she got instructions to bath him. She took him into the lavatory at the back of the isolation hospital and told Metcalfe to prepare him. By this she meant that he was to take off his boots and stockings. She was away about five minutes. She had told Metcalfe not to start washing Crosthwaite until she came back. She was surprised to find Crosthwaite stripped and washed when she

came back, and she gave the other man a good scolding. There was then no mark of scalding on Crosthwaite's back.

Bertie Bowles said he washed Crosthwaite about a fortnight ago in the same yard. He thought Nurse Kaye instructed Metcalfe on that occasion to see to Crosthwaite himself.

The Coroner: Metcalfe, when Nurse Kaye went away, did she tell you to wash Crosthwaite?

Metcalfe: Yes, sir, she did.

Dr. McGrath, answering the Coroner, said there was nothing wrong in leaving the patients alone for a few minutes, but it was wrong to wash patients in the yard, and it was a breach of the regulations for a patient to be washed unless an attendant was present.

Dr. Felix A. Kerr, Assistant-Medical Officer, said he found Crosthwaite suffering from extensive superficial burns, extending from the back of the neck to the hips. He collapsed on Sunday morning from the effects of the shock of the burns. The patient said he had done it himself, but witness did not believe he had done it. Crosthwaite had no thinking ability.

The jury returned a verdict that Crosthwaite had died by misadventure, having sustained scalds owing to another patient throwing hot water over him. They expressed the opinion that patients should not be washed in the yard, and that they should be washed in the presence of an attendant, and the regulations strictly enforced.

It is intolerable that such a condition of affairs as is disclosed in the above report should be possible in any public Asylum. We should like to say it is inconceivable, but unfortunately this would not be in accordance with facts.

Any want of care of insane patients who in their own interest have been deprived of their liberty is especially reprehensible, and it is incumbent on the authorities of the Asylum responsible for their welfare to ensure that they are adequately cared for and protected.

According to the evidence of the patient Bowles, Crosthwaite had a fortnight previously been washed by him in the same yard, so that the incident which terminated in the death of the unfortunate patient is not an isolated one. Nurse Kaye's evidence that by "preparing" Metcalfe for his bath she meant taking off his boots and stockings is irreconcilable with her statement that she told Metcalfe "not to start washing Crosthwaite till her return," for even a certified lunatic would surely not start washing a patient who was fully clothed. Nor should she have left him in the care of a fellow patient. The practice of allowing one insane patient to bath another, whether a nurse is present or not, is absolutely to be condemned. Lastly, the Asylum authorities should not require—or permit—a woman nurse to bath able-bodied male patients. They should employ a male bath-man to attend to these cases.

We commend this case to the attention of the Minister of Health, and trust that the points we have mentioned above will receive his consideration in connection with the question of reforms in lunacy administration and treatment.

PROFESSIONAL REVIEW.

THE EXPERIENCES OF AN ASYLUM DOCTOR.

(Continued from page 136.)

REGULAR ASYLUM GARB.

Dr. Lomax criticises the custom of dressing all patients in a regulation asylum garb with the exception of the ex-Service patients. Thus, on a cold, foggy day in December described, the patients in the airing court wore a fustian coat and waistcoat, white drill trousers and ill-fitting asylum-made boots. Though it was raining fairly heavily, none of the patients wore overcoats, nor, indeed, did the attendants. In both cases it is against the regulations, though in very bad weather macintosh capes are sometimes worn by the latter. "Few things are more deeply resented by the ordinary pauper lunatic and his friends than the depriving him of his own clothes and the compulsory wearing of what he and they regard as 'prison' attire. There is no possible justification, legal or other, for such an indignity, and there is every moral and personal reason against it. Nothing is so destructive to an insane patient's self-respect as the deprivation of his own clothes, and it must be remembered that we are dealing with a patient, and a mental patient, not with a criminal." One result is that "the asylum authorities while depriving the pauper lunatic of his overcoat, when he has one, do not provide him with a substitute. The consequence is that in wet and cold weather the unhappy patients, with health already undermined by their malady in many cases, and by the coarse and innutritious food supplied in most asylums, suffer grievously in winter time. Should they get wet while at exercise, as they often do, they have no change of clothes, and little chance of drying those they have on."

The "behind the table" cases take their exercise in an enclosed space or "pen," in front of which paces an attendant on constant guard.

Dr. Lomax is of opinion that the real but unacknowledged official view of what asylum treatment chiefly exists for, disguise it or deny it as we may, is to detain or restrain demented paupers, never, except accidentally, to treat and, where possible, cure them, though there may be exceptions in the case of individual asylums. Detention and restraint as cheap and effective as possible, and cheapness the keynote. Dr. Lomax says: "I would beg of the reader not to go away with the impression that war-time economies are chiefly responsible for these evils. They existed long before the war, and unless public opinion intervenes, will exist long after it. The war has made them more prominent, but that is all."

SINGLE ROOMS.

Under the heading of "mechanical restraint" Dr. Lomax refers to the "single rooms," or "cells," as the patients call them, six or more of which are attached to each ward. In the daylight, unshuttered, scrubbed and disinfected, they pass muster on the annual visit of the Com-

missioners, but with the door shut and latched, the shutters closed and locked, and no light, very little fresh air enters, and the atmosphere soon becomes foul. The author writes: "The stench at times is so great that I have been unable to remain in the room for more than a few minutes. Let the reader imagine, if he can, the existence of an inmate of one of these rooms, in almost pitch darkness night and day, clad only in a canvas shirt, lying on a thinly stuffed and noisome coir mattress spread on the floor, and covered with two or three dirty canvas rugs, with a permanent draught blowing under the door (this is anything but fresh air), and if in winter time, with the temperature possibly several degrees below freezing point; for most of the cells are not heated. . . . Imagine such an one, haunted by 'visions,' unable to sleep, and not seldom in bodily pain from some injury or internal trouble, the atmosphere reeking from the contents of the rubber chamber utensil, or from the excrement which he has smeared upon the walls and floor of the cells, and even upon his own person—for this is by no means uncommon in maniacal and demented cases. Can the reader be surprised that the place often gives its occupant the horrors, and that he does his best to escape from it? . . . Where single rooms are in use, they should at least be warmed and properly lighted and ventilated, and have some similitude to the habitations of human beings instead of resembling rather the lair of wild beasts."

THE COMMISSIONERS.

"I shall be asked, of course," says Dr. Lomax, "what the Board of Control was doing to allow the existence of such a state of things. The Commissioners visit the asylums in the United Kingdom every year, and their sole duty is to inspect and report. I always smile when I think of the official visits of these gentlemen, which I was privileged to witness, as I always smile, though somewhat cynically, when I read their 'Asylum Reports.' Although these visits are supposed to be surprise visits, owing to some mysterious telepathy that exists between asylums, they seldom are. The inspection lasted a day and a half, and on the surface was fairly thorough. . . . One courageous Commissioner, I forget which, even tasted the soup served to the male patients, and remarked, with rather a wry face, that it was 'Very good; very good indeed!' 'Have some more, old cock,' ejaculated *sotto voce*, a jocular lunatic hard by."

GLASS BREAKING.

Whatever the necessity for isolation as a precautionary measure Dr. Lomax insists that "for punitive purposes it should be sternly prohibited, even when offences are committed. Such a habit as 'glass breaking' for instance, is, in most cases a disease; it is often a phase of 'claustrophobia' or fear of shut-in places, and is really an involuntary reaction against confinement in all its forms, which all lunatics, and

prisoners of every kind are liable to; and to 'punish' such a nervous reaction by still closer confinement is not only inhumane, it is illogical."

PUNISHMENT AND DISCIPLINE.

Dr. Lomax is of opinion that few of those in actual charge of lunatics realize the essential difference between punishment and discipline. "The first thing an attendant, male or female, thinks of when a patient 'breaks out' as it is called, is to 'punish' him, and some medical officers even will support this view. Yet in very many cases it is not the patient but his malady that is responsible. In such cases it is as rational to punish a mental patient for refractory behaviour as it would be to punish a typhoid fever case for a rise of temperature.

THE ESSENCE OF INSANITY.

"A knowledge of right and wrong is not the same thing as the power to put it into practice. When insane people do what they know to be wrong, they mostly do it not because they are deficient in knowledge, but because they are deficient in self control. Lack of self control is the very essence of insanity. Such patients act upon an uncontrollable impulse, and can't help what they do. But it is as difficult to get attendants to see this as it is to get some Judges. Because sane persons have the power of self control when they are annoyed or injured, such persons are apt to assume that lunatics must have it. But this is just what most lunatics lack. The very definition of a lunatic, at law, is one 'who is not responsible for his actions.' If he were responsible, and his actions were punishable, he would not be in an asylum, but in jail."

Glass breaking is one of the most heinous offences in the eyes of an attendant. "Why? Because it is a means by which a patient may do himself serious injury, or even commit suicide? Partly, no doubt, but chiefly because an attendant for this very reason is likely to be charged with neglect, and get himself into trouble. It is *the injury to themselves* that most attendants are thinking of, much more than the possible injury to the patient. For patients may not only commit suicide by this means, they may even escape, and in either case the attendants are likely to get into serious trouble. That is what in their eyes constitutes the heinousness of the offence."

MEDICINAL RESTRAINT.

"'Medicinal' or 'chemical' restraint is restraint by means of drugs, which are chiefly sedatives, like morphia, opium, hyoscine, bromide, &c. Hypnotics, like chloral, sulphonal, and paraldehyde, and the more powerful purgatives like castor oil. It goes without saying," says Dr. Lomax, "that drugs of this nature have to be constantly employed in asylums, but it should also go without question that their employment should be conducted with the greatest care. The indiscriminate and thoughtless use of powerful drugs is one of the greatest evils in modern asylum

treatment in England, and in my opinion is productive in many cases of the greatest harm."

CROTONS.

While realizing the need of aperients for insane patients Dr. Lomax is of opinion that they should be carefully prescribed. "I have," says Dr. Lomax a very grave indictment to bring against the medical usage of most public asylums in this matter. When I first took office I found the use of croton-oil almost universal. This powerful purgative was only dispensed in two minims capsules (a very strong dose), and not a day passed without the attendants specifying a certain number of cases in each ward that required 'crotons.' In some cases the patients were constipated and really needed an aperient; in most they were simply troublesome or refractory, and this was the recognised method of 'taming' them or keeping them quiet. . . . This routine employment of croton oil as a means of maintaining order is sheer cruelty, and to be sternly deprecated. . . . I have little doubt in my own mind that it is the indirect cause of more cases of 'colitis,' or 'asylum dysentery,' than is ever suspected. 'Asylum dysentery,' of course is due to a specific organism, but it needs a favourable soil to thrive in, and what more favourable soil for its reception and transmission can be imagined than a bowel weakened and inflamed by constant and drastic purgation? The bowels, after a strong croton purge, may be opened ten or twenty times. Often there is severe griping as well, and the patient may be violently sick. The pulse rate is markedly lowered, feeble cases may become blue and cyanotic, and may even faint. . . . The effects are not simply those of purging, the bowels are not merely opened, they are scoured out, and, as the strips of mucus found and the stools testify, not only scoured but flayed."

(To be concluded.)

PRACTICAL POINTS.

FIVE HOURS' IRONING FOR A PENNY.

Now that so many people have a number of small articles washed at home, ironing day becomes a matter of importance. The British Commercial Gas Association, 30, Grosvenor Gardens, S.W.1, draws attention in this connection to the deservedly popular internally-heated gas iron.

With the old-fashioned flat iron a considerable amount of time was wasted in heating, and when the iron was heated it was often found to be too hot for the work on which it was to be used. Moreover, soot and dirt from the iron often caused soiled linen, and great care had to be exercised in cleaning the face of the iron each time to prevent this possibility.

All of these drawbacks disappear when the internally-heated gas iron is used. Its brightly polished exterior is always perfectly clean, and it glides with ease over the material. The gas jets are actually inside the iron itself, the supply of gas being brought to the iron by means of a

small flexible tube connected to the nearest gas "point" in the room. This tube is quite light and does not in any way interfere with the ironing operation. The gas is regulated by a tap on the iron itself so that it can be turned on full when the article has to be ironed wet, or lowered considerably when silk blouses and other apparel requiring a cool iron are being dealt with.

The gas iron saves all the labour entailed in running to and from the fire in order to re-heat the iron, and it gives off no smell. It is extremely economical in its consumption of gas. Ironing can be done with it for slightly under a farthing per hour, as reckoned at the average price of gas in the country to-day; that is to say, five hours' ironing will cost about one penny for gas. The price of an efficient and reliable gas iron is within the reach of the poorest artisan.

OUTSIDE THE GATES.

It is most disappointing to women that after all the work that has been put into the Criminal Law Amendment Bill, and the Guardianship of Infants Bill, and all the support they have received from both men's and women's organisations that they should fail to pass into law. The former, though technically thrown out in the Lords, was really wrecked in the House of Commons by the introduction of a wrecking amendment by a group of members hostile to the Bill. The latter was not a controversial bill and it seemed fairly sure that it would pass as a non-contentious measure, but Sir Frederick Banbury managed to convert it into a technically contentious measure by introducing some trivial amendments, and so it could not be discussed after 11 o'clock. The system of government which permits such senseless blocking is really scandalous. No class suffered more from it than the nurses when the Bill for their registration was before Parliament; but the tactics they adopted of lobbying, not only by the officials of organisations but by the rank-and-file, showed their strong feeling, and made a great impression.

Women must be more emphatic in dealing with politicians, and it is high time Sir Frederick Banbury was personally picketed and told some home truths. Too much sweetness in politics is a mistake. Let other women follow the nurses' outspoken policy.

It would be well with the nation if all its members showed as patriotic and independent a spirit as an elderly mill worker in Dundee who refused to draw the unemployment dole, and between £7 and £8 accumulated to her credit, on the ground that it was improper for her to take such a sum when the State is so short of money.

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BOOK OF THE WEEK.

THE PRAIRIE MOTHER.*

The title of this book gives the key to the story, which purports to be penned by the person chiefly concerned—namely, the Mother herself.

It opens with a scene in the maternity ward whither she had been taken from her prairie home for the birth of her child, and gives some clever attempts to describe her sensations under an anæsthetic.

"I opened my eyes and saw a pea-green world all around me. Then I heard the doctor say: 'Give 'er another whiff or two.' His voice sounded far away as if he were speaking through the Simplon Tunnel. I took my whiff or two. I went down again into the pea-green emptiness and forgot about the pain and the hateful clink of steel things against the instrument tray, and about the loganberry pimple on the nose of the red-haired surgical nurse, who had been sent into the labour room to help. I went wafting off into a feathery-pillow pit of infinitude.

"Then I ebbed up out of the pea-green depths again, and was troubled by the sound of voices, so thin and far away I couldn't make out what they were saying.

"I saw a face bending over mine, seeming to float into space. It was the colour of a half-grown cucumber, and it made me think of a tropical fish in an aquarium when the water needed changing."

Finally, she identified the loganberry pimple and realised where she was.

"They were all smiling, the doctor, the tall young nurse, and the carrot-top with the loganberry beauty spot. There was perspiration on the forehead of the young nurse under the eaves of the pale hair crowned with its pointed little cap. She was still smiling, but she looked human and tired and a little fussed.

"Is it a girl?" I asked her. I had intended to make the query a crushingly imperious one. I wanted it to stand as a reproof to them, as a mark of disapproval for such untimely merriment. But my voice, I found, was amazingly thin and weak.

"It's both," said the tired girl in the blue and white uniform. And she, too, nodded her head in a triumphant sort of way as though the credit for some vast and recent victory lay entirely in her own narrow lap.

So, in addition to little Dinkie, aged nearly three, she has to face the prospect of return to her prairie home with too little babies, with only Iroquois Annie to assist.

I had to stay in that smelly old hole of a hospital and in that bald little prairie city fully a week longer than I wanted to, but they thwarted my purpose, and broke my will and kept me in bed until I began to think I'd take root there." But once back at Casa Grande she could see they were right, for a "vague feeling of neglect and desolation took possession of me, for I missed the cool-

handed efficiency of that ever-dependable 'special.'" But "she lightened the girths of her soul," and everyone who reads the book will have to acknowledge that she did it to some purpose.

She had a perfect genius for nicknames. In addition to Dinkie, there is Dinky-Dunk (her husband) and Popsey and Pee-Wee, the twins. She herself has a variety of nicknames.

At the outset of the story, Dinky-Dunk announces that "our whole appplecart has gone over," and she meets the beginning all over again with a courage, humour and resource that are truly delightful. She had a very different life before her marriage, but she "promptly put the lid on disturbing reminiscences." There should be no *post mortems* in this family circle; no jeremiads on what has gone before.

"I am the wife of a rancher who went bust in a land boom and is compelled to start life over again. We'll no longer quarrel about whether Dinkie shall go to Harvard or McGill. There'll be much closer problems than that I imagine before Dinkie is out of his knickers."

Dinky Dunk let her down badly in the matter of his cousin, Lady Alice, who came out to try prairie life, and when she offered him a hundred and fifty dollars a month to become her ranch manager his wife practically told him to choose between them.

"Do you think you're doing the right thing?" I demanded of my husband, confronting him with a challenge on my face and a bawling Pee-Wee on my hip. "While you're being lackey for Lady Alicia Newland I'll run this ranch, and I'll run it in my own way."

"I saw him push his chair aside and stride away from the caved in Yorkshire pudding, and the roast beef that was as cold as my own heart, and the indignantly protesting Pee-Wee who in some vague way kept reminding me that I wasn't quite as free-handed as I had been so airily imagining myself. For I mistily remembered that the Twins, before the day was over, were going to find it a very flatulent world. But I wasn't crushed. For there are times when even wives and worms will turn, and this was one of them."

She sets to work to run the ranch in a very efficient manner, and Popsey and Pee-Wee are fixed up in a carrying basket in front of the plough, but all her hopes are crushed by the ruin of her crops in a hailstorm.

This unusually delightful book ends with the re-instatement of Dinky-Dunk as husband and father. "There's a heap of good in my humble-eyed old Dinky-Dunk, too much good ever to lose him, whatever may have happened in the days that are over."

H. H.

A WORD FOR THE WEEK.

Those are not always lost days when our hands are not busy, any more than rainy days in summer are lost because they keep the farmer indoors. They are growing days.

*By Arthur Stringer. Hodder & Stoughton.

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 TRAINING OF LADIES IN ASYLUM WORK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The letter you published recently under the above heading was of immense interest, and, like everything from Miss Nightingale's pen, trenchant and fundamental.

I am afraid that even now we are a long way from realising her ideals; but this I am sure of—that although all patients need nurses of a high and refined standard, none need them so much as those in our mental hospitals; firstly, because by reason of their illness they are often trying to deal with; secondly, because the brain is the most delicate and complicated organ of the body; and lastly, because, of necessity, mental patients are peculiarly dependent on the kindness and understanding of those in charge of them.

Yours sincerely,

A RELATIVE.

PRISONERS AND CAPTIVES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The article on "Hospitals in State Prisons" last week drew attention to several points that need emphasising. "I wonder how many people realise "the strain on a man due to his trial," and the need for some consideration of the condition of the man (or woman's) nervous system when first admitted to prison. . . . There is no occasion for softness, nor should our aim be to make a prisoner's life a pleasant one, else his sentence fails in its object which is punitive and deterrent. But while a man in sound health is rightly made to bear the punishment for his crime the aim should always be remedial—to make him a better citizen when once again he is at liberty. And for the man who is not in sound health, or whose mental condition is such that he is, in some degree at least irresponsible, obviously the first essential is that he should be graded accordingly, and to this end should undergo a medical examination on admission with subject classification. No one acquainted with the inside of a prison, or who studies the physiognomy of criminals, can doubt that mental disease or disability plays an important part in their manufacture. When the nation seriously tackles the question of eugenics there is little doubt that there will be a material decrease in our criminal population.

In the meantime, in addition to the medical staff let there be a nursing staff in every prison, for trained nurses can do much for our "prisoners and captives," both for those sufficiently ill to be admitted to the prison infirmary, and also for that considerable number of prisoners in a women's

prison those suffering from venereal diseases. Male nurses might in the same way find their vocation in caring for male prisoners similarly affected. There is also plenty of scope for nurses in looking after the health of the prisoners and in dealing with minor ailments as they arise. Do not let us forget that those living behind closed doors, whether in prisons or asylums, are benefited by public opinion and public interest.

Yours faithfully,

EUGENIST.

THE BEST NOT GOOD ENOUGH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The sympathetic article in your last week's issue of the B.J.N. on the Hospital of the Ministry of Pensions at Orpington should serve to help re-kindle in nurses the enthusiasm for the broken heroes so noticeable in the War.

The best is not good enough for these men, and the Ministry of Pensions Nursing Service should never fail to attract the very flower of our profession, which will provide, as "M. B." truly says, the greatest vocation which any nurse could desire.

Yours faithfully,

SISTER.

KERNELS FROM CORRESPONDENCE.

IN THE CHILL DAWN.

Miss E. E. *Please, Dorking*, writes: "I have been on night duty for two years; it is a war job, and will soon end now. I expect it will be my last, too. I am tired, after 30 years. Still, I have had a good time on the whole, and would be a nurse again, if we could only begin again, and leave out all the mistakes. I have kept two anniversaries of Edith Cavell's death in the chill dawn. Poor woman! What must she have felt like, going out alone to die."

REPLY TO CORRESPONDENT.

Dr. Preston Ball states in relation to anti-gout diet, that white meats are by no means free from purin-forming bodies, but if chicken or rabbit is given it should be boiled, not roasted. The meat from young animals, such as lamb, is to be avoided as young meat gives a very high percentage of purin bodies. Also all internal organs—Liver, Pancreas (or Sweetbread), Kidney, etc., for the same reason.

PRIZE COMPETITION QUESTIONS.

September 10th.—What do you know of summer diarrhoea, its causes, treatment and nursing care?

September 17th.—In what cases may profuse sweating occur as a prominent symptom? What are the causes of this sweating, and what its special nursing?

September 24th.—How would you prevent foot-drop, acute thirst, constipation, and vomitin after an operation?

The Midwife.

RATIONAL BIRTH CONTROL.

The question of birth control is one which, whether they desire it or not, is forced upon the attention of nurses and midwives, and they should be ready to give a considered opinion upon it in its many aspects. The Malthusian League, 124, Victoria Street, S.W. 1, since 1877 has been teaching the duty and methods of hygienic family limitation, and is now about to open a maternity and child welfare clinic under medical and nursing supervision.

From a series of articles published in the *Malthusian*, the monthly paper of the Malthusian League, and republished in pamphlet form, we learn something of the founder of the Malthusian doctrine, which we publish below.

MALTHUS AND THE MALTHUSIAN DOCTRINE.

So many misconceptions and representations have been in circulation concerning Malthus and his doctrine that a few details of his life and work may first be given.

Thomas Robert Malthus was born in 1766, at the Rookery, near Dorking, in Surrey, and was privately educated until he went to Cambridge, in 1784, and graduated as ninth wrangler in 1788, being elected Fellow of Jesus College in the year 1797. He then received holy orders, and became curate of Albury, in Surrey. At that time the flood of Utopian ideas following upon the French Revolution was at its height, and Mr. Daniel Malthus, the father, was much impressed with the writings of Condorcet and of Godwin, who, in his "Political Justice," sought to prove that human happiness was easily attainable by just institutions. The son, however, disputed this, pointing out that Godwin and Condorcet had overlooked the difficulty of the expansive force of population, and his father urged him to publish his views. In 1798, therefore, appeared anonymously the first edition of the "Essay on the Principle of Population," putting forward the principle that population tended to increase in a rapid geometrical progression, while food could only be increased much more slowly, and possibly more nearly in a steady or arithmetical ratio. With this principle Malthus proceeded to demonstrate the unsoundness of Condorcet's and Godwin's views, and thus began the conflict between the population doctrine and idealistic humanitarian schemes which has always caused it to be so detested by advocates of the latter.

Despite the vehement attacks on his work, Malthus was able to refute all objections, and he greatly increased the value of his Essay in later editions by travelling abroad and gleaning first hand and historical evidence in favour of the existence of powerful checks to population in the form of starvation, disease and war, on the one hand; or of prudent abstention from marriage or avoidance of childbirth, on the other.

The second edition of the Essay appeared in 1803, and in 1804 Malthus married Miss Harriet Eckersall, being soon afterwards appointed Professor of History and Political Economy at Haileybury College. The Royal Society elected him a Fellow in 1819, and he published a treatise on Political Economy in 1820, and formed, with Grote, Ricardo, James Mill and Tooke a Political Economy Club in 1821. He died from heart disease in 1834.

Malthus's life has been recognised by all writers as a most ideal one, and as being in perfect accord with his principles. The anonymous, and by no means highly sympathetic writer in the "Encyclopædia Britannica" says of him:

"Malthus was one of the most amiable, candid and cultured of men. In all his private relations he was not only without reproach, but distinguished for the beauty of his character. He bore popular abuse and misrepresentation without the slightest murmur or sourness of temper. The aim of his inquiries was to promote the happiness of mankind, which could be better accomplished by pointing out the real possibilities of progress than by indulging in vague dreams of perfectibility apart from the actual facts which condition human life.

"It will be observed that Malthus did not marry before the age of thirty-nine, in conformity with his own principles. We do not know the age of his wife, but there appear to have been only three children, two of whom survived him. The tales which are commonly told of him as having had a large family are pure inventions."

SOCIETY FOR CONSTRUCTIVE BIRTH CONTROL AND RACIAL PROGRESS.

A Society with the above object was established at a meeting held recently in the Hotel Cecil, of which membership is open to all who approve of the objects, and subscribe to the funds, without regard to nationality, religion or politics. The objects of the Society are (a) to bring home to all the fundamental nature of the reforms involved in conscious and constructive control of conception and the illumination of sex life as a basis of racial progress; (b) to consider the individual, national, international, racial, political, economic, scientific, spiritual and other aspects of the theme, for which purpose meetings will be held, publications issued, Research Committees, Commissions of Enquiry, and other activities will be organised from time to time as circumstances require and facilities offer; (c) to supply all who still need it with the full knowledge of sound physiological methods of control.

The President is Dr. Marie Carmichael Stopes, D.Sc., Ph.D., F.L.S., the Hon. Secretary Councillor H. V. Roe, and the Hon. Treasurer Aylmer Maude, Esq. A temporary office is being provided by Councillor H. V. Roe and Dr. Stopes at 61, Marlborough Road, Holloway, N. 19.

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EDITORIAL.

NEW WORLDS TO CONQUER.

We used to say—and to *feel*—in the days of the Suffrage Campaign, that opposition strengthened our Cause by infusing into us an accelerated determination to overcome, and to *win*. That is the spirit of the true reformer; it is the essential thing that reformers are made of. Nurses who have taken a share—large or small—in bringing about the reform of State Registration, have learned the great lesson that unflagging hope teaches, namely, tenacity of purpose. It must never be forgotten that a great reform crowned by Act of Parliament, gives *power* to individuals to produce subsidiary reforms. To amplify the idea. Girded with the panoply of power to act, let us *act*. We have new worlds to conquer, citadels of evil to overthrow.

The public conscience has recently been stirred by the book by Dr. Montagu Lomax, "The Experiences of an Asylum Doctor"—now being reviewed in this journal—and the Minister of Health has announced, in reply to a question in the House of Commons, that he has under consideration the question of possible reforms in lunacy administration and treatment.

Another field for conquest is the prison. We have long advocated that the sick prisoners should be nursed by fully qualified trained women. Among much good work which has been achieved by the Howard League of Penal Reform (formerly the Penal Reform League), founded by Capt. Arthur St. John, we must include an effort, crowned with partial success, to bring the trained nurse into the Prison Infirmaries. Perchance, some of the

most noble-hearted among our general-trained nurses may find in asylum nursing and prison nursing opportunities of bringing some measure of happiness to these most unhappy and pitiable classes of people? We hope that the reforms which we trust the Minister of Health will inaugurate, will result, among other things, in the attachment to the Asylum of the Registered Nurse.

The new nursing scheme for prisons was inaugurated 2 years ago. The scheme provides for male and female nurses. The former have usually had experience in the R.A.M.C. or the Sick Berths of the Royal Navy; they also undergo special training in Prison Nursing at Parkhurst, where there is a large hospital. With regard to the female staff, there exists at the present time in Holloway Prison, "a special Training School" for instructing the wardresses in nursing. The training is for six months in the Prison, with an additional three months' training at the London Hospital. There are, besides, five fully trained nurses, a woman doctor, and a former hospital matron, who is in charge of the "school." This is the beginning of better things, but it is far from being ideal. A hospital with a given number of beds is the only school of nursing. Nurses who are interested in the subject had better keep a watchful eye on Holloway prison, because it appears not unlikely that the pupils of the "Training School" will, in course of time, displace the Hospital trained nurse. A reform has begun, but it has not been established on the basis of efficiency, and therefore will not endure, we fear.

We cling tenaciously to our vision of some years ago—the Elizabeth Fry League of Prison Nurses. Let this be our vision and not merely a mirage.

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF SUMMER DIARRHŒA, ITS CAUSES, TREATMENT, AND NURSING CARE?

We have pleasure in awarding the prize this week to Miss Ména M. S. Bielby, Cranford, Middlesex.

PRIZE PAPER.

Summer diarrhœa, or zymotic enteritis, so-called because of its prevalence during the later summer months, is the final expression of cumulative gastric and intestinal disorders due to bacterial infection of food or water, and is Nature's effort to rid the intestines of their putrefactive contents. The disease is preventable; its mortality rate is high, and it is responsible for three-fourths of the deaths of infants during the hot months.

Causes.—The inception is due to a poor state of the general health caused by unsuitable and insufficient feeding. The disease is insect-borne, prevailing in overcrowded, insanitary areas where flies find every facility for breeding, and excretions of the human body, in latrines and spittoons, are easily accessible to them with food, water and vessels for eating and drinking. Lack of sleep and vitiated air in living rooms will accelerate the mischief. Breast-fed infants and those fed on uncontaminated milk usually escape the epidemic. It most frequently attacks lately weaned infants fed with unclean milk. The deadly dummy alone may account for many cases. In hot, dry weather the disease spreads rapidly, owing to the contamination of food by dust containing dried filth.

Symptoms.—The earliest include fretfulness, pain, persistent diarrhœa, the stools becoming slimy and grass green in colour, with a sour smell; coldness of the extremities; small, weak pulse; vomiting; depressed fontanelle; collapse and unconsciousness follow. Wasting is rapid owing to the great loss of fluid in the tissues. The temperature is sub-normal, 97 deg. or lower. Intussusception through irregular peristalsis may occur owing to the deranged condition of the controlling nerves. The advancing disease may involve the peritoneum, resulting in mucus, sloughs and blood being passed. The most severe cases terminate fatally after a few days. Treatment begun in the earlier stages yields a more favourable prognosis.

Treatment.—Medical aid should be summoned immediately, and until its arrival the child should be given nothing but albumen

water made with half a pint of cooled boiled water and the white of one fresh egg, cut up but not beaten. About half an ounce of this should be given hourly. The doctor will prescribe medicine, to be given either by mouth or to be injected by a small rubber catheter. Strychnine may be ordered, hypodermically, in case of shock. Diet and warmth are the two chief points to consider.

Nursing Care.—An infant should be clothed in gamgee tissue; an older child in woollen garments. Adequately protected hot water bottles, each requiring refilling at a different time, should be placed at the foot and on either side to ensure steady warmth. A cot may be placed in a tent formed of a clothes-horse and blankets, the air of the outer room being kept fresh.

As the stool is very irritating the parts round the anus should be gently washed each time either with barley-water, or a bland, antiseptic soap such as the wood-tar soap, then patted dry and anointed with Borofax or boracic ointment. Whey, made with rennet, may be ordered, or raisin-water. Milk may be added to the albumen water directly it can be retained. The safest form of milk to give is Allenbury's Diet, prepared by Allen and Hanbury, or Glaxo, as these are germ-free, contain over 25 per cent. of butter fat, and like human milk form fine flakes instead of solid curd in the stomach. They also contain the valuable vitamins. Nourishment should be given hourly, and in small quantities. As recovery progresses, Virol may be added first to whey, then to rice or barley-water. Allenbury's Diet or Glaxo later taking the place of the latter. Accurate and full reports should be made every day.

The prevention of this disease may be secured by denying the house-fly access to human excretions until the public are educated to perform their part in exterminating the former; by boiling all drinking water; feeding the infant on germ-free milk, abolishing the use of the dummy, and, by cleanliness generally, maintaining a condition of health resistant to infection.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, Miss Mildred M. Comer, Miss Mary Frost, and Miss Kate Martin.

QUESTION FOR NEXT WEEK.

In what cases may profuse sweating occur as a prominent symptom? What are the causes of this sweating, and what is its special nursing?

THE ERADICATION OF VENEREAL DISEASE.

THE ONE SURE WAY.

Sir James Crichton-Browne in his valedictory address at Bath, as President of the Sanitary Inspectors' Association, chose as his subject the question of venereal disease. It was, he said, one that one would rather not refer to at such a gathering, but he would be guilty of dereliction of duty and culpable prudery if he refrained from indicating what he believed was the one sure way—and that was not a clinic—of coping with this growing evil, which he described as a hidden assassin.

He stated that last year 2,023 deaths in England and Wales were due to syphilis and 2,103 to other venereal diseases. These figures, however, afforded not the slightest conception of the havoc wrought by these maladies. Not less than 10 per cent. of the population of our large towns were infected with syphilis, and a much larger proportion with gonorrhœa. Gonorrhœa was prolific of sterility, blindness, and of rheumatic and joint affections; and syphilis was the direct cause of a vast number of cases of abortion, miscarriage, still-birth, and infant mortality, and, as a hidden assassin, was undoubtedly responsible for a large number of deaths attributed to other causes, such as aneurism, angina pectoris, Bright's disease, and cerebral hæmorrhage. Syphilis is the sole cause of general paralysis of the insane, which killed 2,000 people in this country annually, and it was the inexorable bane of those wretched men they saw staggering about with locomotor ataxy. It was a secret poison that had until recently been allowed to circulate freely, slaying our people, undermining their manhood, and producing widespread invalidism and industrial incapacity.

SELF-DISINFECTION.

There is, he said, the clearest and most definite medical evidence that the spread of venereal disease can be prevented by the adoption of methods of immediate self-disinfection. The first suggestion of this was met with shouts of protest. It was pronounced a premium on vice and an encouragement to promiscuous sexual intercourse by removing the risks attending it. But the very persons who thus condemned immediate personal disinfection were at the same time advocating the provision throughout the country of what they called early treatment centres, to which persons who had been exposed to infection might resort as soon as possible after exposure and be subjected to skilled cleansing.

FALSE COLOURS.

These early treatment centres were launched under false colours. In the case of persons resorting to them soon after exposure, there could be no treatment, for no disease could then have

developed—and in a large number of them not disease would develop if nothing were done. It was simply preventive treatment under a misleading label that was offered, and preventive treatment not as likely to be effectual as immediate personal disinfection, because delayed until the organism had had time to ensconce itself where it is difficult to follow it. But if immediate personal disinfection is objectionable because it might lead to an increase of vice, this so-called early treatment is in precisely the same category, for it too would confer a sense of security and so encourage promiscuous sexual intercourse.

DETERRENT EFFECT OF DISEASE EXAGGERATED.

The deterrent effect of venereal disease is hugely exaggerated. If it is an effectual deterrent, why is the disease so disastrously prevalent?

MANY MEASURES NECESSARY.

In our campaign against venereal disease many measures are necessary. We must have the suppression of unqualified quacks and herbalists, who have done so much mischief, and the prohibition of their alluring advertisements. We must have the improved and special teaching of the pathology and treatment of venereal disease to medical students and practitioners in our medical schools. We must have a network of clinics and hospitals throughout the country in which treatment by the most modern and approved methods can be carried on, and hostels for the prolonged treatment of women and girls. We must have laboratories in which pathological investigation and diagnostic work can be carried out.

THE SUPERVISION OF CONTACTS.

We must have the supervision of contacts and the effective following up of all disclosed cases. But, above all, we must have the education of the public as to the incidence and dangers of venereal disease and as to preventive measures, amongst which immediate personal disinfection must take the first place. That is, I am convinced at the present hour, our best weapon in combating venereal disease. What we have got to do is to spread a knowledge of the means of disinfection, and to afford ready access to them, simple and harmless as they are, so that those who perversely and blindly insist on satisfying their appetites in a depraved way, may protect themselves against loathsome disease, which, if contracted, will in all probability be communicated later to unoffending women and children, and the cure of which cannot be guaranteed.

The statement of the Ministry of Health that self-disinfection is likely to be ineffective owing to the inherent difficulties of ensuring that the disinfectant is properly applied is not according to knowledge. There is no more inherent difficulty in the process than in brushing the teeth, and effective application of these disinfectants is ensured by its very nature.

NURSING ECHOES.

The Journal of the Chelsea Infirmary Nurses' League has made a welcome reappearance after a three years' silence, and the Editor, Miss Eleanor Barton, emphasises fine progress in professional affairs in the interim. "The Nurses' Registration Act has been passed, and in future all those who conform to the necessary regulations and standards can receive the title of Registered Nurse." Fine news indeed!

Miss Alicia Lloyd Still, matron of St. Thomas's Hospital, regrets she cannot contribute an article, but she sends a little letter in which she says: "Tell your people to hold to their glorious heritage, and to keep before them the 'privilege of service' and the 'joy of work.' Without our ideals we can only work in the shadow, and without any sunshine." Would that our Government would instil this lesson into politicians and the proletariat!

It is recorded that Cupid appears to have been abnormally active among the nursing staff of the Chelsea Infirmary, and wedding bells have been a-ringing right happily far and wide. We always rejoice at the marriage of well-trained nurses, because they are trained home-makers "in sickness and in health," and skilled caretakers of the future generation. We therefore disapprove of the "strict injunction" given to both Webb in the Hall and Connell at the gate that, "should Cupid again seek admittance to the Chelsea Infirmary, he is to be vigorously excluded." As "love laughs at locksmiths," we advise both "Webb" and "Connell" to wink the other eye upon the approach of the daring little sprite with his darts.

Are corridor carriages safer than the old type? Maybe, and yet for thieving possibilities they are apparently more accessible—and also for thrills. Recently returning from the North in a first class coach of only two compartments with easy exit, we had quite a penny novelette experience. We were alone, and noticed in passing through little tunnels there was no light. After Rugby we plunged into one of the longest tunnels in England—and into Cimmerian darkness—not a glimmer. We heard a footstep in the corridor, and as we flashed by the first light shaft, we caught the glimpse of a man standing outside the open door, with a flashing steel instrument in his right hand! We listened intently and realised that he had entered our compartment: a second of silence—and then he struck a match

and proceeded to light the gas! We of course pointed out to him the neglect and danger of subjecting travellers, especially women alone, to such conditions, and also his lack of sense in silently entering the compartment in the dark, half-way through a tunnel. He mumbled excuses and departed, his steel ticket clipper still shining in his hand. Being of an imaginative temperament, we amused ourselves whilst continuing our journey, with constructing sensational crimes out of this episode—and it is quite extraordinary how easy it would have been to commit such and to escape!

We doubt if the murderer of poor Miss Nightingale Shaw will ever be brought to justice.

We learn with pleasure that the progress of Miss Cox-Davies has been so good since her serious illness that she has been moved to Brighton for convalescence, and that she is making so excellent a recovery that she hopes to be able to resume her hospital duties at the Royal Free Hospital, early in October.

Writing in the *Times* on Monday last on "More Women than Men—Some Benefits to the Community," Miss Eleanor F. Rathbone makes out a good case. "If the number of the sexes could be equalised," she writes, "the great majority of women would probably marry fairly early in life. What would be the effect of this? First, there are certain skilled occupations of considerable value to the community which belong essentially and almost exclusively to women, e.g., the teaching of girls and young children, sick nursing, midwifery, most branches of social work, the needle trades, domestic service. All these occupations would suffer greatly if there were no reserve or an inadequate reserve of older and more experienced women to train, supervise, lead, and organise the rest. The rank and file of the workers would become less efficient, not only from the loss of these leaders, but because they would have very little motive to excel if it were tolerably certain that they would remain only a few years in their trade. Imagine what a man's skilled occupation would be like if it were recruited exclusively from among youths 'with expectations,' who looked forward to a probable summons at any time between 20 and 30. The ungrateful press man who talks of 'surplus women' deserves to be nursed in his next illness by an engaged young woman of 25, trained in a hospital where there has been neither matron nor sisters."

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Committee for Classifying Applications for Registration will meet three afternoons weekly to prepare papers for the Registration Committee to facilitate its mass of work of recommendation to the General Nursing Council. We are glad to know that thousands of forms have already been applied for, and in consequence the correspondence in the office is enormous. Questions must of course be asked and courteously replied to, but if when nurses receive their forms they will realise that in making application for registration each one, to whatever society she may belong, must carefully carry out instructions, hundreds of letters and stamps might be saved. Members of the College of Nursing, Ltd., for instance, must realise that Statutory Councils, that is the General Nursing Councils set up by Acts of Parliament, cannot depute their responsibility to any outside body, and that no other body has any authority to usurp the powers granted by Acts of Parliament to the three General Nursing Councils, and to pretend to register nurses. The R.B.N.A. has wisely discontinued its voluntary Register, and the sooner the College does likewise the sooner trained nurses will cease to complain that money is being taken from them under a misapprehension—if not unjustifiably.

GENERAL NURSING COUNCIL FOR SCOTLAND.

NOTE OF PROCEEDINGS AT MEETING HELD AT 13, MELVILLE STREET, EDINBURGH, ON FRIDAY, SEPTEMBER 2ND, 1921.

Before proceeding to the business of the Meeting, Miss Milnes, Vice-Chairman of the Council, made reference to the sudden death of Captain C. B. Balfour, C.B., the Chairman of the Council, and it was unanimously resolved that the Council record their sense of the severe loss which they had sustained in the death of the Chairman, and their appreciation of the interest which he took in the affairs of the Council, the valuable help which he had given them so freely in many ways, and his unflinching kindness and courtesy to all while he acted as Chairman of the Council. The Council further resolved to tender their sincere sympathy to Lady Nina Balfour and the family of the late Captain Balfour in their bereavement, and the Registrar was instructed to forward to Lady Nina Balfour an excerpt from the Minute of Meeting.

The Registrar reported that the Rules were approved by the Scottish Board of Health on July 29th, 1921, and that, as instructed, he had advertised the fact in the Nursing Press and certain other newspapers.

The Council approved the arrangements made in regard to the opening of the Register, and after discussion, it was decided that the Registration fee for nurses in training before issue of the Rules should be the same as for existing nurses, namely, £1 1s. for the first part of the Register, and 10s. 6d. for any subsequent part.

It was resolved that copies of the Rules should be sold at 1s., copies of the Syllabus for General Training at 1s., Syllabus of Training of Sick Children's Nurses, 1s., and Short Syllabus of General Training suitable for distribution to Probationers, 2d., in addition to postage in each case.

The Registrar reported that over 500 applications for forms had been received from nurses desiring to register, and the Council admitted to the Register a number of nurses whose applications had been passed by the Registration Committee.

A LOSS TO THE COUNCIL.

It is with deep regret that we record the sudden death from heart failure of Captain Charles Barrington Balfour, C.B., of Newton Don and Balgonie, Berwickshire, Chairman of the General Nursing Council for Scotland and Lord-Lieutenant of Berwickshire.

The funeral took place at the private cemetery of Newton Don, at which the Earl of Howe represented the King, and among the many messages of sympathy received by Lady Nina Balfour was one from the King and Queen in the following terms:—"The King and Queen are grieved to hear of your sad loss and also of that his Majesty has sustained through the death of his representative in the County of Berwick. Their Majesties desire me to assure you of their heartfelt sympathy in your sorrow.—STAMFORDHAM." A telegram of condolence was also received from Princess Christian.

We offer our sincere sympathy to the General Nursing Council for Scotland in the loss it has sustained.

THE PASSING BELL.

We deeply regret to announce the death of Canon Fleming, the greatly beloved "Father Fleming," the Roman Catholic Chaplain known to generations of Bart.'s Nurses for the past forty years, and whose devoted ministrations to his flock commanded the admiration of all.

In the absence of Cardinal Bourne, Dr. Butt, Roman Catholic auxiliary Bishop of Westminster, presided on Monday at the funeral, at St. Mary's, Moorfields, E. Two other Bishops were also present, and in the choir were over a hundred priests from different parts of London. There was a very large congregation, which included a deputation of nurses from St. Bartholomew's Hospital, including Miss Helen T. Baines, Assistant Matron, and Sisters Lucas and Sitwell.

The League of St. Bartholomew's Hospital Nurses sent a lovely cross of mauve asters, white lilies and stephanotis.

Afterwards the body was interred at St. Mary's Cemetery, Kensal Green.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE CLUB AND ITS ACTIVITIES.

The holiday season is gradually drawing to its close, and we hope that Members of the Association will now turn to their Club for that rest and recreation which all require if the effect of the holidays is to be lasting. We shall announce at some later date the lectures and social gatherings which are to take place during the Autumn and Winter months, and meantime shall be glad to receive, from nurses, any suggestions as to what special activities they would like their Association and its Club to undertake during the coming season.

We have just heard that Miss Christie, of Cowden Castle, Perthshire, has promised to give one of the lectures. Miss Christie is not only a famous Eastern traveller, but she is a very fascinating speaker, and we look forward very much to her lecture, which will be illustrated by lantern views of places she has visited. Incidentally we may state that she has penetrated into parts of Central Asia which have been visited by no other woman traveller. We are also requesting other well-known people to lecture before the Association, but hope some of the nurses themselves will undertake to give addresses on their special subjects. Mr. Paterson, the Medical Honorary Secretary of the Corporation, has very kindly promised to "get up an evening" for us.

But, apart from these, we hope that nurses will individually co-operate in making the Club a real gathering place for the Corporation. Nothing could tend more to foster the feelings of comradeship that exist among its Members than the determination, on the part of each one, to have her share in the life of its Club, and so to come into actual personal touch with the Association. We therefore suggest that each Member resident in London should endeavour to spend at least one evening in the week at her Club, and that each one resident in the provinces should make a point of giving herself, every year, one holiday—even if it be but a week-end—at the Club. Apart from the fact that this will bring her so much more into the actual life of her Association, the Club offers splendid opportunities for entertaining one's friends in town. It is within easy reach of all the places of interest in London, and a visit to it is likely to lead to new friendships and to send one back to work with that mental refreshment which a trip to London cannot fail to give.

We very much hope therefore that, both for their sakes and our own, the Members will consider our suggestion and, in return, we will use every effort possible to make their visits to the Club as full of enjoyment and pleasure as we can; we London Members will look forward very greatly to making the acquaintance of many whom we have often wished to meet but, so far, have only known through the medium of a pen or a typewriter.

THE TRAINED NURSES' ANNUITY FUND.

The work parties in connection with the Trained Nurses' Annuity Fund will commence again on Monday the 12th inst., at 7.30 p.m. The Annual Sale of Work on behalf of the Fund takes place in the late autumn and, owing to the greatly increased amount of work which the office staff have had to cope with during the past six months, the preparations for the sale are not nearly so advanced as we should have liked. We hope therefore that every member who can will come to those work parties in order that we may have soon a large stock of articles in readiness for the Sale. The money obtained for those contributed by members of the Association will be used towards founding the Amy Elizabeth Good Annuity, and we hope, through the forthcoming Sale, to complete the full amount required for this purpose, because, as will be remembered, when the nurses of the R.B.N.A. decided that there should be an Annuity to the memory of "An Unknown Nurse," her Royal Highness the President commanded that the amount then collected towards the foundation of the third "Princess Christian Annuity" should go instead towards founding the Annuity which was to perpetuate the memory of the little working nurse who had so many friends among her co-workers in the Association and who was taken so early from their ranks. We trust that the remembrance of this gracious act of Her Royal Highness and her appreciation of their desire to keep alive the memory of one of their fellow members will inspire the R.B.N.A. nurses to do what they can to make the forthcoming Sale a success. The Princess, with that practical sympathy which she gives to all the efforts of the nurses, has said that she herself will do some work to help in founding this particular Annuity.

MARRIAGE.

Intimation has reached us of the marriage of Mr. Scheider, a famous geologist in India, to Mrs. Green, M.R.B.N.A. (*née* Macdonald), widow of the late Dr. Green, formerly Medical Officer of Sarawak. We offer to Mr. and Mrs. Scheider our sincere good wishes.

THE LATE CANON SHEPPARD.

Members of the Association who were present at the opening ceremony of the Club on May 18th will have seen with deep regret the announcement of the death of Canon Sheppard, Sub-Dean of the Chapels Royal. When Her Royal Highness, the President of the Association, requested him to offer prayers for a blessing on the nurses' new "home from home" he at once consented to do so, and we shall long remember not only his beautiful prayer on that afternoon but the pleasure which it gave to all to have his kindly presence with us on one of the great days in the annals of the Nurses' Association.

Canon Sheppard had for long been an intimate friend of the Members of our Royal Family, one whom they all held in great regard, and he was also sincerely beloved by a very wide circle who mourn the passing of a great-hearted man, and a clergyman whose simple dignity was so much in keeping with his high office in the Church.

A LITERARY SOCIETY.

As we announced in our issue of August 13th it is suggested that a literary society shall be formed in connection with the R.B.N.A., and we shall be glad to hear from members of the Association and their friends who are prepared to join this. The subscription will be one shilling annually. Already we have been promised a lecture on Napoleon by a well-known authority, while Miss Parsons has undertaken to give us "An Evening with Kipling," and Miss Holmes will speak on some other evening of the writings of Maeterlinck. We shall be glad to have any suggestions for the programme of the Literary Society from our readers.

GIFTS FOR THE CLUB.

We acknowledge with thanks the following gifts for the Club:—Mrs. Hayes-Palmer, cake, home-made jam and flowers; Mrs. Rice Oxley, volume of *Punch* (1920), and Miss Florence Kent, flowers. From the following members of the Corporation we also acknowledge the following gifts, with thanks for their kindness:—Miss Bishop, Miss Cattell and Miss Cox Sinclair, flowers; Miss Conway, cake and flowers; Miss Morgan butter.

DONATIONS.

The Hon. Treasurer acknowledges, with thanks, the following donations to the General Funds of the Corporation:—Miss Fraser, £1 5s. 8d.; Mrs. Raikes, £1 1s.; Miss Fisher, £1; Miss Griffin, £1; and Miss Sadlier, 5s.

HEALTH WELFARE WORK IN FACTORIES.

The subject of health welfare work in factories, a question of great interest to trained nurses, was discussed at the annual meeting of the Batley District Nursing Service. In an address on "The Place of a Nurse in a Factory," Dr. Rhoda H. B. Adamson, M.D., B.S., Leeds, said insufficient attention had been paid in the past to the question of the health of the people engaged in industry. But it had now been found that the industries that looked after the interests of their workpeople were the best paying industries, as they received better return from the people at work, and the workpeople had what was spoken of as "a long life in the industry." During the war medical departments supervised the health of the workers in Government factories, and in connection with each there was also an ambulance department. That idea was now being enlarged to some extent by a Home Office Order in relation to welfare work in factories.

Dr. J. H. Woods, J.P., said a definite attempt was being made to humanise industry, and it was certainly time industrial life was made more human. To help in such cases as that health centres attached to industrial concerns would be of great service. The establishment of such institutions would be of the greatest value both in the interests of output and of health.

CORRESPONDENCE.**TO MEMBERS WHO LOVE FLOWERS.**

To the Secretary of the R.B.N.A.

DEAR MADAM,—The description of the Japanese garden last week was very pleasant reading to some of us who have had no opportunity of getting far afield this summer. Certainly a Japanese garden in the Highlands sounds quite enterprising, and it has given me an idea. Why should not the Association have yet another sprout in the shape of a horticultural society of its own? I agree that a roof garden is out of the question just at the present time, but some of the members who love flowers might well join together to make the very most of the conservatory and that fine balcony outside the drawing room. I should like to see the latter ablaze with geraniums next summer, and in the conservatory I should like a rock garden with lots of green ferns and creeping plants, a tiny lake with gold fish and a trickle of water to supply it, which would sound so delightful when we enjoy the restfulness of the lounge and look out on a beautiful green conservatory. Think about it.

Yours sincerely,

C. LIDDIATT.

NOTE.—Miss Liddiatt's suggestion is excellent, and we shall be glad to hear from members who will act as Hon. Gardeners to the R.B.N.A.

(Signed) ISABEL MACDONALD,
Secretary to the Corporation.

RECONNAISSANCE FRANCAISE.

British Nurses who served France during the Great War by caring for its sick and wounded have in certain instances been honoured by the President of the French Republic by the award of the Medal and Certificate of the Reconnaissance Française.

This beautiful Medal presents on its face the figure of a woman caring for a stricken soldier, and on the reverse the words "Reconnaissance Française." The Riband is of white watered silk, bordered with narrow lines of red and blue. The Certificate is very handsome. Headed République Française—France, represented by a typical woman of the people, with her foot on the head of hate and scorpions of war, her right hand extended, and her left over her heart—is wonderfully expressive of gratitude.

Amongst the recipients of the Reconnaissance Française are many Sisters of the French Flag Nursing Corps. Mrs. Bedford Fenwick, the Hon. Superintendent of the Corps, has received with her Medal the following letter from the Vicomtesse de la Panouse, the President of the British Committee of the French Red Cross:—

Madame Bedford Fenwick,
20, Upper Wimpole Street, W.1.

CHERE MADAME,—

J'ai la tres grande joie de vous envoyer aujourd'hui une chose que je vous ai souhaitée bien vivement et depuis longtemps.

Je voudrais que cette décoration de la Reconnaissance Française, toute modeste qu'elle soit, vous dise avec la gratitude de mon pays, toute ma profonde et affectueuse admiration pour le bien immense que vous avez fait, en aidant et soulageant mes malheureux compatriotes pendant la guerre.

Croyez bien, chère Madame, avec sentiments les plus reconnaissants, et les meilleurs,

VICOMTESSE L. DE LA PANOUSE.

The British Committee
of the French Red Cross.
9, Knightsbridge, Hyde Park Corner,
London, S.W.1.

TERRITORIAL FORCE WAR MEDAL.

His Majesty the King has been graciously pleased to approve of a special medal, to be known as the Territorial Force War Medal, being granted to members of the Territorial Force and Territorial Force Nursing Service who volunteered for service overseas on or before the 30th September, 1914, and who rendered such service during the war of 1914-19.

2. Provided the claims are approved by the Army Council, the medal will be granted to members of the Territorial Force and Territorial Force Nursing Service who:—

- (a) Were serving with the Territorial Force on the 4th August, 1914; or
- (b) Had completed a period of not less than four years' service with the Territorial Force before the 4th August, 1914, and rejoined

that Force on or before the 30th September, 1914,

Provided that they:—

(i) Undertook either verbally or by written agreement, on or before the 30th September, 1914, to serve outside the United Kingdom, such agreement being operative after the 4th August, 1914, and

(ii) Were passed as physically fit for service overseas between the 4th August and 30th September, 1914, both dates inclusive, and

(iii) Served outside the United Kingdom between the 5th August, 1914, and 11th November, 1918, both dates inclusive, and

(iv) Did not qualify for the award of the "1914 Star" or the "1914-15 Star."

3. Officers i/c records will prepare, on printed forms to be obtained from the Secretary, War Office (A. G. 10), nominal rolls, in duplicate, of individuals entitled to the medal, and forward them, as soon as practicable, to the Secretary, War Office (A.G. 10).

4. Officers and nurses if not now serving, will submit their claims direct to the Secretary, War Office (A.G. 10); if now serving, through their present commanding officers or heads of departments, stating the dates of signing the agreement to serve overseas, and first proceeding overseas; also their rank on the latter date.

In the case of deceased officers, nurses and other ranks, applications from their legatees or next-of-kin should, in the former cases, be addressed to the Secretary, War Office (A.G. 10), and, in the latter case, to the officer i/c records concerned.

5. The names of officers and warrant officers will be entered on the rolls in order of rank, and those of non-commissioned officers and men in alphabetical order. The rank and regimental number entered on the rolls will be the highest recorded rank held by an individual on the date of first proceeding overseas.

6. The names of individuals who have forfeited the medal under conditions laid down in the Pay Warrant are to be included in the rolls, their names being entered in red ink and the cause of forfeiture stated in the column for "remarks." The names of individuals who have become non-effective by death, transfer, discharge, &c., should also be entered in red ink, and the cause stated in the column for "remarks."

PRELIMINARY ISSUE OF RIBAND, TERRITORIAL FORCE WAR MEDAL.

(b) *Territorial Force Nursing Service.*—Applications giving particulars of service should be addressed to:—

The Secretary,
War Office (T.F.4),
80, Pall Mall, London, S.W.1

It is distinctly understood that the issue of T.F. War Medal riband under this A.C.T. gives the recipient no claim to the medal, if eventually it is ascertained that he or she is not entitled to it.

APPOINTMENTS.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Helen Dey, R.R.C., resigns her appointment: September 1st, 1921.

QUEEN ALEXANDRA'S MILITARY FAMILIES NURSING SERVICE.

The *London Gazette* notifies the following appointments:—

To be Matrons (March 1st, 1921): Miss E. M. Beesby, R.R.C.; Miss C. D. Elmslie, O.B.E., R.R.C.

To be Sisters-in-Charge (March 1st, 1921): Miss L. Badger, R.R.C.; Miss M. M. M. Brown, A.R.R.C.; Miss F. W. Christopherson, R.R.C.; Miss J. Cairns, A.R.R.C.; Miss L. P. Dixon, A.R.R.C.; Miss M. Hawthorn; Miss E. M. Lyle, A.R.R.C.; Miss A. M. E. Maloney; Miss A. C. Markwick, A.R.R.C.; Miss M. E. O'Neill, R.R.C.; Miss M. L. Tyndall, R.R.C.; Miss A. H. Withers, A.R.R.C.

To be Staff Nurses (March 1st, 1921): Miss A. A. Baker, Miss M. Berriesford, Miss E. M. Carter, Miss E. Cooper, A.R.R.C., Miss M. Dick, Miss B. M. Duff, R.R.C., Miss E. M. Ely, Miss T. J. Eustice, Miss E. Fothergill, A.R.R.C., Miss D. Girdlestone, Miss S. E. A. Hardy, Miss O. A. Hawes, Miss K. M. Hawkins, A.R.R.C., Miss L. G. Hughes, Miss M. A. Kelly, R.R.C., Miss A. E. Lewis, Miss S. McCarthy, A.R.R.C., Miss J. MacGillivray, A.R.R.C., Miss A. McInnes, Miss J. Mortimer, Miss M. P. Northron, Miss W. Russell, Miss I. M. Saker, Miss M. G. Stewart, A.R.R.C., Miss H. M. Tompkins, A.R.R.C., Miss M. C. Urben, Miss J. L. Watt, Miss M. S. Wright.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed in Queen Alexandra's Military Nursing Service for India in the grade of Staff Nurse:—

Miss M. L. Culling, Miss H. E. Fraser, Miss G. M. Long, Miss E. McIntosh, Miss F. M. Orr, Miss J. Ramsay, Miss M. O. Vickers, Miss F. M. Warnock, Miss G. W. Whitford.

MATRON.

Herefordshire General Hospital.—Miss Constance Keys Wells has been appointed Matron. She was trained and certificated at the Royal Hospital for Sick Children, Edinburgh; also at Charing Cross Hospital, where she was Ward Sister. She was Sister in Charge of the Clapton War Hospital, and has also held the position of Sister Housekeeper at the Royal Sussex County Hospital, Brighton.

West Cornwall Miners' and Women's Hospital, Redruth, Cornwall.—Miss Rosa Kicke has been appointed Matron. She was trained at the Royal Devon and Exeter Hospital, where she was Sister of the Children's Ward and a Surgical Ward. She has been Nurse Matron at the Cottage Hospital, Bridgford, Matron at the Victoria Hospital, Guernsey, Night Superintendent at the Star and Garter Home for Disabled Soldiers, Richmond, and Special Surgical and Theatre Sister, City Hospital, Birmingham.

Maltings Farm Sanatorium, Naylands.—Miss Ida J. E. Cordon has been appointed Matron. She was trained at the London Hospital, where she subsequently held the position of Night Sister. She has worked as a Medical Missionary in India, and has done war nursing in France, and subsequently held the position of Matron of the East Anglian Sanatorium.

ASSISTANT SUPERINTENDENT NURSE.

Middlesborough Union Hospital, Holgate.—Miss E. B. Traynor has been appointed Assistant Superintendent Nurse. She was trained at the Poor Law Infirmary, Newcastle-on-Tyne, where she subsequently held the position of Sister. She served for four years with the Territorial Force Nursing Service at the 1st Eastern General Hospital, Cambridge, and abroad, and has been Ward Sister, Maternity Sister, and Night Superintendent at the Holgate Hospital.

HEALTH VISITOR.

Metropolitan Borough of Stepney.—Miss H. A. Whitty has been appointed Health Visitor. She was trained at St. Mary's Hospital, Paddington, and has held the position of Health Visitor under the Paddington Borough Council, and the Monmouthshire County Council.

City and Royal Burgh of Dundee.—Miss Amy Peddie has been appointed Health Visitor. She was trained at the Royal Infirmary and the Royal Maternity Hospital, Aberdeen, and has been Theatre Sister in a London Nursing Home. She has done war nursing.

Miss Mary Innes has been appointed Health Visitor. She was trained at the Royal Infirmary, Dundee, and subsequently worked at the Stephen Cottage Hospital, the Middleton Sanatorium, Ilkley, and a Nursing Home in Dundee.

PRESENTATION.

A large and representative gathering of past and present members of the Nursing Staff and well wishers assembled in the Nurses' Sitting Room of the Glasgow Royal Infirmary, on the afternoon of Monday, August 29th, to take farewell of Miss Melrose, who is compelled to resign her position as Matron of that Hospital on account of ill-health.

On behalf of the Nursing Staff and friends, Miss J. B. Craig—a senior sister—in a few well chosen remarks, asked Miss Melrose's acceptance of a very handsome set of skunk furs and a "Thermos" flask.

In replying, Miss Melrose alluded touchingly to the affection and loyalty which she felt her Nurses had always given her, more especially during the latter years of her term of office in which the hardships had been many, owing to the reconstruction of the Hospital and the strenuous days of war. She said how gratified she was to see so many of the former Nurses present, for, after all, it is the Nurses who carry on the work of the Hospital. In conclusion, Miss Melrose thanked the Nurses and friends in very cordial terms for their kindness to her.

Mr. James Macfarlane (Chairman of the Board of Managers) said that he was glad to be present, and wished to share in the expressions of goodwill which had just been evoked towards Miss Melrose. He alluded to her thirty-five years' service and hoped that when she was relieved from the strain and worry of her work that her health would improve and that she would be long spared to enjoy her well-earned rest.

Tea was then served and during that time those present had an opportunity of shaking hands with Miss Melrose and personally expressing to her their regard and good wishes for the future.

Miss Melrose has also been the recipient of many gifts. The Assistants of her staff (past and present) have given her very beautiful travelling requisites; and from the Managers, an address on vellum, embodying their appreciation of her work. A few of the older servants have presented her with a "Jacobean" chair.

THE GREEK NURSING UNIT.

Sister Elsie Nunn (1st Military Hospital, Athens) sends us some very interesting snapshots. That of herself and the Greek surgeon surrounded by their patients gives a very good idea of the fine-looking men who compose the Greek Army, and who, all the Sisters report, make such excellent and grateful patients after fighting heroically in the cause of civilization.

If possible, when young, store the memory with travel and adventure—it is the best education ever. Then when you are old, you can sit by the fire side in contentment and be quite sure that there is "no place like home."

This reminds us that the R.N.S. Sisters are finding their environment very interesting, both at Athens and in Asia Minor. Writing from Smyrna, from which place the Sisters have been sent nearer the front, Sister C. J. Baxter says: "The people here are the essence of kindness and we are all very happy. At the Passport office in London we were warned that the Greek officers and men would not treat us as our own soldiers would. We have only met with the greatest kindness in every country.

"Last Sunday we all went to Bougal. It is the residential part of Smyrna where many wealthy Britishers live. There is the house which the people of Smyrna gave to V———. It is now an orphanage for girls. The grounds are lovely, and as far as we could see everything on British lines. The children seemed very happy. . . . Our greatest friends here are the officers of each British naval boat. One ship always informs the relief that we are here and has instructions to look after us; and British residents are equally kind. Just now is the great Turkish feast of the Passone, the 'Byram.' All the Turkish people seem to have a holiday. I cannot tell you anything about it, as no stranger is allowed to see it. However, to-day we had rather an unusual experience. A party of us climbed Mount Pagus. It is the hill on the slopes of which Smyrna is built. At the top are the ruins of the old fortified castle of Smyrna, now only a police station and a monastery remains. We had breakfast in the garden (as we left the

hospital at 5.30 a.m.), and really it was lovely. One could see such a wonderful expanse of land and sea, and at the end of the Gulf of Smyrna is the reputed birthplace of Homer. Going down we saw a crowd at a doorway, which we thought was a mosque. It turned out to be a feast at the house of a very wealthy Turkish family in honour of the circumcision of the son, a child of eight. The wealthiest families invite all the poor people whose sons are of the age for circumcision. All and sundry seem to come and all get a most cordial welcome. When the host saw us we were most cordially invited in and a table was set for us. Little round tough things like dough nuts were served with a syrup of sugar; then cheese, Turkish delight and cigarettes. We were advised to ask if we might see the host's wives, and were then trotted off to another house where the feast was. They were not dressed, and begged to be excused; but with great pride we were shown the bed where



SISTER ELSIE NUNN, R.N.S., MEDICAL OFFICER AND PATIENTS.
1st MILITARY HOSPITAL, ATHENS.

the circumcisions were to take place. The embroideries and lace on the bed were really a joy and things of beauty! I have never seen anything so lovely. Then the man displayed his wealth, which he carries in his Fez and cap. The tassels of both were entirely of the most beautiful pearls and his brooches of diamonds and other precious stones were priceless. Altogether it was a unique experience. . . . I hope the Turkish delight will arrive safely. . . . I will not be nearly so long in writing again."

The Greek troops are steadily advancing towards Angora against the hordes of barbarism. There has been very heavy fighting, loss of life, and a large number of wounded, so that the Sisters are working at high pressure, and no doubt enjoying the sense of their skilled use to humanity—a true nurse's greatest pleasure in life.

PROFESSIONAL REVIEW.

THE EXPERIENCES OF AN ASYLUM DOCTOR.

(Continued from page 152.)

PRECIOUS BAD BOOTS.

Dr. Lomax now invites the reader to visit with him the workshops on his morning round—the coir-picking shop, the tailor's shop, and the bootmaker's shop (the printer's shop has been closed during the war). Picking the coir, or cocoanut fibre, with which most of the mattresses used by the patients are stuffed, is "unpleasant, unhealthy work, reminiscent of oakum picking to those who have been in jail or worked as 'casuals' in workhouses—and patients with weak chests, or a tendency to bronchitis, should not be employed at it, as the dust given off causes considerable bronchial irritation; but it is very useful work from the point of view of the asylum authorities, for it saves them much expense. In the tailor's shop, some half-dozen patients are now employed, under the superintendence of the asylum tailor, who is also a part time attendant. In the bootmaker's shop only one patient is at present employed, for not many lunatics can be trusted with sharp tools; he is a mild, inoffensive old man, who has the distinction of never uttering a word. Here I may say that most of the asylum boots are made—and all of them are mended—on the premises, and precious bad boots they are. Scores of cases of blistered heels and inflamed toes and festered corns are caused every year by the roughly made and badly fitting boots which the patients are compelled to wear. This is one of the minor evils of asylum life, and has been much aggravated by the war, owing to the dearness of leather and the difficulty of obtaining it. But minor though it is, it is not negligible, and could be mitigated by allowing the patients to wear their own boots as long as possible, and when they could no longer afford this by taking more trouble to fit the boots to the wearer instead of the wearer to the boots. As it is, the boot trouble, like the teeth trouble and the spectacle trouble, is a constant source of discomfort and minor misery

THE CLOSET BARROW GANG.

Next we encounter "a string of patients garbed in white overalls who are wheeling boxes on barrows under the charge of an attendant. This is the 'closet barrow gang.' . . . They are mostly a repulsive and degraded-looking crew, being as a rule the most demented and imbecile type of asylum inmate. In fact, it is only this type of dement who would consent to do the work. None of them, of course, are forced to take on the job; they are persuaded to volunteer for it by the inducement of a few extra 'luxuries' such as an ounce or two more a week of asylum 'shag,' or a little snuff if they prefer it, and a little additional food. But they are so mindless that their freedom of choice is mostly nominal. . . . Were there no alternative to the earth-closet system, there

would certainly be no harm in employing healthy lunatics to empty the closets if they were not averse to the job, provided also they were well fed, well clothed, and properly compensated, and that every care was taken to make the work as little exhausting and unhealthy as possible. As a matter of fact, in the case in question none of these conditions were complied with. There was no necessity for the existence of the earth-closet system at all. Main drainage was already in existence in the asylum grounds, it was easy of access, the Superintendent's house and the Medical Officers' quarters were already connected with it, and earth-pipes had been laid to most of the main buildings. It was simply a question of expense. To save this expense an antiquated and obsolete system had been allowed to remain in use for many years, totally unsuited to the needs of an institution containing some three thousand patients. Yet the county in which the asylum stands is one of the richest in England, and the few thousands needed to connect the asylum with the main drainage system would probably not have meant more than an extra penny on the rates."

"The closet-barrow gang worked on an average four or five hours a day, beginning at 6 a.m. (an hour changed in 1918 to 7 a.m.) summer and winter, with half an hour off for breakfast. In dry weather they were provided with overalls, in wet weather with mackintosh capes. But the laborious and unhygienic nature of the work, the long hours, and the constant exposure to wet and cold, especially on the dark winter mornings, is a strain on the strongest constitutions."

Dr. Lomax relates that in the winter of 1917, when he had only been three months in office in this asylum, the charge of the hospital wards fell to his share owing to the illness of a colleague. The usual winter crop of bronchitis and pneumonia began to make its appearance, and among the new arrivals within a day or two of each other were two of the closet-barrow gang, one of whom nearly died of pneumonia and the other from—probably—acute inflammation of the kidneys. This coincidence set Dr. Lomax thinking, and he took pains to make himself acquainted with the conditions under which these men worked. He spoke to the Head Attendant on duty, who asked him if he had seen where the men had breakfast. He had not, but supposed they had breakfast with the others in the dining hall. He writes:—"On accompanying him to the place indicated I found it was a stone-paved, bleak, miserable-looking out-house, looking due north and completely exposed to the weather. I remarked to my companion on the absence of a door. It appeared that an attendant had once been found smoking in this shed when on duty, and to prevent such a thing happening again the Superintendent had ordered the door to be taken off! To the ordinary mind this seemed a singularly futile and peevish mode of disciplinary action. I pictured to myself these men on those bitter winter mornings (it was snowing hard as we talked) working in the rain and snow and fog, coming into this shed for their

breakfast of weak tea and bread and margarine, half-starved, miserable, friendless. To feed and shelter men of broken constitution, as most asylum patients are, in a place like this was little short of an outrage. And this had been going on, as I was informed, for two years, though I learnt from the same Head Attendant that the Superintendent's attention had more than once been drawn to the matter without any result." The action taken by Dr. Lomax forthwith resulted in the gang being breakfasted in future under proper cover.

(To be concluded.)

BOOK OF THE WEEK.

"JOANNA GODDEN."*

Joanna, the daughter and heiress of a farmer in the neighbourhood of Romsey Marsh, is the very dominating personality of this interesting story, and truly she is arresting.

The author, as is well-known, is exceptionally happy in her descriptions of rural life and no one knows better than she how to introduce vivid local colour.

Her characters, it must be admitted, are more forceful than pleasing and human frailty in this, as in some of her other books, occupies a place of prominence.

Joanna has the making of a grand character, and she is a curious mixture of masculine independence and feminine susceptibility, and her dismissal of her experienced shepherd and her engagement of the incompetent Sockernish, because in some subtle way the latter appealed to her, are good examples of her complexity. She came near to wrecking herself over her infatuation for Sockernish. That danger was averted none too soon.

The story begins at the death of Joanna's father. She is, at that time, a fine young woman of twenty-three, with strong features; but any impression of heaviness was at once dispelled by a pair of eager, living blue eyes.

One of her father's farmer friends was of opinion that "she's a mare that's never benn präaperly broken in and she want a strong hand to do it." Farmer Furness may have been right in the main, but Joanna tasting the sweets of independence, had no mind to assume harness at that stage. She firmly declined the advice of the old lawyer to engage a competent bailiff.

"I don't want a strange man messing around, and Andsidor's mine and I'm proud of it. Poor father said to me only a week before he died, 'Pity you ain't a man, Joanna, with some of the notions you've got.' Well, maybe it's a pity and maybe it isn't, but what I've got to do now is to act up proper and manage what is mine, and what you and other folks have got to do is not to meddle with me."

The whole neighbourhood disapproved of her decision, as it had decided that the terms of the

will would provide that Joanna's inheritance would be conditional upon her marrying Arthur Alce, who had long been courting her. The neighbourhood was wrong, however, as her father had made no conditions for his heiress, even leaving it to her bounty to provide for the younger girl, Ellen. Her autocratic control of the child covered a passionate fondness, as he well knew.

"So Joanna's going to run our farm for us, is she?" said old Stupenny, the head man. "That'll be valiant wud some of the notions she has; she'll have our pläace sold up for us in a twelvemonth, surelye."

"I doant stand her meddling with me and my sheep," said Fuller the Shepherd.

"Its her sheep come to that," said Martha, the chicken girl.

Fuller dealt her a consuming glance out of his eye, which the long distances of the marsh had made as keen as the wind.

"She doant know nothing about sheep and I've been a looker after sheep when you and she was in your cradles, and I woant take sass from neither of you."

Martha laughed with her mouth wide open.

"When she's had a terrification wud me she's give me a gownd of hers or a fine hat. Sometimes I think as I make more out of her tempers than I do out of my good work what she pays me wages for."

Thus her servants. Martha's word "terrification" gives a good idea of the turbulent young mistress when her undisciplined temper got the upper hand. She rather enjoyed being the centre of discussion. She had none of the modest shrinking from being talked about which might have affected some young women.

She was glad when her chicken-girl brought her overheard scraps. "Oh, that's what they say; is it?" and she would laugh, a big, jolly laugh, like a boy's.

Her great physical vitality and her untiring energy exacted a like expenditure from those who served under her. She had unbounded self-confidence which landed her into serious farming mistakes, but on the whole she prospered and grew rich. Her only true affair of the heart was her engagement to Martin, the squire's son, who, in spite of social inequality, loved her deeply, and to whom she was a never-failing source of tender amusement. But Martin died before he could make her his wife, she deferring their union from time to time on account of the "lambing season" or what not.

The big-souled tender woman was once more left to pretend that her heart was satisfied with her farming interests.

The conclusion of the book is to be regretted. Her association with the vulgar little Cockney clerk jars upon a work that teems with simple and primitive things. In like manner we see no reason for Ellen's downfall.

By all means let writers hold the mirror up to Nature, but the vulgarising of Joanna leaves us with a sense of injury to art.

H. H.

* By Sheila Kaye-Smith. Cassell & Co.

LETTERS TO THE EDITOR.

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

SOUND ADVICE FROM GENERAL MEDICAL COUNCIL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A friend of mine, who is a three years' trained nurse (at Bethnal Green Infirmary, London) has received an examination schedule of the C.M.B., August, 1921. I was disgusted to find the following statement:—

"CENTRAL MIDWIVES BOARD, No. 2

"Examination Schedule, p. 6.

"This certificate must be filled up and signed by the Secretary of Q.V.J.I., or by the Secretary of the College of Nursing."

Is this to remain thus?

Now that we have the General Nursing Council for England and Wales. I trust that you will give the matter your kind attention.

Thanking you for your most kind and valuable help on our behalf.

Believe me, Dear Madam, Yours truly,

MARIA CHITSON, M.R.B.N.A., A.R.San.I.,
Trained Nurse and Midwife by Examination.

19, Peshurst Road, S. Hackney, E.9.

[The Central Midwives Board allows nurses holding a certificate of three years' general training as nurses, and certain other defined qualifications to take a four months' course of midwifery training instead of the six months required of women without previous training, but there has hitherto been no legal qualification for nurses which could be recognized by the Central Midwives Board. It is unlikely that as soon as trained nurses are legally qualified and registered, as they will be after July, 1922, any other qualification will be recognized than that of the General Nursing Councils. It will be remembered that under the Midwives Act, 1902, rules framed under Section 3 of the Act are valid only if approved by the Privy Council, a duty now transferred to the Ministry of Health, which, before giving its approval, must take into consideration any representations made by the General Medical Council. When the rules recently approved by the Ministry of Health were under consideration the Executive Committee of the General Medical Council represented to the Ministry of Health "that as soon as the General Nursing Councils are in a position to lay down a satisfactory definition of a registered, fully-trained nurse, that definition should be substituted for the several special definitions contained in (a), (b), (c), and (d)." The Minister of Health has approved the Rules of the Central Midwives Board for one year only, instead of five as heretofore, so that next year we may hope that the concession of shorter training made by the Central Midwives Board to trained nurses will be limited to those enrolled after three years' training and certification on the State Register.—Ed.]

LEST WE FORGET.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I make a suggestion that from time to time under the heading of "Lest We Forget," the B.J.N. publish the Oath of Hippocrates. Now that we are lawful sisters of the medical profession, would it not be well to remind us of the tradition of that profession? A breath of wind from ancient Greece might do much to fill our sails towards the land for which we are all bound—the Rainbow Land of Complete Harmony.

Yours sincerely,

E. PAULINE SHEKLETON.

137, Ebury Street, S.W.1.

KERNELS FROM CORRESPONDENCE.

Miss Greta Lyons (Melbourne) writes, enclosing her subscription to this Journal: "I simply could not do without it now. I am strongly of opinion that all nursing journals should be controlled and edited by nurses, so that the true facts of their work are presented, and not those seen from medical or lay persons' view-points. For this same reason I have written to a friend of mine in New York and asked her to arrange a subscription to the American Journal of Nursing for me."

Miss Anna C. Jammé, R.N., San Francisco.—"I have just read, in the July 23rd issue of THE BRITISH JOURNAL OF NURSING, of the achievement in opening the State Register for Nurses in England. Needless to say, this news gives great rejoicing to our American Nurses, who have watched with interest their English sisters in their great struggle for legal status. May I, as President of our National League of Nursing Education, offer to you my admiration for your great courage in the battle and congratulations on having won the victory."

[Registrationists will keenly appreciate Miss Jammé's interest and congratulations. As she is herself one of the most ardent workers for organised Nursing Education in the U.S.A., let us hope that she will one day pay us a visit and see for herself, as Professor Nutting has done, the tremendous activity which the Nursing Act is exacting at 12, York Gate, the Headquarters of State Registration for England.—Ed.]

PRIZE COMPETITION QUESTIONS.

September 17th.—In what cases may profuse sweating occur as a prominent symptom? What are the causes of this sweating, and what is its special nursing?

September 24th.—How would you prevent foot-drop, acute thirst, constipation, and vomiting after an operation?

October 1st.—What are the principal biting and stinging insects? What diseases do they convey, and with what preventive or remedial treatment are you acquainted?

The Midwife.

OPHTHALMIA NEONATORUM.

In opening a discussion on the "Causes and Prevention of Blindness" at the Ophthalmological Section of the Newcastle meeting of the British Medical Association, Mr. N. Bishop Harman made some trenchant remarks on the prevalence of ophthalmia neonatorum. In this connection, the *Lancet* says: "We entirely agree with him that more might be done to prevent damage to sight from this cause, in spite of the optimism of the Ministry of Health, as shown in a recently issued report of the Principal Medical Officer. . . ."

"There are only three possible lines of defence: (1) treatment of the vaginal disease of the mother; (2) treatment of the eyes of the infant at birth; (3) early skilled treatment of the disease. Mr. Harman dealt with the first and the third of these, saying: 'Prevention of the disease can be secured by the treatment of the vaginal disease of the expectant mother; this is the one and only certain means of prevention, and it is within our power to accomplish this desirable end.' It is no easy matter, however, to get hold of the expectant mothers for treatment; it may become easier as the work of antenatal clinics grows. Most ophthalmic surgeons pin their faith to the treatment of the infant's eyes at birth with a colloidal silver solution. At the conference already referred to, Dr. Janet Campbell (senior Medical Officer for Child Welfare of the Ministry) gave figures for fifty unselected maternity homes which showed seventy-four cases of ophthalmia among about 9,000 births, a highly unsatisfactory percentage. American representatives stated that systematic treatment of the infant's eyes had, practically speaking, abolished ophthalmia in certain districts of the United States, and it would be well that the procedure adopted should be made known in plain language and promptly. Mr. Harman's remarks on the third line of defence deserve special attention. 'What is now needed,' he said, 'is the establishment of such medical arrangements that diagnosis and treatment can be made as swiftly as the fire-brigade can be brought in when there is an outbreak of fire in our homes.' He would like to see established in the centre of every convenient area an ophthalmia unit. Prompt removal to hospital of mother and child is already a fact in Liverpool, while in London the benefits of hospital treatment are almost nullified by tardiness of removal.

"This question of delay is crucial. Medical officers of health and ophthalmic surgeons know full well that there is frequent failure to secure skilled treatment at once. The case often reaches the ophthalmic surgeon after a spell of inefficient treatment during which irreparable damage to the eye has been done. The birth attendant may see so little of these cases as not to notice the danger signal or to recognise the need for a 'fire-

brigade.' To some extent the medical schools and hospitals are at fault. The Ophthalmological Section at Newcastle passed a resolution in favour of the appointment of ophthalmic surgeons to all lying-in hospitals. If this suggestion be acted upon a great step forward will have been taken in the education of medical students and midwives on the serious nature of this disease; the means to be adopted for its prevention, and the need for its prompt treatment in the event of a breakdown of the first two lines of defence, will become apparent."

RÔLE OF CÆSAREAN SECTION IN MIDWIFERY.

In the issue of the *Lancet*, September 3rd, a full report appears of the Section of Obstetrics and Gynæcology which was held in connection with the recent meeting of the British Medical Association at Newcastle-on-Tyne. It is of absorbing interest to midwives and gynæcological nurses, and should be carefully studied. The discussion was opened by Prof. J. M. Munro Kerr (Glasgow) and Dr. Eardley Holland (London) on the Rôle of Cæsarean Section in Midwifery. Treatment of Advanced Malignant Disease of the Cervix, Neurasthenic Element in Gynæcology, Curettage and the treatment of Uterine Hæmorrhage, and the Position of the Medical Practitioner in Cases of Procured Abortion, were ably presented and discussed.

CENTRAL MIDWIVES' BOARD.

At an examination of the Central Midwives' Board, held in London and the provinces on August 3rd, the number of candidates examined was 662 and the number who succeeded in passing the examination was 511. The percentage of failure was 22.8.

CUTTING DOWN FREE MILK.

By a decision described as "cruel and inhuman," the Ministry of Health has informed the Deptford Maternity and Child Welfare Committee that it cannot pay the 50 per cent. grant on expenditure for the supply of milk to children and to nursing and expectant mothers.

"The inevitable result," says the Committee, "will be an increase in infant mortality and a large proportion of weak, sickly and inefficient children among those who survive."

TRUE TALE WITH A MORAL.

A MODERN DIDYMUUS.

Boy of four being shown new little baby brother:—

Boy—Where did he come from?

Mummie—Mummie laid him.

Boy (looking suspicious)—Where is the shell?

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EDITORIAL.

THE FINANCING OF NURSING EDUCATION.

Those of us who keep our ears open, realise the strain on the tympanium from the sound of many voices discussing nursing education. The General Nursing Councils are deeply engaged in wrestling with it. Our professional nursing journals report expert expressions of opinion; and now the lay press has ceased to ignore this question of vital importance to the State, we may hope great advancement will be made. Dealing with the great educational work of our hospitals, the *Morning Post* of September 19th states:—

“The stress which is necessarily being laid at the present time upon the financial position of hospitals throughout the country, and especially in London, will have an unfortunate effect if it leaves the impression that they are merely charitable foundations, whose main function is to serve as the recipients of alms. No one would desire to minimise the work which they do for the welfare of the sick, but at the same time it should be remembered that twelve of the London Hospitals are great educational foundations.”

After laying stress on the value of our medical schools attached to hospitals, and quoting from Lord Cave's 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,” the writer of the article continues:—

“It was, perhaps, beyond the scope of the terms of reference for Lord Cave's Committee to make more than this passing allusion to the

training of nurses, but in any consideration of the educational work of the hospitals it must take a place second only to the education of medical students. The general public, so far as they come into contact with the nursing staff of a large hospital, appreciate and admire the finished product, but they have little opportunity to know anything of the years of patient training under a kindly, but nevertheless strict, discipline. The following admonition issued to probationers in one large London hospital may perhaps give some idea of the aim set before them:—

“You are required to be strictly obedient, punctual, quiet and orderly, cleanly and neat, methodical and active, patient, cheerful and kindly, economical, careful and trustworthy, intelligent, tactful in the management of the sick, and helpful in emergency, keen about your work, and anxious to improve.

“Is it any wonder that few patients leave a hospital without paying some tribute to the nursing staff? In addition, the nurse is expected to become skilful in a long list of requirements classified under ten headings, which apparently cover every possible activity in the tender care of all sorts and conditions of patients.”

The question now arises: Who is going to pay—at least, in part—for the professional education of workers so indispensable to all classes of the community—so indispensable to the maintenance of a high standard of national health—and a foremost place in the comity of nations?

In the reorganisation of our hospital system now in the first throes of evolution, this is a question which the community cannot afford to ignore; it is a question which the Board of Education has already ignored too long. In our opinion the endowment of medical and

nursing schools is a matter of urgent and imperative importance. With well-equipped teaching within the reach of medical and nursing students, and their skill at the disposal of the people, the huge sums required for derelict humanity would naturally decrease—just one more lesson of prevention being less costly than cure.

We hope the General Nursing Councils will take counsel together on this question.

OUR PRIZE COMPETITION.

HOW WOULD YOU PREVENT FOOT-DROP, ACUTE THIRST, CONSTIPATION, AND VOMITING AFTER AN OPERATION?

We have pleasure in awarding the prize this week to Miss Mildred W. Comer, Wolverton Road, Boscombe.

PRIZE PAPER.

(a) Foot-drop may be prevented in the following manner. If the patient's condition permits he should be encouraged to practise the movement of drawing up the foot in an exaggerated flexed and everted position, and held so for ten seconds at least twenty-five times.

The foot and leg may be bandaged from below upwards, pulling up the foot on the inner side, which forms a support.

Also it may be put up on a back splint with an adjustable footpiece, so that the foot can be dorsally over-flexed if necessary. A cradle may be put in the bed to prevent the weight of the bedclothes pressing on the foot. A pulley consisting of a roller towel or a piece of rubber tubing, passed beneath the sole of the foot and attached to the cradle, so that the patient can himself flex and extend the foot.

Electrical stimulation or massage to the muscles of the anterior surface of the leg.

(b) Acute thirst may be prevented by avoiding taking anything sweet, especially ordinary sweets and syrup, anything salt or salt flavours.

Effervescing soda water may be taken, or sips of fluid—especially lemon water—will relieve much better than large draughts. Lemon, and especially acid drops to suck are most useful.

Keeping the mouth closed, *i.e.*, nose breathing, is very effective in preventing dry tongue and accompanying thirst. A rectal saline injection is sometimes ordered.

(c) Constipation.—If a normal healthy person, this may be prevented by: Regular habit

chiefly; taking a daily exercise such as a good walk, or swimming.

A glass of hot water or cold water taken every morning fasting.

Diet consisting of such articles as green vegetables, oatmeal, brown bread, fresh fruit or stewed fruit and a liberal amount of fluid.

Abdominal massage and abdominal exercises are also very useful.

If this does not suffice, aperients such as Liq. Paraffin taken two or three times a day. Senna Pods, Liq. Cascara, Compound Liquorice Powder, Syr. of Figs taken at night, or Epsom Salts in the morning before breakfast.

If the person is a patient it will depend upon the nature of the illness and the decision of the doctor in charge of the case as to what aperients may be given.

Unless the patient is strictly dieted, and not allowed even water by mouth, a liberal amount of water, barley water or lemon water may be given and fruit, vegetables, &c., as above. If the bowels do not act satisfactorily once daily, such aperients as mentioned above would be given or ordered.

If the patient is not allowed to take an aperient, a simple enema or olive oil enema will very likely be ordered, or glycerine suppositories. Patients on milk diet need careful observation. To prevent constipation, therefore, in these cases, an aperient should be given every alternate evening, unless the bowels act once daily without such treatment.

(d) To prevent vomiting after an operation, an aperient should be given the evening before, usually Ol. Ricini, followed by an enema in the morning. No solid food should be given for at least four hours before the operation. Some surgeons allow a teacup of beef tea or milk two hours before.

After the operation the patient may have a mouth-wash of hot water. Sips of hot water (to which Sod. Bicarb. half a teaspoonful to a tumbler has been added) may be given. A mustard plaster applied to the epigastric region is a good preventive. No solid food may be given for two hours after.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mary Cumming and Miss Stella Green.

QUESTION FOR NEXT WEEK.

What are the principal biting and stinging insects? What diseases do they convey, and with what preventive or remedial treatment are you acquainted?

SOME ANÆSTHETIC POINTS THAT NURSES SHOULD KNOW.

By CHARLES T. W. HIRSCH, M.R.C.S.

*Anæsthetist, the Samaritan,
London Temperance and other Hospitals.*

In a professional life of over thirty years, it has been my pleasure to meet and recognise the very great value of the Nurse to a patient and practitioner, in fact I cannot pass too great a tribute to their work. In my specialised calling it has rather struck me, that though many study the needs and apparatus of the anæsthetist, with some it is rather the one blind spot to their scientific eye. This very short reference to a few scattered threads of personal experience may be a hint to those who train and are trained for the noble profession of nursing. Both think I believe nought a trifle, though it small appears.

To stumble on a level surface may be a matter of jest, but a false step on such a height as is reached in anæsthesia may thrust patient and administrator fatally to the ground. The motto of the anæsthetist should be taken from Terence:—

“I will rid you of all your fears, so that you may sleep sound and undisturbed.”

Personal reminiscences narrated by nurses to patients, may rather negative this, talking to patients after they have had the preliminary narcotic makes it of little value, so does walking to the operation theatre. The journey should be on a stretcher, and if possible the hypodermic should be given on that conveyance, so that after there is absolute quiet and no disturbance.

The energy expended on the cleaning of a Hewitt's Gas Oxygen apparatus is rather discounted; if the oxygen holes become blocked up with plate powder it brings undeserved discredit on what would otherwise be an ideal non-cyanotic anæsthesia.

It has, too, resulted in a burst oxygen bag, as well as a blue patient. An oxygen cylinder needed in a hurry rather provokes ire if the perhaps urgently required gas emerges from the connection fittings, instead of through the fine adjustment valve. The cylinder, too, is also of little value if it merely contains a fraction of a foot of oxygen. The use of a gauge would obviate the latter, a minute's instruction the former.

A blocked or glued up rubber tube in the water escape of a Geoffrey Marshall is another source of premature grey hairs.

A Yunker Chloroform apparatus, incorrectly coupled up, and thus pumping pure liquid chloroform in lieu of air containing that anæsthetic, has resulted in more than one coroner's inquest. Observation that the bellows are joined on to the tube marked B might have saved some lives, so would preliminary testing.

Among many other smaller matters may be mentioned the cleansing and not too tightly fitting of the air tube in Clover's Inhaler, the replacement of worn and useless rubber valves in the stopcocks of Nitrous Oxide Gas appliances, the correct cleaning and washing of mouth and nose airways and intratracheal tubes. Some makes of the latter will not stand prolonged boiling. Drawing through the steriliser, then soaking in an antiseptic solution before placing in a dish of sterile water on the anæsthetist's table, promotes their longevity.

If my remarks are candid, they are actual truths, and, I hope, impartially given.

COMING EVENTS CAST THEIR SHADOWS BEFORE.

Our readers will find a most important advertisement inserted this week from the Royal Infirmary, Glasgow. Probationers are required at this leading Scottish hospital, and Nurse Training School, which is provided with every advantage for studying the profession of nursing. What caught our eye was the first inducement offered by the management: “Preparation for the State Examination.” That is an inducement every training school must offer in the future if it hopes to secure the best class of woman for the work. We all know how thorough is the system of general education in Scotland—so we may rely upon the General Nursing Council for Scotland adopting a syllabus of professional training and education which will qualify nurses registered in Scotland to compete with success all over the world.

The Royal Infirmary, Glasgow, is evidently in the front rank of institutions which mean to prepare its probationers for a high standard State Examination, and with a great educationist like Miss Steuart Donaldson at the head of the Training School, all the available vacancies for probationers should be speedily filled. In estimating salaries, probationers must realise that the more systematic education provided for them—to qualify them in the future as highly efficient nurses—is a costly matter for the training schools, and they must not forget to reckon this as a valuable asset.

NURSING ECHOES.

The 140 members of the staff and students at the London Hospital who lost their lives in the war are to be commemorated in an interesting manner.

On the occasion of the recent bazaar in the hospital grounds, the Prince of Wales sent as a gift a replica of the Whitehall Cenotaph. The nurses purchased the gift, and it has been decided to erect it in the Central Hall of the hospital in memory of former colleagues.

The Cup Tie between Queen Mary's and the North Western Hospitals will be played off on the 26th September, at Queen's Club, West Kensington, at 2 p.m., weather permitting.

The players are requested to be there at 1.45 p.m.

The nearest railway station is Baron's Court, which is quite close to the ground.

The hospitals are invited to send as many of their staff as they can spare.

Arrangements have been made with Messrs. Lyons & Co. to supply tea at their usual prices. A room will be reserved for nurses and their friends at Cadby Hall, Hammersmith, also quite close to the ground.

The Government has decided to extend to Australian nurses who served in the war under the Queen Alexandra nursing scheme the same treatment in the payment of war gratuity as to nurses who served with the A.I.F. There were 126 nurses who left Australia under the Queen Alexandra scheme, while nearly 1,000 nurses served with the A.I.F. The Queen Alexandra nurses had volunteered for service with the A.I.F., but had not participated in the benefits and privileges received by the other nurses. It is now proposed to put all the nurses on the same footing. If a Queen Alexandra nurse has received a gratuity from the Imperial Government she will be paid the difference between that and the A.I.F. nurse's gratuity in a gratuity bond.

One duty delegated to the General Nursing Councils in the Nursing Acts, in which the nurses appear most vitally interested, is the question of a Badge and protected uniform; and indeed this is very natural when one realises how first their bonnet and cloak and now their cap and veil are flaunted by all and sundry, often with most grotesque accessories, and it is not only at home, but further afield that the need of protection is most urgent.

A correspondence on this question is now proceeding in the *South African Nursing Record*, and Miss T. Adlam, matron of the hospital at Salisbury, S.A., writes on the Use and Abuse of Uniform as follows:—

I noted with pleasure in the last number of the *S.A. Nursing Record* that a suggestion was brought forward for a change in the indoor uniform of nurses. It was suggested that a well-made coat frock, with collar and cuffs of the same material, should be worn out of the wards at meals, &c., this to be covered entirely with an overall, which should be left in the ward when going to meals. This change was in favour because it would make collars, belts, cuffs and aprons unnecessary; and therefore save expense. This, to my mind, is less important than the fact that the proposed change will make for cleanliness and decency. I think that nurses in years to come will wonder at our dirty habits in sitting down to meals after tending patients suffering from all kinds of more or less infectious diseases, in the same clothing we have been wearing in the wards. A painter or plasterer is handling cleaner and more healthy material than a nurse, yet he leaves his overalls behind when he sits down to meals.

The medical editor of the *S.A. Nursing Record* writes in the same issue:—

We should like to call attention to a very important change in the regulations of the Cape Medical Council regarding the condonation of breaks of training as a probationer. The Council has decided, quite justly and fairly, we think, that if a probationer breaks her training for any cause whatever, she may resume later on condition that she completes her three years plus a period equal to half the break. The new regulation will be found in the report of the Cape Medical Council printed in this issue.

We cannot agree with this provision. "Any cause whatever" is a tall order, and in our opinion gives much too wide license to a probationer to inconvenience the training school. There are special circumstances in which a probationer might be permitted to discontinue her training for a time, such as sickness and family duty, but that she may upon her own initiative break her contract with the hospital would certainly not have been conceded if trained nurses themselves had seats as they should have, for the consideration of Nursing affairs on the Cape Medical Council.

A course of free lectures and discussions on problems of public health in relation to industrial hygiene will take place in the coming autumn and winter at the lecture theatre of the Royal Institute of Public Health, 37, Russell Square,

London, W.C. The first lecture will be given on October 19, at 4 p.m., by Sir Thomas Oliver, M.D. Lord Askwith will preside.

Industrial nursing is beginning to make way—and our American cousins are getting enthusiastic about it.

Success, with a capital letter, attended the bazaar and fête recently held in the grounds of Forthside House, Stirling, in aid of the Scottish Branch of the Queen Victoria Jubilee Institute for Nurses, Stirling, opened by the Countess of Mar and Kelly. The takings, announced at the end of an afternoon and evening of strenuous effort for the workers, amounted to the exceedingly handsome sum of £857 7s. 9d. and the heartiest congratulations are due to everybody who contributed to the success of a happily conceived and admirably managed affair.

The idea of having an event of the kind at Forthside originated with Colonel W. S. MacKenzie, D.S.O., O.B.E., who is in charge of the R.A.O.C. Depot at Forthside. The Colonel offered the grounds and any assistance that the Ordnance Corps could furnish in organising a fête to aid the local Nursing Association, but as the funds of the Stirling Society were in a fairly healthy condition, and in view of the fact that an urgent appeal for £27,000 had been sent out by the Scottish Branch of the Q.V.J.I.N., whose headquarters are in Edinburgh, and by whom nurses are trained for and sent out on their service to suffering humanity all over the country, it was decided that three-fourths of the proceeds should go to the central body in Edinburgh, the local association taking only a quarter of the proceeds. The appeal for assistance met with a surprising response from all quarters, the extent of the anonymous gifts and donations demonstrating the fact that people really wanted to help this effort on behalf of an institution which has certainly proved its worth throughout Scotland.

How history repeats itself! Mrs. Endall, née Parsons, who had charge of the beautiful Milotopoulo hospital at the Pireus in the 1897 Graeco-Turkish War, is returning to Athens to take charge of No. 1 Military Hospital. The years slip by, but the old guard is still on duty.

The American Nursing Press, which is entirely professional, is taking a most kind and encouraging attitude towards the work of our General Nursing Councils. From the *American*

Journal of Nursing we note the editor reports:

Of the final triumph of our British sisters in the struggle for registration, a struggle which she has followed with closest interest through the years, Miss Dock writes as follows:—

“After thirty years of most arduous, bitterly opposed effort, British nurses attained an act of Parliament granting registration, a ‘one-portal’ State examination and a General Nursing Council to fix the requirements for entering the profession of nursing, thus first giving a legal status, protected by law, in the United Kingdom.

“Since then the General Nursing Council has worked unremittingly to establish the requirements. Its meetings have been important and interesting; held publicly and fully reported, the proceedings have read like those of weighty public bodies taking testimony and arriving at decisions on general public questions, as, indeed, should be, and was, true.

“To-day their work is complete, and on July 14 the Minister of Health signed the rules opening the State Register of Nurses in England and Wales. Scotland and Ireland, included in the Act, have their own Councils. Well may the true and tried workers in this long and often weary struggle rejoice greatly. We congratulate them and rejoice with them.”

The *Pacific Coast Journal of Nursing* congratulates “our British sisters upon the fulfilment of the objective for which they have worked strenuously for more than thirty years.”

Miss Laura R. Logan, Director of the School of Nursing and Health, Cincinnati General Hospital, attached to the University of Cincinnati, has written for more copies of our “Pageant and Masque on the Evolution of Trained Nursing, and the Right of Life to Health,” which was presented in London in 1911, as “we are hoping to make use of your delightful Pageant during a Health Exposition to be held during October.” We have gladly given permission for this to be done, as the words are copyright. Some day, perhaps, the Pageant, with the additional Processions and the words written by Miss M. Mollett, since the passing of the Registration Acts, may see the light of day! But alas! we are all so engrossed now with the serious work of interpreting the Acts into law and order, that no one has any time for the more spectacular aspects of nursing.

The Health Committee of the League of Nations has just met at Geneva, and has submitted to the Council its recommendations for a new health organization. Amongst the thirteen medical nominees there is no woman and no trained nurse!

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

CO-OPERATION.

At a time when we are striving to build up a strong, united, self-governing profession it is desirable that each member of it should give some thought to her own responsibilities. For to each trained nurse there does belong responsibility, and the profession cannot attain to the great ideals which many set before it, nor can the interests of its members be adequately protected and promoted until everyone has at least some small share in the work of organisation and enters into co-operation to some extent with those who take part in the management of the nurses' affairs.

To the word "co-operation" we find that nurses usually attach the most narrow meaning possible, the only meaning we fear that many find themselves able genuinely to appreciate. To them the word simply denotes a form of administration through which they will be kept supplied with work. Conditionally upon their receiving three or four guineas weekly, with board and laundry allowance in addition, they agree to pay to their "co-operation" the sum of one shilling and sevenpence or, it may be, two shillings, on each guinea they earn through its agency. On this rate of commission the whole of the administrative work (and it is very great) connected with their "co-operation" has to be carried on while their Committee also take the burden of responsibility for seeing to it that this "co-operation" remains financially sound. Most have forgotten that at its foundation the purpose of such a "co-operation" was somewhat different from that which is now more or less universally allocated to it. The idea in starting such "co-operations" was not that one person, charged with the work of administration, should also be responsible for finding cases for a certain number of nurses. The original purpose was simply that of enabling nurses to co-operate with one another in bringing work to a certain centre, thus to benefit one another and to add to their own opportunities for maintaining a private nursing practice.

But it is co-operation in a wider sense even than this which we would discuss; co-operation not in the interests of merely one group of nurses, but co-operation for the benefit of all trained nurses. At the present time we very frequently hear parents say that the very last field of work upon which they would allow their daughters to enter is that of nursing, and this decision has certainly

been justified by experience. But yet the conditions which have led to it are almost entirely due to the indifference of the nurses themselves, to their lethargy in regard to the efforts being made to improve these conditions. How small is the proportion who have entered into the work of organising the profession. By far the larger number either through indifference, laziness, overwork or stupidity have preferred to let others plough the furrow though they will not scorn to reap a share of the harvest.

The profession now stands at the beginning of an epoch big with opportunity, and unless nursing thought assumes the attitude that individual co-operation is a necessity to the well-being of the profession, none of the great privileges granted to the nurses will bring to them one twentieth part of the advantages which they might reap. In fact, so great are those privileges which have been placed within reach, that we may very safely say that now nurses, as a class, will prosper exactly to the extent to which they can co-operate in making use of their opportunities. But in their very lack of power or inclination to co-operate lies their danger, and until more of them direct their individual efforts to the promotion of a better organisation of the profession there is little hope that nursing will become the great profession which it ought to be.

Therefore, now that the holiday season is all but over, we would urge every nurse to resolve that she will fulfil as faithfully her duty to her profession as she fulfils her duty to her patient; that she will make a close study of affairs in her profession as regards educational matters, politics and economics, and that she will do what she can to help forward the work of organisation by urging every nurse she knows to join one or other of the organised societies of nurses.

THE R.B.N.A. MEMBERS' "AT HOME."

There will be a re-union of the members of the R.B.N.A. and its affiliated societies on the afternoon of Saturday, October 1st, from 3 to 6 p.m., and we hope that as many of those who can will make a point of being present at this, the first gathering after the holidays. We will be pleased if any member will bring friends with them.

Some of the members have promised us music, and tea will be provided at the usual cost of one shilling.

TO THE R.B.N.A. MEMBERS.

Miss Steuart Donaldson, the newly-appointed Matron of the Glasgow Royal Infirmary, has asked us to convey to the members of the Association, through its official organ, her thanks for all the kindness they have shown to her in connection with her appointment and for the "splendid send-off" she received from the Corporation. Miss Donaldson writes that she misses her Association and the Club very much, but looks forward to meeting old friends when she returns to London for a holiday. We shall look forward to that time with great pleasure.

GIFTS TO THE CLUB.

Lady Boulton, Books; Misses Dunne, Jackson and Teller, Flowers; Miss Cattell, Plants and Flowers; Mrs. Macdonald, Chicken; Miss Hulme, Flowers and Vases.

TRAINED NURSES' ANNUITY FUND.

Members are reminded that the weekly work parties in aid of this Benevolent Fund have recommenced, and we hope that many will make a point of attending on Monday evenings at 7.30 p.m. The Sale of Work will take place at the end of November.

MARRIAGES.

On the 14th instant, Miss Elizabeth Catherine Banks, Diplômée of the R.B.N.A., was married to Mr. F. G. Stephens. We wish both bride and bridegroom much happiness.

NAPOLEONIC STUDY.

As has already been intimated a member of the Napoleon Coterie is to give a Lecture on the subject of Napoleon towards the close of October.

There is little doubt that the Lecture will inspire many in the audience to study the life and character of the greatest personality in European history since the time of Cæsar.

The following are books recommended to students by the Napoleon Coterie:—

"Napoleon: The First Phase," by Oscar Browning; "Napoleon: The Last Phase," by Lord Rosebery; "Memoirs of Napoleon," by the Duchess D'Abrantes (Madame Junot); "Napoleon and His Fellow Travellers," by Clement Shorter; "The Mind of Napoleon," by Harold F. B. Wheeler; "The Illness and Death of Napoleon," by Dr. Arnold Chaplin; "The Consulate and Empire," by M. A. Thiers.

CORRESPONDENCE.**TO MEMBERS WHO LOVE FLOWERS.**

To the Secretary R.B.N.A.

DEAR MADAM,—I read Miss Liddiatt's letter to members who love flowers, with great pleasure. I agree with what she says about making the very most of our opportunities for cultivating them at the Club. Will you allow me to make a suggestion? Why not start a subscription with this object in view and so give to all the members a chance of beautifying their Club? It would be money well spent. I know I will very gladly subscribe, and

hope others will do their best to help swell the fund.

Yours, &c.,

FLORENCE KENT.

NOTE.—We have received other letters on this subject and think it would be very delightful if a few of the London members would take charge of the conservatory. It would soon become very beautiful indeed, especially if each member, who cannot take part in caring for the plants, would, at least, send a small donation to buy these. We have had a very kind letter from Miss Rose Conway, a very active member of the R.B.N.A., in which she also expresses approval of Miss Liddiatt's letter and sends a generous subscription. We have already used this to buy bulbs which, we hope, will, by Christmas-time, have transformed themselves into beautiful and dainty Roman hyacinths.

REGISTERED UNIFORM.

To the Secretary R.B.N.A.

DEAR MADAM,—A number of Members of the R.B.N.A. have seats on the General Nursing Council, and as a Member of the Association I wish through the Journal to urge upon them the need for using their best efforts to hurry on the business of procuring for the Trained Nurses a proper Registered Uniform and Badge. We are constantly urged to get our names on the Register. There will be no more effective means of inducing us to do so than by giving us a recognised uniform which will protect us from being classed with the women hanging on to Tommy Atkins' arm or wheeling a perambulator with a greasy-looking blue handkerchief on her head and absurd shoes and stockings.

It is many months since we were invited to send up ideas as to the Badge and Uniform—many of us did so and there it ended. Many of us know what the value of the Registration Act will be, but there are others who believe only what they see with their eyes, and a uniform which the unqualified cannot wear will do far more to convince them that something really has been accomplished than anything else the Central Nursing Council can do. There are nurses who every week open their Journal in the hope that information will at last be forthcoming as to the uniform which we are to wear. It is because I know how strongly the nurses desire a uniform of their own that I am raising this point, and after considering what I could do I decided that the best course would be to insert my letter in my Association's Official Organ, and therefore in the Journal which did so widely spread the knowledge of the need for the Registration Act. By doing so I am convinced that at least every one of my fellow members of the R.B.N.A. who has a seat on the G.N.C. will be informed of our urgent desire to have our uniform protected. Every day we see new evidence for the need for this.

I am, Yours truly,

A PRIVATE NURSE.

ISABEL MACDONALD,
Secretary to the Corporation.

RULES FOR THE REGISTRATION OF NURSES.

ENGLAND, SCOTLAND AND IRELAND: INTERMEDIATE NURSES.

ENGLAND.

NURSES WITH INTERMEDIATE QUALIFICATIONS.

Every person who, not being qualified to obtain admission to the Register as an existing nurse, desires to obtain admission thereto before July, 1924, on which date the training and examination rules come into operation, shall make application to the Registrar in the form set out, and shall comply with the provision with regard to evidence of good character and age. Nurses with Intermediate Qualifications pay a fee of two guineas instead of one guinea, and one guinea instead of 10s. 6d. for any second, third or subsequent part of the Register.

The following evidence of adequate knowledge and experience shall be required from every person whose three years' term of training terminates after the 1st of November, 1919, who makes application for admission to the Register:—

QUALIFICATIONS FOR ADMISSION TO THE GENERAL PART OF THE REGISTER.

A certificate that the applicant has had not less than three years' training before July, 1924, in a General Hospital approved by the Council, having one or more resident medical officers, or in a Poor Law Infirmary approved by the Council which is recognised by the Minister of Health for the training of superintendent nurses;

Provided that a nurse who has a certificate of not less than three years' training before the date aforesaid in such a General Hospital not having any resident medical officer, or in such a Poor Law Infirmary not recognised by the Minister of Health for the purposes aforesaid, may be admitted to the general part of the Register if she satisfies the Council that she has adequate knowledge and experience of the nursing of the sick.

SCOTLAND.

NURSES IN TRAINING BEFORE THE ISSUE OF THE RULES.

Every person who, not being qualified to obtain admission to the Register as an existing nurse, desires to obtain admission thereto before the date on which the Rules to be made by the Council . . . for the training of nurses and conduct of examinations come into operation, shall make application to the Registrar on the form prescribed and shall comply with the provisions with regard to good character and age, the following evidence and knowledge and experience shall be required in addition, namely:—

QUALIFICATIONS FOR ADMISSION TO THE GENERAL PART OF THE REGISTER.

A certificate of not less than three years'

training as a nurse from a general hospital or other institution recognised by the Council for training for the General Part of the Register which has terminated at any period after 1st November, 1919, but before the Rules to be made by the Council for the examination and training of nurses shall become operative.

IRELAND.

CONDITIONS OF ADMISSION OF INTERIM NURSES TO THE REGISTER BEFORE THE ISSUE OF THE RULES.

(1) Nurses who, though not entitled to be admitted as existing nurses, desire to obtain admission to the Register before the date on which the Rules to be made by the Council for admission by examination become operative, will be admitted to the Register if they satisfy the conditions prescribed in this Part of the Rules.

Conditions of Admission to the General Part of the Register.—Applicants will be admitted to the General Part of the Register on production of certificates or other evidence of having carried out not less than three years' satisfactory training in a General Hospital or Poor Law Infirmary approved by the Council, provided that the period of training terminated on a date subsequent to the 1st November, 1919, but prior to the date on which the Rules to be made by the Council for admission of nurses by examination to this Part of the Register become operative.

WHERE THE RULES DIFFER.

In England.—The date—July, 1924—has been inserted in the rules for admission to the Register by examination.

In Scotland and Ireland no date has been stated when admission by examination becomes operative.

In England.—A Certificate for not less than three years' training in a General Hospital or Infirmary approved by the Council is the only qualification for Intermediate Nurses.

In Scotland.—A Certificate for not less than three years' training in a general Hospital or other institution recognised by the Council.

In Ireland.—Certificates or other evidence of having carried out not less than three years' satisfactory training in a General Hospital or Poor Law Infirmary approved by the Council.

It will be interesting to know what "other institution" than a General Hospital will be recognised by the Scottish Council.

FEEES.

In England.—The fees paid by Intermediate Nurses will be two guineas instead of one guinea, and one guinea instead of 10s. 6d. for registration on any subsequent part of the Register.

In Scotland and Ireland.—No provision is made for increasing the fee from one guinea and 10s. 6d.

Next week we shall touch on the Supplementary Registers.

THE REGISTRATION OF FEVER NURSES IN SCOTLAND.

We had hoped that, when the Rules framed by the General Nursing Council for Scotland were approved and signed by the Scottish Board of Health, the question of placing Fever Nurses certificated by the Local Government Board for Scotland and the Scottish Board of Health, on the General Part of the Register was finally disposed of. But apparently this is not the case according to a report which appears in the *Glasgow Herald*, on September 16th, of a deputation received by Mr. Robert Munro, K.C., M.P., the Secretary for Scotland, on the previous day, which was composed of representatives of Scottish local authorities and which dealt with the position of Nurses in fever hospitals under the Nurses' Registration (Scotland) Act, 1919.

Mr. Munro was accompanied by Sir Leslie Mackenzie and Mr. Ewan Macpherson, of the Scottish Board of Health.

THE REGISTRATION OF NURSES.

The members of the deputation were Bailies J. Stewart and Wheatley, Dr. A. K. Chalmers, Medical Officer of Health, and Mr. J. L. Mackenzie, Glasgow; Bailie Watson and Dr. Williamson, Medical Officer of Health, Edinburgh; Dr. Milne, Greenock; Dr. Lauder Thomson, Dumbartonshire; Councillor Templeton, Lanarkshire; and Councillor D. W. Kemp and Mr. J. L. Officer, representing the Convention of Burghs.

Dr. Chalmers said it was not a small section of the nursing world or the hospital profession of Scotland that they were representing. The local authority hospitals in the country exceeded the general hospitals, and the beds in the former outnumbered those in the latter, and the trained nurses employed by the local authorities exceeded those in the general hospitals.

Dealing with the question of reciprocity and the basis of the contention of the Scottish authorities, he said it lay in the essential difference between training of nurses in fever hospitals in Scotland and the training got elsewhere. It was to the credit of Scotland that the Scottish Board alone of all Government Boards introduced a definite scheme for training. England or Ireland had nothing like it, and yet in order to reach the question of reciprocity that had been cast entirely aside. [This is not a fact.—ED.] They must remember the difficulty a woman had in selecting a venue in which she was to get her training. For the most part it would be opportunity, for she had no official guide, save the Local Government Board scheme, and she was to be penalised by being put in a completely unmarketable position. What was nowadays called a fever nurse was largely an anachronism. Formerly, she was only trained in fever, but of late years there had been added tuberculosis, malaria, pneumonia, dysentery and other things which in effect had been withdrawn from the arena of general hospital work and transferred to local authority work. On the

other hand, one could not help thinking that the term "general nurse" was misleading, because a nurse was not entitled to be so called whose training was confined entirely to the practical work in a general hospital and would know little of the acute diseases of infancy. Moreover, there was no field for a nurse training in fever and practising in it afterwards. They did not want to obtain an unsuitable qualification or position for nurses trained in fever hospitals, but they were desirous that there should be a broad field for nurses, and that, with regard to existing nurses, instead of stereotyping the existing conditions they should do their best to pave the way for a wider scheme.

Mr. Munro: Is it the view of the Local Authorities here represented that the fever part of the register should be entirely deleted?

Dr. Chalmers: That is so.

WELL-BEING OF THOUSANDS.

Dr. Milne, convener of the Public Health Committee, Greenock, said that he thought that the training of a poor-law nurse as compared with the training of a fever nurse was not nearly so efficient. The bulk of the cases that nurses were called upon to nurse were fever of one sort or another. The general principles of nursing were the same all over, and it was from that point of view that they were appealing that this register should be delayed meantime, so that the nurses who had been trained in the fever hospitals in the past might be put upon it.

Bailie Stewart, Glasgow, said that at the present moment the nurses they were getting to come to the Infectious Diseases Hospital were much the same as the nurses who were going to the general hospitals for their training, but as these women discovered that they were going into a kind of cul-de-sac employment the standard of the women they would get would be reduced. The effect of that was bound to be bad. The interest of the deputation was the general interest—the interest of the community. They were interested in the nurses, but their great interest was in the ultimate well-being of the thousands who would come under their care. By placing these nurses in a subsidiary position in a cul-de-sac employment it would be inimical to the public welfare. They would not get the class of women they desired. It was essential that they should get women who were interested in nursing—women who were going to make nursing their life study.

"VERY GRAVE UNDERTAKING."

Mr. Munro, in reply, said there were several things which were quite clear with regard to the matter. The first was that the Act of Parliament with which they were concerned conferred ample power on the Nursing Council to take the course which they had done. At the same time there was no warrant at all for the idea that the general part of the Register was a superior part to the other parts. The English and Irish Nursing Councils had adopted the system of which the deputation complained, and were satisfied with a Register which consisted of

a general part and a special part dealing with fever nurses. These two Councils had vigorously objected to the original proposal which the Board of Health and he himself had been prepared to adopt, namely, that fever nurses should be put on the general Register. What one was up against was—were they prepared to sacrifice reciprocity (reciprocity from which Scottish nurses benefited more than English nurses) and take their own line and have a Register different in its character and quality from that of England, or were they prepared to accept the course which had been adopted? That question was very carefully considered, and the Board arrived at the conclusion—with which he agreed—that to sacrifice reciprocity would be a very grave undertaking, indeed, would be a risk which, as then advised, he was not prepared to undertake. Continuing, he said it seemed abundantly clear to him that there were other interests and persons with whom he was bound to consult before reaching a final conclusion. There was the Nursing Council itself, which, although subject to a certain extent to the Board of Health, nevertheless would be bound to be consulted before any variation in the proposed rules could be adopted. There were also the Minister of Health in England and the nurses themselves—[organized English nurses have expressed their views, both to their own Nursing Council, and in deputation to the Minister of Health, and they are firmly opposed to those expressed by the Scottish deputation.—ED.]—for he could not help entertaining the feeling that they were settling their fate in their absence without a full knowledge of their views. It might be difficult to obtain them, but he felt bound to ascertain the views which the nurses held with regard to the step which, if taken, would be bound vitally to affect their interests in the future. All he could promise was that he would take the opportunity to consult those people and to reach a decision in the light of these views, which would be to the best interests of Scotland.

The deputation then withdrew.

WHAT ARE ORGANISED SCOTTISH NURSES DOING?

There are several bodies of organised Nurses in Scotland. What are they doing to bring their professional opinion concerning their own affairs to the knowledge of the Secretary of State for Scotland? He, very wisely, realises the nurses should be consulted.

Whilst sympathising with the difficulties with which Scottish local authorities are faced, it is their duty to provide all nurses in their service with a basis of general training upon which to build up special experience.

THE SCOTTISH NURSES' CLUB "AT HOME."

Invitations have been issued by the President, Convener, and Committee of Management of the Scottish Nurses' Club, 205, Bath Street, Glasgow, to an "At Home" to be held in the Club on Tuesday, September 27th, at four o'clock, to meet and welcome Miss Steuart Donaldson, the recently appointed Matron of the Glasgow Royal Infirmary. Tea and Music will be provided and a happy gathering is anticipated.

APPOINTMENTS.

MATRON.

Victoria Cottage Hospital, Romford.—Miss A. Gordon Cumming has been appointed Matron. She was trained at the Gravesend Hospital, and has been Sister at the London Throat Hospital, Theatre Sister and Charge Nurse at Cirencester Hospital, Sister at Norfolk and Norwich Hospital, and has served on the Reserve of Q.A.I.M.N.S. for four years.

London Jewish Hospital, Stepney Green, E.—Miss Lois Newman has been appointed Matron. She was trained at the London Hospital, where she was Sister, Out-patient Sister, Night Superintendent, and temporary Matron's Assistant. She has been Assistant Matron at the Metropolitan Hospital, London, and Matron of Guildford Military Hospital, and of the Mines Hospital, Rio Tinto, Spain.

Kroonstad Hospital, South Africa.—Miss Guthrie, R.R.C., has been appointed Matron of the Kroonstad Hospital, South Africa, in place of Mrs. Dalgleish, who has taken over the Matronship of the Kimberley Hospital. Miss Guthrie held the post of Matron in several Military Hospitals in Great Britain during the war, and her colleagues in the Home Land wish her every success in her new appointment.

ASSISTANT MATRON.

Victoria Hospital, Burnley.—Miss Lucie Somerset has been appointed Assistant Matron. She was trained at Preston Royal Infirmary, where she was Nurse-in-Charge of the Theatre and Sister-in-Charge of Surgical Wards for three years, and held temporary Assistant Matron's post. Miss Somerset trained in Fever Nursing at the Ladywell Sanatorium, Salford, and holds the Certificate of the I.S.C.M.

Royal West Sussex Hospital, Chichester.—Miss Louisa Edwards has been appointed Assistant Matron. She was trained at Stobhill Hospital, Glasgow, and has been Staff Nurse at Woodside Hospital, Glasgow, and Ward Sister at the Royal West Sussex Hospital, Chichester.

ASSISTANT SISTER TUTOR.

Leeds General Infirmary.—Miss Freida Blakesley has been appointed Assistant Sister Tutor. She was trained at the North Middlesex Hospital, Edmonton, and has been Sister and Night-Sister at that Training-School. Previously Miss Blakesley was a trained teacher in a large girls' school—excellent experience for the post to which she has been appointed.

SCHOOL NURSE.

Radcliffe Urban District Council.—Miss Ellen M Matthews has been appointed School Nurse. She was trained at Crumpsall Infirmary, and has since been Ward Sister and Deputy Theatre Sister there.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Rachel E. Cross is appointed to Birkenhead, as Superintendent; Miss Kate E. G. Taylor to Norwich, as Superintendent; Miss Emma Hall to St. Helens, as Senior Nurse; Miss Elizabeth N. Watson to Oxford, as Senior Nurse; Miss Constance Baigent to St. Ives; Miss Florence Barker to Harefield; Miss Helen F. Barry, to Fulham; Miss Mary F. Chartres to Boxgrove; Miss Margaret M. Cotter to Old Whittington; Miss Florence M. Dingle to Blockley; Miss Mary E. Foster to Hoddesdon; Miss Helen MacDonald to West Sussex, as Health Visitor and School Nurse; Miss Agnes McKnight to Glossop; Miss Sarah A. Oliver to Hastings; Miss Eva W. Owen to Caldervale; Miss Winifred A. Smith to Carshalton.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed Staff Nurses in Queen Alexandra's Military Nursing Service for India:—Miss M. Janes, Miss J. B. Underwood, and Miss E. A. Wilkinson.

RESIGNATION OF MISS EUPHEMIA ROSS.

The resignation of Miss Euphemia Ross, of the Matronship of the Western Fever Hospital, Fulham, S.W., not only deprives the Metropolitan Asylums Board of one of its senior and most efficient nursing officials, but will be an immense loss to the nursing sisterhood. Miss Ross was trained so long ago as 1880-85, at the Royal Infirmary, Liverpool, where she was promoted Charge Nurse. From 1885 to 1889 she was successively Matron of the Fever Hospitals at Warrington and Monsall, when she was appointed Matron of the Western Fever Hospital, a post she has filled with distinction for thirty-two years. Miss Ross had the true spirit of the pioneer, and was an early and enthusiastic member of the R.B.N.A. and the Matrons' Council. She possesses those somewhat rare gifts of seeing straight and sticking to her principles through thick and thin. She has been a keen registrationist for thirty years, and has never wavered in her personal and financial support during all the vicissitudes through which the movement has struggled to victory. We are glad success came whilst she was in office; and all her old "chums" who have the keenest respect for her integrity and affection for her generous personality will wish her years of great happiness in her retirement from active service in the profession she has adorned and helped to consolidate.

MEDALS FOR NURSES.

At a recent meeting of the Belfast Board of Guardians Miss L. M. Gaffikin performed the ceremony of presenting three medals in connection with the nurses' professional examination. The winners were:—Gold medal (presented by Mr. George Stewart), Nurse Sarah Ireland; silver medal (presented by Mr. David Shane), Nurse Margaret Kennedy; bronze medal (presented by Mr. Alfred M'Bride), Nurse Mary H. M'Cartin.

The Chairman (Mr. J. M'Cormick) said that these three nurses had shown very great merit in their answering, their marks in the examination being exceedingly good. They showed that the winners had striven to attain a good practical knowledge of their profession by good work in the wards and a constant endeavour to master the theoretical and practical details of nursing.

Miss Gaffikin, in presenting the medals, warmly congratulated the recipients upon their success.

Miss Campbell, Lady Superintendent, replied on behalf of the three nurses whose good work had received honourable recognition.

PRESENTATION.

Upon resigning her position as Assistant Matron of the York County Hospital, which position she has held for upwards of five years, Miss Annie Ethel Burrows was presented with the following beautiful gifts as evidence of the respect and affection in which she is held:—The Resident, Nursing and Domestic Staffs, a solid silver tea service; the Senior Surgeon, a silver hot water jug; a former house surgeon, a Georgian caddy spoon; the Matron, Miss M. K. Steele, Georgian tea spoons. The Committee notified their regret at the departure of Miss Burrows in a "delightful" letter of appreciation of her work. Recognition of good work is the happiest method of encouraging emulation.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, SEPTEMBER 15TH, 1921.

1. What is meant by putting a room in nursing order? How would you do it for a case (a) of pneumonia and (b) a case of caries of spine, each in a house with two bedrooms (one very small), one living room and a scullery, with two adults in addition to the patient?

2. What are the probable causes of a marked rise of temperature in a lying-in-woman during the puerperium? What would be your procedure?

3. What would you do when called to a patient who had taken poison, if there were delay in getting a doctor?

4. In nursing a case of cancer in an advanced stage, with foul discharges, what method would you adopt for the comfort of the patient and the benefit of the household?

5. What instructions should a nurse give to a working-class mother with regard to the keeping and storage of food, especially in hot weather?

6 (a). What main principles were laid down by the Queen's Institute when establishing the work of District Nursing, and why should Queen's Nurses bear them in mind?

or

6 (b). What should be some of the essential points to be aimed at by a district nurse on her first visit?

Questions 6 (a) and 6 (b) are alternative: only one should be answered.

THE PASSING BELL.

We regret to record the sad death of Miss E. A. Abbs, the Matron of the Isolation Hospital at Gillingham. A sting from a mosquito or a wasp was the cause of illness, of which little notice was taken until serious symptoms developed. Miss Abbs died from septic pneumonia at the early age of 37, and is sincerely regretted by a wide circle of friends.

PROFESSIONAL UNION OF TRAINED NURSES.

(GLASGOW AND DISTRICT BRANCH).

As Miss McAra is no longer Honorary Secretary of the Glasgow and District Branch, members will please note that her name and address in the Membership Card issued January 1st, 1921, can no longer be used. A new Secretary is being appointed. All communications are to be addressed to the Central Office.

MAUDE MACCALLUM.

WAR DECORATIONS.

The total numbers of war decorations issued from August 1st, 1920, to August 31st, 1921, are officially stated to be as follows:—Distinguished Service Order, 1,116; Military Cross, 6,469; Royal Red Cross, Class I, 225; Royal Red Cross, Class II, 1,300; giving a grand total of 9,110. There are some 2,550 of these decorations still awaiting disposal.

All officers, warrant officers, and nurses who have been awarded any of these decorations and have not yet received them should apply to the War Office, Investitures Branch (C2), Whitehall, S.W. 1.

THE HOSPITAL WORLD.

Princess Christian has issued a personal appeal for funds to enable up-to-date X-ray apparatus to be installed at The Hospital for Women, Soho Square.

The closing of beds at our splendid hospitals with medical schools attached will naturally curtail facilities for medical education—a real national disaster; and we sympathise with the letter signed by Sir Gilbert Barling (Principal), and other dignitaries of the University of Birmingham, addressed to the Chairman of the General Hospital, Birmingham, where fifty beds have been closed owing to the lack of financial support by the public of Birmingham and the surrounding district.

The Faculty of Medicine points out that the closure of beds is most unfortunate owing to the large entry of students since the war, and hopes the public will realise the seriousness of depriving teacher and student of a proper amount of clinical material under the scheme recently drawn up, so that each student may have proper instruction under the supervision of his Chief, and will, by prompt and liberal support, enable the Board of Management to re-open the wards at an early date.

The Chairman of the Hospital Board replied that special efforts have for some time past been made to increase the income of the hospital, and, although these are meeting with a certain measure of success, there is still so large a difference between income and expenditure that the Board are quite unable to say when they are likely to be able to reconsider their decision.

We repeat that individual insurance is the only just method of providing adequate hospital medical and nursing treatment in sickness—and it would seem that the Managers of several London Hospitals are to put an insurance scheme as follows on trial.

It is understood that the new national provident scheme which has been adopted by the London Hospital, St. Thomas' Hospital, and the Royal Free Hospital will come into operation in London on November 1st.

The essence of the scheme is that for an annual subscription of £1 persons whose income does not exceed £250 per annum can have the finest hospital skill placed at their disposal without further charge and without the stigma of charity. For married couples or for a widow or widower with one child, where the income is £400, the subscription is £1 10s. per annum; and where the income is £500 the subscription is £2.

The full resources of these institutions will be placed at the disposal of all subscribers. These services include the following valuable facilities: Consultations, Dental Service, Massage, Hospital admission, Ambulances, Nursing, X Rays, Electrical treatment, and Radium service.

The medical attendant of a member may arrange, by appointment, for individual consultations at any of the co-operating hospitals, and such treatment as he and the consultant may jointly think advisable will be undertaken—at the hospital if necessary.

It remains to be seen how the medical profession as a whole will fall in with these arrangements!

In order to celebrate their silver wedding, Mr. T. Dootson, a well-known Leigh solicitor, and his wife, have sent £1,000 to the Leigh Infirmary.

The trustees of the late Mr. William Kirkhope, of Edinburgh, have distributed £40,000 of the residue of his estate among Edinburgh charities.

The Royal Infirmary, Edinburgh, gets £5,600; Convalescent House, Murrayfield, Edinburgh, £800; Royal Edinburgh Hospital for Incurables, £4,000; Royal Society for Home Relief to Incurables, Edinburgh, £4,000; Dunlop Cancer Fund, Edinburgh, £4,000; Society for Relief of Destitute Sick, Edinburgh, £4,400; Royal Edinburgh Hospital for Sick Children, £2,800; Royal Victoria Hospital, Edinburgh, £2,000; and Gilmerton Convalescent Homes, Midlothian, Edinburgh, £3,600.

The Trustees have expressed the hope that the claims of ex-soldiers and ex-sailors, their wives, widows, and children, and dependents will always receive favourable consideration when making application to any of the above institutions for assistance.

OUTSIDE THE GATES.

It is anticipated that the Annual Meeting and Conference of the National Council of Women, to be held in the Cutlers' Hall at Sheffield, from September 26th to 30th, will be widely attended. The Lady Mayoress, Mrs. W. L. Wardley, will act as President.

The Representative Council Meetings are summoned for 11 a.m. and 2.30 p.m. on Tuesday 27th, and on the 28th and 29th instant at 10 a.m.

The Conference will deal with numerous questions of public interest, such as "Women in Professions and Industry." (We wonder what Professor Winifred Cullis, D.Sc., will say of Nursing now that it is numbered amongst the learned Professions). Miss Eleanor Rathbone will have something wise to tell us of "Women in Industry."

"The Economic Situation—National and International," to be held in the Victoria Hall, over which Mrs. Ogilvie Gordon, J.P., is to preside, should draw a packed audience.

Of social functions there will be many, and the Lord Mayor and Lady Mayoress of Sheffield will hold a Reception in the Town Hall at 8 p.m. on Tuesday, September 27th.

Sheffield has many important hospitals; the

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Agrippa
REGD. TRADE MARK

The "Agrippa" Teat and Valve are perfectly hygienic. The Rubber has been specially prepared so as to withstand actual boiling, and does not deteriorate by frequent repetition of this boiling process.

The "Agrippa" Teat possesses a little flat cushion at the base, which gives comfort to the child when taking its food, and is the nearest copy to Nature, so far as feeding facilities are concerned.

The chief feature of the "Agrippa" Patent is the extraordinary gripping power caused by the interior band of rubber which holds on to the bottle, absolutely refusing to accidentally slip off.

The "Agrippa" Teat will fit any make of Boat-shape Feeding Bottle.

Price—Teats, 4d. each; Valves, 3d. each.

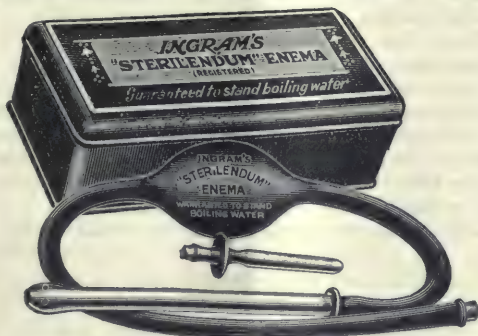
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STERILIZABLE IN ITS ENTIRETY.
Fitted with Aseptic Glass Pipes and Valves.
Guaranteed not to Split. No Metal Parts.
Best Quality Rubber.

Obtainable at all High-Class Chemists.

Manufactured by INGRAM'S, London, at The London India Rubber Works, Hackney Wick, London, E.9. Makers and Inventors of the well-known Seamless Enemas and "Agrippa" Patent Band Teat and Valve, etc. Established in London in 1847



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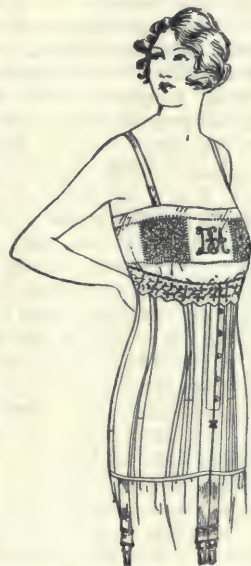
Every pair of "Twilfit" Corsets carries the maker's guarantee of absolute perfection in fit, style and wear. Purchase price refunded or corsets exchanged if not to entire satisfaction.

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Model 2579 — Average Figure. A Free Hip Corset, of Fine Coutil. Very low above waistline in front, sloping to a medium-high back. Pink only. Sizes 20 to 28 in. **9/6**
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nurses who attend the meetings will find them highly instructive.

NOT FORGOTTEN ASSOCIATION.

It seems almost incredible after all the sacrifice and suffering on behalf of the nation—of the men who fought in the war—that it should be necessary to organise a "Not Forgotten" Association, so that the poor fellows more or less broken and damaged should receive a few sympathetic attentions. What irony, when one recalls all the fussing and fuming to do "our bit," so widely advertised by the now be-ribboned brigade!

Anyway the King and Queen have been entertaining the injured and suffering men still in hospitals at Buckingham Palace, an example which might well be followed by more of their wealthy subjects.

In this connection we are glad to note that Mr. Basil F. Leakey, known in the entertainment world as Alan Adair, has a plan to entertain wounded soldiers, of whom there are over 7,000 still in hospital within the London radius, and probably three times that number of out-patients. Mr. Leakey's scheme, which will supplement the admirable work of the "Not Forgotten" Association, is one by which the wounded men and their friends, to the number of 600 at a time, will be entertained at the Wigmore Hall every Sunday afternoon throughout the winter.

How about the Women's Clubs? The members are now making plans for their own enjoyment during the winter in many a fine mansion. Don't let them forget that their comfort and pleasure has been made possible by the loss of limb or nerve of thousands of brave men. We hope one and all will get into touch with the "Not Forgotten" Association, and offer hospitality.

The Royal British Nurses' Association could not do better than provide a tea and entertainment at their fine home in Queen's Gate. Let us get on with it. We feel sure the Royal President would give her patronage to such a patriotic function.

COMING EVENTS.

September 27th.—The Scottish Nurses' Club, 205, Bath Street, Glasgow. "At-Home," to meet Miss Steuart Donaldson, Matron Glasgow Royal Infirmary. 4 p.m.

September 30th.—General Nursing Council for England and Wales. Meeting Ministry of Health, Whitehall, S.W. 2.30 p.m.

October 1st.—Royal British Nurses' Association. Re-union of Members. 194, Queen's Gate, S.W. Tea 1s. 3 to 6 p.m.

October 4th.—Nurses' Missionary League. Valedictory Meetings, University Hall, Gordon Square, W.C.1.

October 8th.—The Scottish Nurses' Club Extension Sale of Work, 205, Bath Street, Glasgow, 2 p.m.

October 12th.—The Matron-in-Chief and members Q.A.I.M.N.S. "At-Home," Wharnclyffe Rooms, Great Central Hotel, Marylebone. 4 to 7 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 SPLENDID OPPORTUNITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Our Secretary is sending an advertisement for insertion in the next number of the B.J.N. I wonder if you could spare space for a tiny paragraph. I am faced with a very serious shortage of nurses, and I am making every effort to get a number in at once. There is not one on the list awaiting training. Of course, you know what a splendid training school this is and how comfortable and modern is the nurses' home. The food and service is excellent, and the hours off duty adequate. To meet the requirements of the State Syllabus, an increase of staff is requisite, and I ought to have a large number ready to come in at once.

It is always good to advertise in the B.J.N. because nurses already trained are repeatedly asked by intending candidates where to apply.

Believe me to be, yours faithfully,

MARY STEUART DONALDSON,

Matron.

Royal Infirmary, Glasgow.

PRIZE ESSAY ON SUMMER DIARRHŒA.

[A CRITICISM.]

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is stated that "Breast-fed infants and those fed on uncontaminated milk usually escape."

When the professions realise and stress the importance of and technical management of natural feeding there will be a great drop in infant mortality. Unfortunately, even children fed in hygienic surroundings on clean milk often develop zymotic enteritis, caused by their digestive organs being overtaxed with food of wrong quantity or quality, or sometimes both.

Little progress will be made in Child Welfare while the professions continue to feed children on the quantities prescribed on tins of milk and patent food, or on the "guessed" quantities and proportions of cows' milk. One constantly finds infants on part milk, part water, a little sugar to sweeten (regardless that the caloric food value of sugar stands at 116 per oz. and must not be added in excess of 7 per cent.); some cream finishes the prescription "if it can be got," most often, even in many Welfare Centres, the necessary addition of fat is disregarded. Yet the model on which all artificial food should be based is ever before us. Human milk contains 400 calories per pint (20 per oz.); and the percentage of sugar is 7 per cent.; fat, 3 to 4 per cent.;

proteid, 1.5 per cent.; and though these are substances we can never replace, we can at least educate ourselves to follow the essentials.

It is quite common to find babies having varying quantities of Virol or Malt Extract added to their food. How many prescribing take into account that the food value of Virol is 105 calories per oz. and percentage of sugar 60 per cent., fat 12 per cent., proteid 3 per cent.; the percentage of Malt Extract is sugar 60 per cent., proteid 5 per cent.? In feeding children, either to maintain health or to regain it, one must realise each child requires so much food calculated in calories according to his particular age, weight and condition, and that the food must be modified to the human standard; extras to be included in the calculation—not added.

Children recovering from enteritis often have a difficulty in dealing with fat; it is, therefore, unwise to begin with more than 1 to 2 per cent.; others, again, will run through the whole range of sugars (cane, lactose, malt, dextri-maltose) before their digestion is suited and re-education can be begun. After the acute stage, modified cows' milk boiled 10 minutes and added in increasing quantity to whey is a useful means of again attaining full-strength food. Boiling softens and breaks up the curd and guards against frequent motions. The boiling will be daily decreased and finally stopped; and when one uses the carefully calculated milk formulæ of Dr. Truby King the sugar and animal fat can be gradually balanced and increased.

In using "Allenbury" or "Glaxo," or indeed any dried or patent foods, their percentage and method of modification should be first studied and due thought given to the amount of heat to which the fat has been subjected in the process of preparation.* Gone are the days when infants cots were shrouded in curtains. Fresh, cool air is essential for health, and more so for its restoration. Moreover, Dr. Truby King stresses the necessity of moving air. It is recognised now that even premature infants thrive better in a moderately heated room provided the body heat is maintained, as advised in the essay for the enteritis child. Why then recommend that the child, even with a sub-normal temperature, be placed in a tent covered with blankets on a stifling August day?

Yours, &c.,

J. B. N. PATERSON.

THE HEALTH OF THE MATRONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My attention has been drawn to a letter, headed "The Health of Matrons," in the current issue of THE BRITISH JOURNAL OF NURSING. In this letter my recent illness is referred to, and six reasons quoted as being likely to seriously affect the health of Matrons. I desire,

* It is generally understood that there are 3 vitamins necessary, e.g. { A, anti-rachitic
B, anti-beri-beri
C, anti-scorbutic

at once, to state that no one of these six reasons were the cause, either directly or indirectly, of my recent illness. I strongly object to my name being made use of in such a connection.

I am, Yours truly,

(Signed) R. COX-DAVIES.

Hotel Bristol, Brighton.

[We are assured by "Head of a Training School," who last week wrote the letter which is alluded to, that she has not the pleasure of Miss Cox-Davies' acquaintance, and politely expressed her regret as a colleague on hearing of that lady's illness. She certainly did not infer that her questions re the health of Matrons was inspired by it. But as three of her most valued Matron friends have recently found "present nursing conditions" a terrible strain, and had broken down in health, she gave a list of the apparent causes. We constantly hear from Matrons that nursing conditions are in these days far more strenuous than in the past, and invited expressions of opinion on the matter, several of which we have received and hope to publish in due course.—ED.]

KERNELS FROM CORRESPONDENCE.

B.J.N. APPRECIATED.

Miss Mary K. Coleman, R.B.N.A. (Coonamble, N.S.W.).—"I enclose subscription for your valuable journal. . . . I feel that nothing keeps me so closely in touch with Great Britain as 'the JOURNAL.'"

Mrs. Breckinridge (Paris).—"I enclose subscription and future address at Arkansas, U.S.A. This JOURNAL has been coming to me all the year at Vic-sur-Aisne, and I could not do without it in the United States."

A POSER.

Disappointed Pro.: "I note that the State Examination is not to be held till July, 1924. I shall finish my three years' training in April of that year. Will it be possible for me to sit for the examination, or must I continue an Intermediate Nurse and thus not qualify for the State Certificate after examination?"

[We cannot reply to this poser, but think that it is probable that a certain degree of latitude will be permissible for the 1924 Exam.—ED.]

PRIZE COMPETITION QUESTIONS.

October 1st.—What are the principal biting and stinging insects? What diseases do they convey, and with what preventive or remedial treatment are you acquainted?

October 8th.—What changes take place in the nipples: (a) during the first three months of pregnancy, (b) in the first seven days of the puerperium? Name the complications which may occur during the latter period.

The Midwife.

THE RÔLE OF CÆSAREAN SECTION IN MIDWIFERY.

The discussion on the Rôle of Cæsarean Section in Midwifery was opened at the recent meeting of the British Medical Association at Newcastle-on-Tyne by Professor J. M. Munro Kerr (Glasgow) and Dr. Eardley Holland (London).

As reported in the *Lancet* :—

Professor Kerr observed that his remarks would be confined entirely to a discussion of the indications for Cæsarean section. The question of technique would be considered by Dr. Holland. Apart from, perhaps, the question of toxæmias, there was no subject in obstetric medicine which was more interesting than Cæsarean section. The modern operation dates back to the "eighties," when stitching of the uterus was introduced by Sænger. The name of Murdoch Cameron should also always be remembered in association with this early pioneer work. At that time contracted pelvis and tumours of the uterus and ovaries obstructing the birth canal were the only indications. In 1898 Lawson Tait suggested placenta prævia as an indication, a suggestion which fell almost as a bomb-shell at the time. In later years, grave eclampsia, accidental hæmorrhage, rigidity of the birth canal, prolapse of the cord, and many other conditions have been cited as indications. This is but natural, since the scope of any surgical operation extends as the technique becomes more perfect. He would like to enter a word of caution in this connection: discretion must be exercised in selecting cases which are suitable. It should be remembered that after the operation the uterus is permanently injured and liable to rupture in subsequent labours. This very fact limits the scope of the operation. Take, for example, the case of the young primipara with eclampsia. Either she must be sterilised at the original operation, or she must run the risk of a ruptured uterus in a later pregnancy. Sterilisation is a crude procedure and not justifiable. Again, there is the case of the elderly primipara where a difficult forceps operation frequently results in the birth of a dead child and much injury to the mother. Cases such as this, where the indication is not absolute but relative, lead one to the conclusion that all obstetric work should be carried out in hospital or nursing home where every facility is available. Personally, the speaker was convinced that the time will come when all primiparae and many multiparae will be confined in institutions, as against the present practice. The argument has been put forward that the younger school of obstetricians are too surgically inclined. This he did not believe was the case. In fact, it could hardly be so, as every labour was really a surgical operation.

MATERNITY MORTALITY.

According to *Kai Tiaki* the Health Department in New Zealand is making special investigation into the causes of deaths of women in childbirth, the rate of which for the whole Dominion is considered far too high—viz., 6 per cent. The Minister of Health has made the following announcement in the press :—

"Our policy must be to enlist the hearty co-operation of all doctors and midwives in necessary reforms. We must educate and help the mothers, and we must promote the best education, training, and practice for doctors, nurses and midwives inside and outside our medical school and maternity hospitals. I think the proper care and safeguarding of mother and child must bulk more largely in the teaching of medical students and nurses than has been the case in the past. Every monthly nurse should be kept up-to-date, so that she may be a safe and reliable helper. I shall make suggestions to the Board of Health in the direction of improving the knowledge and practice of all existing maternity nurses and midwives. Lectures and demonstrations to midwives may enter into our programme, so as to bring their practice up-to-date, and convince them that their help and co-operation is essential. Conferences with the University authorities, the B.M.A., and the doctors, with a view to getting their help, must also be arranged.

"I am clear that some legislation is necessary. For instance, under the existing law an untrained and uncertificated woman may take in one case at a time if there be no doctor in attendance. I find that there are a good many of these cases. I think I must draw Parliament's attention to this matter, and ask it to review this practice. In the meantime the Medical Officers of Health all over New Zealand are now inquiring into every death in childbirth, and the cause, and we are getting some interesting information. Inspection of all private nursing homes must be greatly improved. I hope by a policy of friendly co-operation with the various interests concerned soon to effect a substantial reduction in our unjustifiably high death-rate. The matter is one of national importance."

A NEW DEPARTURE.

A correspondent forwards the following cutting :
BIRTHS.

WEBB-JOHNSON.—On September 5th, at East Sheen, the wife of Dr. Cecil Webb-Johnson, of a daughter. (In Twilight Sleep.)

"Does this mean," she enquires, "that a new style of announcing births is imminent; that in future we shall see inserted in the press, 'chloroform,' 'forceps,' and other aids to parturition?'"

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

No. 1,748

SATURDAY, OCTOBER 1, 1921.

Vol. LXVII

EDITORIAL.

ARCHIVES OF PEDIATRICS.

IMMUNIZATION AGAINST DIPHTHERIA AND MEASLES.

The most absorbing, if the most exhausting, duty of an Editor is to keep herself instructed by the written word, and in these strenuous times we long for the opportunity to study not only professional news, but the progress of science as it affects Nursing—and this is a very tall order.

Our attention has recently been called by a reader, herself an expert on Pediatrics, to recent issues of the "Archives of Pediatrics," an American monthly devoted to the publication of medical papers on the subject, and she writes: "The Archives have been very interesting lately, and there is much up-to-date stuff which you might at least mention in the Journal." We quite agree.

In one issue, which is entirely devoted to Diphtheria, very interesting articles on preventative measures appear. Roughly, it is surmised that all infants are protected by the natural maternal immunity till four or five months of age. After that the Schict test should be applied, and those found still with natural immunity left. Then tried again at one year. Those who have maternal immunity at one year will not take diphtheria even if exposed to it. Most interesting reports are inserted from the children's institutions in New York, where the system is in swing, and it is advised that those who have not natural immunity must be inoculated and doses are suggested, &c.

Dr. Abraham Zingher, New York, writes on "Preventative Diphtheria Work in the Public Schools of New York." Dr. Charles Hermann, in the Discussion, congratulated Dr. A. Zingher on what he has accomplished in such a short time. Owing to his repeated demonstrations before the larger medical societies,

the majority of the physicians in New York City are familiar with the value of the use of the toxin-antitoxin mixture in the immunization against Diphtheria. The idea is that children should be immunized as for small-pox.

Dr. Francis G. Blake, New York, gives evidence of research in experimental measles. He has been very successful, and surpassed findings of Anderson and Goldberger and others, and put the subject on a firmer basis.

There is an interesting allusion (by Dr. Henry F. Helmholtz) to Pfaundle's Clinic in Munich, where it is shown that 173 individuals exposed to measles, and injected with 5 c.c. of blood serum taken from convalescent measles patients seven to fourteen days after the temperature dropped to normal, had been absolutely protected against measles, &c. This will have a far-reaching effect on our child mortality and after defects.

According to Dr. Charles Hermann, the nasal mucus from children with measles (free from other diseases) at the beginning of the eruption was collected on small swabs, or drawn into capillary tubes, which were sealed. This mucus was applied by touching the mucous membrane of healthy children between four and five months of age. (In large cities where nearly all mothers have had measles a relative immunity is conferred on their infants which lasts about five months. This is absolute during the first and second months, and gradually disappears.) It is thought well to inoculate while relative immunity is still there, and render the child immune at least for five years, as most deaths from measles occur below that year (measles and broncho-pneumonia, &c.).

It would appear, now that nurses are to be systematically educated in the Nursing Schools, that the "Archives of Pediatrics" should find a place in the Nurses' Class Room amongst other up-to-date literature.

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL BITING AND STINGING INSECTS? WHAT DISEASES DO THEY CONVEY, AND WITH WHAT PREVENTIVE OR REMEDIAL TREATMENT ARE YOU ACQUAINTED?

We have pleasure in awarding the prize this week to Mrs. G. Firth Scott, 231, Ladbroke Grove, W.

PRIZE PAPER.

Bees, wasps, hornets, some ants; lice, fleas, bugs; mosquitoes and various flies; cockroaches and some beetles.

Bees, wasps and hornets produce painful sometimes dangerous stings. The bee sting is hooked, and remains in the wound until expressed. When the sting is out, apply a clean pad soaked in carbolised oil, liquid ammonia, or a paste of equal parts bicarbonate of soda and sal volatile. If swelling and inflammation spread consult a doctor.

Ant stings, which contain formic acid, can be neutralised by alkalies as above. A paste of fine wood ash and water can be used if none of these remedies are available.

Lice cause intense irritation by sucking and burrowing into the skin. "Bird lice" sometimes bite the skin of human beings also. Carbolised oil, sulphur ointment, carbolic compresses are useful, but the main object must be the eradication of the pediculi. Clothes which have been in contact with a verminous person must be stoved, hair should be shaved if infected, and the skin cleansed thoroughly. Lice convey typhus fever.

Fleas.—The most interesting, perhaps, from the medical viewpoint, is *Pulex Penetrans*, which is found in sandy soil in Africa and South America. This flea burrows under the nails (usually toe nails), and produces an irritant septic sore and an ulcerating joint.

Kerosene, Carbolised Oil, or Ammonia may deter them. *Pulex Irritans* is the ordinary flea found in unclean human habitations. Cleanliness, and the local application of carbolised oil or eucalyptus will keep them away. It is interesting to note that fleas and bugs seldom bite vegetarians!

Fleas have been found to spread bubonic plague—rat fleas particularly—hence the campaign against rats instituted by the Ministry of Health.

Bugs inhabit old, dirty woodwork, walls, &c. Eradication by fumigation is the only real remedy, though petrol and kerosene appear to deter them. Some authorities believe they spread typhus fever.

Flies have long been known as carriers of infection. They may infect foodstuffs by carry-

ing particles of filth on their bodies, they may bite and infect directly, they may inoculate after a cycle of development. Typhoid, bacillary dysentery, *B. enteritidis*, summer diarrhoea, cholera, the ova of certain worms, and possibly anthrax may be conveyed by "carriers" such as the house-fly.

The tsetse fly (*G. palpalis*), and possibly other biting flies, convey human trypanosomiasis and sleeping sickness by direct inoculation.

Mosquitoes (anophelinæ) cause malaria in human beings. The infected mosquito discharges the "zygote-blasts" into the circulation of the vertebrate host, and after a definite cycle of development the malarial attack begins. Kerosene spread over malarial swamps is said to kill the mosquitoes. Dried and slowly burning "cow dung" will prevent mosquitoes entering the tent or room. It burns with an aromatic smoke. The intravenous injection of quinine bi-hydrochloride, by a doctor, is the best remedy.

Flies belonging to the genus *Stomoxys* transmit the disease known as infantile paralysis or acute anterior poliomyelitis.

Cockroaches (*Blatta orientalis*) give slight bites, and their footprints cause irritation of the skin if they pass over it.

Various beetles bite, or rather cut with their mandibles. They are dirty feeders, and may convey acute sepsis by contaminating the wound with micro-organisms. Wash the wound immediately in an efficient disinfectant, and paint with iodine. If this is impossible, ligature on side nearest heart to prevent poison circulating, suck and expectorate the poison. Permanganate of potash crystals may be rubbed in. Dress wound with iodine and sterile pad till healed.

Midges, gnats and similar pests of a country walk can be kept off by smearing the legs and feet with cajput or eucalyptus oil before putting on the stockings. Ammonia and witch hazel are good for most stings.

Acarus (scabies), ticks, harvest-bugs, and biting spiders, are *not* insects.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mena M. G. Bielby, Miss Mildred W. Comer, Miss C. Wright, Miss Amy Turner, Miss Kate Martin.

QUESTION FOR NEXT WEEK.

What changes take place in the nipples:—
(a) during the first three months of pregnancy;
(b) in the first seven days of the puerperium?
Name the complications which may occur during the latter period.

NURSING ECHOES.

We are glad to learn that the National Union of Trained Nurses is convening a conference to discuss the question of the unemployed insurance of nurses, and to see if some united scheme can be agreed upon.

Nurses trained and in training bitterly resent inclusion in the Act, as they realise unemployment insurance premiums paid by them will result in no benefit to nurses as a class, but that they are in reality being taxed to finance a scheme for the benefit of industrial workers. Domestic servants are exempt from the tax, so unless a highly skilled professional and "Registered" nurse chooses to rank as an unskilled domestic worker, she cannot avoid the toll. "I won't pay it, so that's that," we have heard nurses say, but they cannot escape without breaking the law—and their employers can also be penalised for their default. It only proves that the Labour Ministry has not had sufficient political pressure brought to bear upon it to compel it to treat the opinion of the profession of nursing with attention and respect. Apathy and lack of cohesion is our undoing. Once we have the power of the law behind us we shall pipe on a new note.

It is reported that the staff at the Colwyn Bay Isolation Hospital at Bronynant having objected to pay the unemployment insurance premiums the Health Committee recommended that the Council should pay the premiums on their behalf.

Strong opposition to this proposal was offered at a recent meeting of the Council by Mr. D. Edwards (Labour), who was supported by other councillors. The point made by the Labour speakers was that these contributions should be paid by the workers as their quota towards providing for the time when they might be unemployed.

By a very large majority the proposal was rejected. It was explained that the scale of salaries at the hospital was rather low.

We hear from several matrons that they do not mean to permit their Nursing Schools to lag behind the G.N.C. Syllabus. This is encouraging, because would-be probationers will more and more make enquiries as to the educational facilities available before they sign a three or four years' contract with a hospital for training, and they now have a right to know whether or no the syllabus of training

covers the requirements for the State Examination in 1924.

Some of the leading schools are already working up to the standard, and the enthusiasm of several of the matrons of Poor Law Infirmarys in doing all that they possibly can to bring the teaching up to standard is exceedingly hopeful.

Hospitals too small to provide a thorough practical curriculum must be looking around and be willing to affiliate in the group system with other local institutions with special but valuable clinical material, to train on which cannot provide sufficient variety of cases and experience to qualify for the General Part of the Register.

What has quite recently been done at the York County Hospital (230 beds) can be done by others. Miss Margaret M. Steel (the Matron) informs us that "we are battling with the Syllabus here, and have got the York Education Committee to give the probationers a course of lectures on Physics, Biology, Elementary Science, and Pharmacology, for which the Committee is paying the fees. The other teaching has been undertaken by our Hon. Medical Staff, and I have got it all fitted in quite well with the exception of Infant Welfare, but the Medical Officer in charge of that Department in York is kindly lecturing here for us. Being a matron in these strenuous times is no joke!"

Placing before a clever young Sister we know, the urgent need that now exists in the training schools for Sister-Tutors—hoping she would see her way to adopt this branch of her profession—she replied: "I entered the Nursing Profession to be a Nurse, not a whole-time teacher. What I love is the patients and the ward management, and studying and learning side by side with the students from great physicians and surgeons. I don't want to be a school marm."

We find quite a number of highly trained experienced nurses do not want to be "school marms." It is helping sick people which makes them happy, and, indeed, we cannot afford to deprive the sick of such women—but with the State Examination of 1924 coming along apace, more whole-time teachers must be trained. Here is a real field of usefulness for the College of Nursing Ltd., and one with others it might push—the while, ceasing to compete with the G.N.C. in duties deputed to it by Act of Parliament, such as classifying the training schools, defining the educational

curriculum for the State Examination—and purporting to register nurses.

The Nursing Profession has a very useful example of organisation in the Medical Profession. The General Nursing Council combines the activities of the General Medical Council in its relation to teaching bodies, and the Nurses' Associations should in unity cover the ground of the British Medical Association.

Mr. Percy Edward Laurence, of The Grove, Witham, Essex, left a piece of land in Collingwood Road, Witham, for the erection of a Nurses' Home.

Mr. John Joyce, J.P., of Seabank House, Wallesey, left Miss Pollard, his nurse, £100.

The St. Peter-Port Nursing Association have recently purchased "Cordier House" as a residence for their three nurses, and also with a view to use part of it as a Maternity Home as soon as funds permit. The purchase has depleted the funds of the Association, and money is urgently required for current expenses, as well as for a necessary sanitary installation in the house.

A very successful sale of work was held last week at Fort Augustus, in aid of the Queen Victoria Nurses' Institute. The bazaar, which was opened by Lady Lovat, was held in a marquee in the Abbey grounds. There was a large attendance of visitors, including many from the shooting lodges and surrounding districts.

MENTAL NURSE INSPECTORS REQUIRED.

The seventh annual report of the Lunacy Board of Control has been issued and should be carefully studied. In it is the announcement that the Board hopes that a comprehensive measure to allow mentally sick people to be treated, for certain periods and in certain circumstances, without certification as lunatics, will be submitted to Parliament at the earliest practicable date. The important pronouncement also appears: "The nursing of male insane patients by women under suitable arrangements is followed in a large number of cases by markedly beneficial results, and we approve of maintaining and extending the system."

The report deals at some length with recent complaints and allegations against asylum treatment.

In our opinion there would be fewer complaints if experienced Registered Mental Women Nurses had seats on the Lunacy Board of Control.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The General Nursing Council is summoned to meet at the Ministry of Health, Whitehall, on Friday, September 30th, at 2.30 p.m. It will be a historic meeting, because for the first time the Council will consider Applications for Registration, and grant the title of "Registered Nurse" to those of whose credentials it approves. The list will not be an exhaustive one, owing to the opening of the Register during the holidays, but now that the Council has reassembled, the hundreds of applications awaiting consideration will receive attention. Already Headquarters realises the enormous task before it, but there is plenty of energy, both on the Council and in the Office, to deal with it.

One fact the profession must remember. As soon as possible after June 30th, 1922, the Rules provide that the first Register shall be published; further, that before December 23rd of 1922 the nominated Council must be replaced by the elected Council, so far as the nurses' 16 representatives are concerned, so that if nurses desire to vote for their own Governing Body, which remains in office for five years, they must be registered before that date.

CHILDREN'S ORTHOPÆDIC CENTRES.

The Central Committee for the Care of Cripples on the Organisation of Clinics for the Treatment of Children has drawn up the following Report:—

The types of children for whom such treatment may be suggested are:—

1. *Rickets*.—It is very doubtful whether physiotherapy is worth while. Minor cases are best treated at infant welfare centres by regulation of feeding and medicine and attention to hygiene. Major cases require either splinting or operation, or treatment in a residential institution where the hygiene and the diet are carefully supervised. Out-patient massage is waste of effort; it is impossible to give skilled massage to an infant.

2. *Infantile Paralysis*.—The treatment may be divided into (1) Prevention and correction of deformities: (a) splinting; (b) operative treatment; (c) use of walking apparatus. (2) Physio-therapy: (a) massage; (b) re-education of movement; (c) electrical treatment. These should be considered as a whole. In an early case splinting, massage, and electrical treatment of the appropriate muscles should be provided, followed at a slightly later stage by re-education of movement and by the

provision of any necessary appliance. The scheme of treatment must be settled by a surgeon with special experience in this work, who should direct which muscles are to receive treatment and which movements require re-education. There is a tendency to consider physio-therapy as the panacea for infantile paralysis. This is not so. It has its uses, but must be applied thoughtfully as a part of the whole scheme of treatment. Only selected muscles and movements should be treated and exercised. It is easy by giving electrical treatment to the stronger muscles to produce rather than to diminish deformities. After two years from the date of onset of the paralysis, physio-therapy has only very restricted uses. During the later stages, however, carefully thought out exercises to improve the power and control of muscles which have recovered but are not in active use, and to undo bad habits, may produce great improvement. It requires great experience and intelligence to draw up the scheme for such treatment. These cases more than any others should be under an orthopædic surgeon whilst under treatment. Treatment should in no case be indefinitely prolonged.

3. *Spastic Paralysis*.—These repay physio-therapy only in so far as they are capable of improvement by re-education. Massage and electrical treatment are useless. It may be said generally that the appropriate methods of re-education are not taught in the massage schools, so that a masseuse will not be able to deal adequately with a case of spastic paralysis unless she has preliminary and special instruction.

In all except very mild cases the treatment by re-education is only a part of the treatment, preliminaries being the reduction of the spasm by surgical methods such as tenotomy, division of nerves, division of posterior nerve-roots, and perhaps the provision of walking appliances. Many cases of spastic paralysis are so mentally deficient that they are unable to respond to any form of treatment.

4. *Scoliosis and Round Shoulders*, divisible into :
(1) Mild postural cases. The essential element in these is not bone deformity or muscular weakness, but lack of proper muscular control and balance. Their cure is a question of physical education. They are best dealt with in small classes and by educational gymnastics. Such treatment is most easily given in the schools. Apparatus is not essential; if apparatus is provided it should be only of the simplest, the most valuable pieces being (a) reversible bench for balance work, and (b) a few rib stools. Plinths are not wanted.
(2) Mild structural cases. It is essential that these should be under regular surgical supervision, as they are the type of case from which the bad scoliosis arises, and often arises very suddenly. Exercises for these require most careful regulation. The best exercises are, as a rule, those for improvement of control of muscle balance—i.e., educational. Splints for recumbency and supports for the spine may be required.
(3) Severe structural cases. These require much the same treatment as the

last class, but in many cases there is a tendency to treat by exercises children with fixed severe curves which are quite incapable of improvement. The number of bad cases of scoliosis among school children is relatively very small.

5. *Flat Feet*.—Flat feet and talipes valgus are common in children. The first essential in treatment is to see that proper boots or shoes are worn. Boots that have been modified or are supported by a steel spring may be required. Subject to this, exercises are useful in a large proportion of cases. Class exercises in school are all that are required, except in a few special cases. No apparatus is required unless it is a skipping rope.

6. *Breathing Exercises* can be best done in classes in school. No apparatus is required.

7. *Bone and Joint Disease*.—It should be our aim to see that these cases are treated, as far as possible, in residential institutions while at the active stage. During later stages they require careful after-care, namely: (a) periodical surgical supervision to watch progress; (b) supervision to see that apparatus is worn and rules as to rest carried out.

The types of cases which require orthopædic supervision and treatment can therefore be divided into: (a) Those for whom class exercises only are required. These should be dealt with by special physical education classes in schools, and should not be brought to treatment centres apart from initial and periodic examinations. The treatment of these children in clinics interferes much with their schooling, and is unnecessarily expensive.
(b) Those who require orthopædic treatment. This may include surgical supervision, splinting, surgical appliances and physio-therapy such as massage, exercises, and electrical treatment. These cases cannot be dealt with at a clinic at a school, but should be treated either in a hospital out-patient department, or if one is not accessible, in a centre which is virtually an outpost of the orthopædic hospital, and should be supervised by a surgeon trained in orthopædic work and in touch with the central hospital, which can deal with portions of the treatment which cannot be carried out at the centre.

Such centres should be: (1) Established only where a hospital cannot adequately carry on the work of the area. (2) Part of a complete scheme of orthopædic treatment for the area and properly coördinated with a hospital. (3) Under the surgical supervision of an orthopædic surgeon, who visits sufficiently often to exercise adequate supervision. He must be paid. (4) Coördinated with: School medical work—school medical officer should visit the clinic weekly and admit new cases; infant welfare centres; school classes for corrective exercises; Invalid Children's Aid Association.

The Central Committee for the Care of Cripples are willing to assist in the first organisation of a clinic or system of clinics, and particularly to assist in the selection of visiting orthopædic surgeons.

May we urge that good King Sol and highly skilled specialist nurses are indispensable in dealing with Children's Orthopædics.

RULES FOR THE REGISTRATION OF NURSES.

ENGLAND, SCOTLAND, AND IRELAND. MALE NURSES.

Having in foregoing issues compared the Rules for the registration of nurses on the General Part of the Register, we come now to consider the Supplementary Parts for Male Nurses, whose training necessarily differs from that of a female nurse, as the care of infants, children and women do not form part of his duty.

ENGLAND.

QUALIFICATIONS FOR ADMISSION TO THE PART CONTAINING THE NAMES OF REGISTERED MALE NURSES.

(a) A certificate that the applicant has had not less than three years' training before the 1st November, 1919, in a Hospital or Institution approved by the Council for the training of male nurses, or evidence that he has had not less than three years' training before the date aforesaid, as a male nurse in the service of the Admiralty, the Army Council or the Air Council, or that as to part of the period aforesaid, he has had training as a male nurse in such hospital or institution, and as to the remainder, training as a male nurse in such service as aforesaid; or

(b) Evidence that the applicant has had not less than one year's training in a hospital or institution approved by the Council for the training of male nurses, or evidence that he has had not less than one year's training as a male nurse in the service of the Admiralty, Army Council or the Air Council, accompanied by evidence in either case that he has subsequently been *bona fide* engaged in practice as a male nurse in attendance on the sick for not less than two years before the 1st November, 1919.

SCOTLAND.

FOR ADMISSION TO THE SUPPLEMENTARY PART OF THE REGISTER CONTAINING THE NAMES OF MALE NURSES.

(a) A certificate from the Local Government Board for Scotland or from the Scottish Board of Health that the applicant possesses the qualification for this part of the Register required by the Department so certifying;

(b) A certificate of not less than three years' training before the 1st November, 1919, from a hospital or institution recognised by the Council for the training for the purposes of the Register of male nurses, or as a male nurse in the service of the Admiralty, the Army Council, or the Air Council, or as to part of the said period in such a hospital or institution, and as to the remainder as a male nurse in the service of the Admiralty, the Army Council, or the Air Council; or

(c) Evidence that the applicant has been for three years before the 1st day of November, 1919,

bona fide engaged in practice as a male nurse in attendance on the sick—evidence that at least the first one of the said three years has been spent as a male nurse in a hospital or institution for the treatment of the sick recognised by the Council under this Section, or in the service of the Admiralty, the Army Council, or the Air Council, or as to part of said one year in such hospital or institution, and as to the remainder as a male nurse in the service of the Admiralty, the Army Council, or the Air Council.

IRELAND.

CONDITIONS OF ADMISSION AS MALE NURSES.

(1) Male applicants who satisfy the conditions prescribed . . . will be admitted to the Supplementary Part of the Register containing the names of Male Nurses provided they can produce satisfactory evidence of having carried out prior to the 1st November, 1919:—

(a) Not less than three years' approved training in a hospital or institution, or in the service of the Admiralty, the Army Council or the Air Council; or

(b) Not less than one year's approved training in such Hospital or Institution or in the service of the Admiralty, the Army Council or the Air Council, with at least two years' subsequent *bona fide* practice in nursing.

WHERE THE RULES DIFFER.

Practically, as will be seen, there is very little difference in the three sets of Rules as to the registration of male nurses. Scotland recognises a certificate from the Local Government Board for Scotland, and from the Scottish Board of Health, without defining the qualifications. This Rule prevents uniformity with those framed in England and Ireland.

ROYAL BRITISH NURSES' ASSOCIATION.

LECTURE.

On Saturday, October 8th, Miss Good, M.R.B.N.A., will lecture at 194, Queen's Gate at 4.30 p.m., on "A New Impulse in Education." Miss Good is a keen student of psychology and has given much thought and study to matters connected with the evolution of the mind. This year she used her holiday to go to Dornach in Switzerland to attend courses of lectures in connection with a wonderful new school of psychological thought and so we look forward to an interesting and very helpful lecture on the 8th.

Several members may remember a lecture which Miss Good gave before the Association over a year ago and how fascinating and interesting was her treatment of her subject. We advise all who can to make a point of being present. The charge for the lecture will be one shilling, inclusive of tea, which will be served at 4 p.m.

NURSES' MISSIONARY LEAGUE.

The Valedictory Meetings of the Nurses' Missionary League to wish God-speed to the members sailing for the Mission Field will be held at University Hall, Gordon Square, W.C., on October 4th.

PROGRAMME.

GENERAL SUBJECT: "THROUGH DARKNESS TO LIGHT."

Morning Session, 10.30—12.30.

"The Night of Suffering."

Chairman: Mrs. Lenwood.

Hymn, Holy Scripture, Prayers.

Devotional Address: "The Light of the World."

1st Address: "A Nurse's Experiences in the Jungle." Mrs. Vickers (Royal Infirmary, Manchester), India.

Interval.

Informal Discussion: "What Equipment is Necessary for a Hospital Overseas?" 2nd Address: "A Peep into the Cavern of Suffering in South America"—Miss A. G. Soper (Camberwell Infirmary), Peru.

Tea and coffee during interval.

Afternoon Conversazione, 3—5.30.

"The Scattering of the Shadows."

Hostesses: Mrs. Braithwaite, Mrs. Sturge, Mrs. Wenham, Miss Pell, and Miss Ray.

Addresses: 1, "Glimmerings of Light"—Miss E. Horne (Royal Infirmary, Derby), Central Africa; 2, "That they might have Life"—Miss C. F. Tippett (Royal Infirmary, Gloucester), China.

The afternoon affords special opportunities for meeting members from other Hospitals, Sailing Members, and Missionary Members on furlough. Music and Refreshments.

Evening Session, 7.30—9.30.

"The Day Cometh."

Chairman: The Rev. H. L. C. de Candole (Canon of Westminster).

Opening Hymn and Prayers. The Secretary's Report. Sailing Members will speak for five minutes each.

Missionary Address: "Watch and Pray"—Miss G. Santler (Royal Infirmary, Bristol), China. Closing Address: "The Armour of Light"—The Chairman.

Closing Prayers and Benediction.

Tea and coffee, 7—7.15.

All Members and friends are cordially invited to be present. R.S.V.P. to Miss Richardson, 135, Ebury Street, S.W. 1.

LIST OF "SAILING" MEMBERS.

Those marked * will have sailed before October 4th.

- *Miss D. Allmond (C.C.C.S.), trained at Mildmay Mission Hospital, to Australia.
- Miss M. Armstrong (W.M.M.S.), trained at Prince of Wales' General Hospital, Tottenham, proceeding to S. India.
- *Miss G. Bliss (B.M.S.), trained at General Hospital, Worcester, to Congo.

Miss M. V. Boddy (C.M.S.), trained at St. Thomas' Hospital, proceeding to India.

Miss E. Burchett, trained at the London Hospital, proceeding to Ceylon.

*Miss M. B. Christie (U.F.C.S.), trained at Mildmay Mission Hospital, to Livingstonia.

*Miss G. E. Collett (E.U.S.A.), trained at St. Andrew's Hospital, to Brazil.

Miss B. R. Cullwick (W.M.M.S.), trained at Royal Southern Hospital, Liverpool, proceeding to Mysore.

*Miss H. Darch (W.M.M.S.), trained at Lambeth Infirmary, to Hankow.

Miss R. A. Dedman, trained at S. James' Infirmary, proceeding to China.

*Miss D. M. Dence (L.J.S.), trained at Royal United Hospital, Bath, to Jerusalem.

Miss N. A. Emerson (Z.B.M.M.), trained at the London Hospital, proceeding to Benares.

*Miss H. L. Ferguson (U.F.C.S.), trained at Royal Infirmary, Edinburgh, to Palestine.

*Miss M. Hammond (B.M.S.), trained at Eastville Infirmary, Bristol, to Congo.

Miss E. A. Hodgshon (C.M.S.), trained at Royal Victoria Infirmary, Newcastle-on-Tyne, proceeding to Persia.

Miss J. E. Hillier (C.M.S.), trained at General Hospital, Bristol, proceeding to Kavirondo.

*Miss M. Jones (U.M.C.A.), trained at Stanley Hospital, Liverpool, to Nyasaland.

*Miss J. M. Linder (U.M.C.A.), trained at Lambeth Infirmary, to Zanzibar.

*Miss J. McCard (W.C.M.C.), trained at Whipp's Cross Infirmary, to Ludhiana.

*Miss F. Major (B.M.S.), trained at Whitechapel Infirmary, to China.

Miss J. C. Perrie (S.P.G.), trained at Royal Infirmary, Manchester, proceeding to Delhi.

Miss A. J. Sayer (C.M.S.), trained at the London Hospital, proceeding to Egypt.

*Miss N. Shepherd (P.M.), trained at Guest Hospital, Dudley, to Nigeria.

Miss B. M. Smith (L.M.S.), trained at the London Hospital, proceeding to Central China.

*Miss A. M. Spence (U.F.C.S.), trained at the Royal Infirmary, Aberdeen, to Aden.

Miss E. G. Wilson (W.M.M.S.), trained at Lambeth Infirmary, proceeding to India.

LEAGUE NEWS.

The Annual Meeting of "the East Suffolk Hospital Nurses' League," is always a very special occasion for the Nurses; this year it was particularly so, as it was the last time that the President, Miss M. Deane, R.R.C., would preside as Matron of the Hospital.

There was a large gathering, non-resident members making a special effort to attend; there were also members of the Nursing Staff (not trained at the East Suffolk Hospital) present.

The business side of the meeting having been quickly got through, the President, amid a great ovation, rose to give her address. By request she gave an account of the "Nursing" changes that had taken place in the hospital during her term of office, tracing step by step the various reforms, brought in, and paying tribute to the whole-hearted support of a "far-seeing and go-a-head Board of Management."

It was a speech that few who heard it will forget. The occasion was taken to make a presentation to Miss Deane, the League Secretary, asking her to accept "a deed-box and cheque, which had been subscribed to by past and present members of the Nursing Staff, whose names were inscribed on an accompanying scroll, as a small token of their love and esteem, and with best wishes for much happiness in the future."

Miss Deane, who was much overcome, thanked those present, after which the meeting adjourned to tea.

THE GREEK NURSING UNIT.

We have received some charming "snapshots" from Greece and Asia Minor, where the Sisters are very busy attending to the convoys of very seriously wounded after the recent hard fighting. We gather from these "snaps" that everything is entirely *entente cordiale* between the Sisters and their fellow-workers. The orderlies appear a very refined type of man.

As a lover of historical romance one "snap" taken at Tatoi—where the lady with the kodak was a guest of the Queen interested us immensely. It presents a perfectly sweet little baby girl in the arms of her nurse, the little daughter of the late King Alexander and of Madame Manos, hismorganatic wife. We surmise, therefore, that the offspring of this romantic marriage, after the tragic death of her father, to whom Queen Sophie was devotedly attached, and whom she was forbidden to visit during his fatal illness, is now included in the Royal circle. It is a happy solution of the relationship, as this little lady is a great, great grandchild of Queen Victoria, of William I, the Emperor of Germany, of Christian IX, King of Denmark, and great great grandchild of an Emperor of All the Russias; not forgetting her pure Greek descent from her mother. "Some" ancestry, as our American friends would say.

The Unit is coming into touch with vastly interesting experiences.

ZOMOGEN.

THE NEW RESTORATIVE FOOD.

Zomogen Food Products are widely known throughout Scotland, and the firm manufacturing them are issuing literature for the information of the medical and nursing professions, and for the public. A booklet, giving "Some Facts about Zomogen," is addressed to doctors, and will, therefore, interest nurses. A leaflet draws the attention of the public to the advantages of this Tonic Food.

From the former we learn that Zomogen is a concentrated food containing Proteids, Hæmoglobin, Lecithin, Cholesterine, Potassium Salts, Phosphates and Vitamines, and that it acts directly on the spleen, and stimulates its activities in the production of Red Blood Corpuscles.

When we have fully tested Zomogen we shall report further upon its efficacy; in the meanwhile, it can be obtained in bottles direct from Zomogen Food Products, Ltd., 63, York Place, Edinburgh. We are informed that Zomogen is in daily use in the Royal Infirmary, Edinburgh, in the Child Welfare Department of the City; and that medical men under whose instructions it is administered have assured the manufacturers that the results obtained are excellent.

APPOINTMENTS.

MATRON.

Isolation and Tuberculosis Hospitals, Derby.—Mrs. Sarah Christina Cowan has been appointed Matron. She was trained in general nursing at the Royal Infirmary, Edinburgh, and in Fever nursing at Belvedere Hospital, Glasgow. She has held the appointment of Matron to Dean's Hospital, South Shields.

Exhall Temporary Sanatorium, Coventry.—Miss Jenny Dick Murray has been appointed Matron. She was trained at Warneford Hospital, Leamington, Heathcote Sanatorium, and the Simpson Memorial Hospital, Edinburgh, and has since been Sister and Night Sister at the Warneford Hospital, and Staff Nurse and Charge Sister, T.F.N.S., at Birmingham and at Salonika. She has also acted as *locum tenens* for the Matron of the Nuneaton Fever Hospital.

ASSISTANT MATRON.

Glasgow Royal Asylum, Gartnavel.—Miss Mary A. Lumsden has been appointed Assistant Matron. She was trained at St. George's Hospital, London, and at the Crichton Royal Institution, Dumfries; and has been Sister at the West Herts Hospital, Hemel Hempstead.

SISTER-TUTOR.

Mile End Hospital, Bancroft Road, E.—Miss Mary J. Eagle has been appointed Sister-Tutor and Home Sister. She was trained at Guy's Hospital, and has been Sister at Lewisham Hospital, and done private nursing.

SISTER.

South Shields Union.—Miss Edith J. Anderson has been appointed Sister. She was trained at the Bagthorpe Infirmary, Nottingham, and has been Sister there. At present she holds the appointment of Health Visitor and Inspector of Midwives, St. Helen's Corporation.

AMERICANS GO HOME.

We learn that Mrs. Breckinridge, who has been working so devotedly with the American Committee for the Devastated Regions in France, and whose charming personality became known to us through Miss Brey's visit to France last year, is returning to the United States. Mrs. Breckinridge will be a great loss to the work and we sympathise with France—where she is so popular—on losing her.

Miss Alice Fitzgerald, Chief of Division of Nursing, League of Red Cross Societies, has also, after doing fine organisation work for the League, returned to the States. Another Johns Hopkins graduate is carrying on the work.

THE HOSPITAL WORLD.

Alexandra Day has brought in £37,000 this year—£4,000 more than last year. The expenses of purchasing the roses, &c., were, roughly, about £5,000, but this figure represented employment to a large number of people. From the fund, Queen Alexandra, on the invitation of the Committee, has distributed £10,000 among hospitals, dispensaries, and other institutions in which she took a great interest, leaving £21,640 for the Committee to allot as they thought fit. The Committee distributed this sum among nearly 200 medical and nursing charities in London.

At a carnival in aid of the Metropolitan Hospital, Kingsland Road, 2 tons 8 cwts. of copper coins were taken from the 1,900 collecting-boxes issued.

Great preparations are being made for a Toy and Crafts Fair and Competition, to be held in aid of the extension fund of the Royal Free Hospital on November 11th and 12th. The fair will be opened by H.R.H. Princess Louise Duchess of Argyll.

The negotiations for the absorption of the Royal Chest Hospital by the Great Northern Central Hospital, Holloway, having come to a successful issue and formal agreements entered into, the Committee of the latter institution are, by an order of the Charity Commissioners, responsible for the management of the Royal Chest Hospital as from September 6th, 1921.

The Harrogate Infirmary has just celebrated its jubilee, when memorial tablets, commemorative of the war, were unveiled by the Mayor. The Infirmary was inaugurated by the Rev. Claude Roberts, a Norfolk gentleman, who was curate-in-charge at Harrogate St. Mary's Church. The first premises comprised a couple of cottages, which were converted to meet the requirements of a hospital. In the first financial year the receipts were £491 and the expenses £355, and the number of patients 50 indoor and 200 out. Last year it had 795 in-patients and 1,950 out-patients, and 832 operations were performed. The expenditure last year was £9,444, and the income £6,392, leaving a deficiency of £3,052. Special efforts are being made to raise funds.

The first Matron of the hospital is still alive, and lives in retirement in Harrogate, and is in her 80th year. This is Miss M. A. Long, who, despite her strenuous life and advanced age, is wonderfully alert and active mentally. At first there was only Dr. T. R. Long, and the Matron had to assist him with operations, and has set many limbs herself, she also had to do the housekeeping. There were no rules, and except when the doctor ordered special diet, the patients were fed as Miss Long thought best. At the first annual meeting the committee showed their appreciation of Miss Long's services by presenting her with a gold chased brooch, which she still possesses.

LECTURES.

BEDFORD COLLEGE FOR WOMEN, SESSION 1921-22.

Courses of Lectures on Social and Industrial Subjects, intended for Trained Nurses engaged in work during the day, will be given on Mondays, at 7 p.m., beginning Monday, October 3rd, 1921.

Michaelmas Term, 1921.—Ten Lectures on "Social Theory," by Mrs. Reid (Director of Social Studies), beginning Monday, October 3rd.

The Nature of Society; Man, a social being; Community, a social group. Organisation within the group; the division of labour leading to diversity and also to social coherence. Modes and Motives of Association. Social Institutions; the Structure of Society; the Family; Educational Institutions; the State. The State and the Family. The State as Educator. Forms of Government; Democracy; the Democratic Ideals—Liberty, Equality, Fraternity—how far they are realised. Democracy and Representative Government.

Lent Term, 1922.—Ten Lectures on "Industrial Conditions," by Mrs. Williams, B.A., beginning Monday, January 23rd, 1922.

The Evolution of the Modern Industrial System and its main characteristics. Industrial Unrest. Strikes and Arbitration. Trades Unionism. Women in Industry. Whitley Councils and Trade Boards. Unemployment.

Fee for each course 15s., to be paid before the first lecture of the course to the Secretary, Bedford College.

A "MALTED MILK" MILLIONAIRE.

The late Sir James Horlick, Bart., of 2, Carlton House Terrace, S.W., founder and chairman of Horlick's Malted Milk Co., left £450,481. It is announced that Sir James left a very large fortune, far beyond the £450,481 which is the value of the property in the United Kingdom. The estate duty provisionally paid amounted to £211,020. It is not surprising that Horlick's Malted Milk—tested and appreciated throughout the world—helped to make the fortune of its proprietor and deservedly so. During the war a glass of "Horlick" was substituted for one of alcohol in millions of cases, with untold benefit to the Army of all grades.

As an Army Sister once said to us: "We give it hot and we give it cold, and however we serve it the boys want more."

Miss Richardson will be "At Home," at 135, Ebury Street, S.W.1, in the morning and afternoon of each Thursday in October to members of the Nurses' Missionary League.

HEADQUARTERS FOR QUEEN'S NURSES.

Nurses wishing for work as Queen's Nurses in England should apply to the General Superintendent, 58, Victoria Street, London, S.W.1; for work in Scotland, to the Superintendent of the Scottish Branch, 26, Castle Terrace, Edinburgh; for work in Ireland, to the Superintendent for Ireland, 63, Dawson Street, Dublin; and for work in Wales, to the Superintendent for Wales, 19, Raymond Street, Chester.

PROFESSIONAL REVIEW.

"THE PSYCHOLOGY OF NURSING."*

Once or twice in a lifetime there perchance comes to us some message, or example, or book, which reveals to us what has before been obscure, which illuminates what has been dark, which expresses in words our own thoughts, which sets our feet on the road along which we are plodding with renewed hope, with clearer light, with enlarged vision. Such an event is an epoch in the life of an individual, and when it affects not only an individual but a profession it is an epoch in the history of that profession. An epoch-making book, therefore, is "The Psychology of Nursing," by Aileen Cleveland Higgins, A.B., R.N. (Mrs. John Archibald Sinclair, War Relief Superintendent of the Stanford School for Nurses, San Francisco, U.S.A., Instructor in War Emergency Courses in the University of California). No book so notable in the nursing world has been published since Messrs. Putnam's published "A History of Nursing," by Professor M. Adelaide Nutting and Miss L. L. Dock, and, if it has the success it deserves, its influence upon the nursing profession must be profound. There is no book covering the same ground, and it should be regarded as an indispensable text book in every nurse training school.

The author in her foreword writes that "the trained nurse, like *cloisonné*, is made up of many 'precious things.' Virtue upon virtue, gift upon gift, power upon power the ideal nurse possesses. That she must be a psychologist has been recognised since the days of very early nursing.

"In the old Hindu records we read that those caring for the sick should be 'clever in reading the face and understanding the patient,' which is only another way of saying that these nurses should know something of the science of the mind. Vincent de Paul gives in his teachings to the Sisters of Charity many hints of practical psychology—all set forth in the simplest manner so that he might be understood by those nurses whose education was limited. Florence Nightingale gives many illuminating reminders in her writings concerning attention to the mind's laws in nursing. . . . but not until the present day has psychology been given a definite place in the nursing curriculum. . . .

"Nothing complex in psychological learning is needed. Fundamental practical conceptions—old as human nature—are what contribute to professional skill. It is not the purpose of this book to set forth the elements of psychology from A to Z, but, rather, to dwell upon the principles which are the direct concern of the nurse. We shall not get lost in a maze of technical expressions. Nevertheless, let the student not forget that she is studying a science. Alertness of mind, constant analysis,

fine discrimination are essential in acquiring a working basis of psychology. Such study should increase tenfold the nurses's interest and efficiency in every phase of her service."

THE PLACE OF PSYCHOLOGY IN NURSING.

The author writes: "When a young woman enters training to become a nurse, her mind is centred, naturally, upon learning how to care for the sick. This skill cannot be acquired, obviously, without the knowledge of certain facts which she expects to learn from the study of various physical sciences." She emphasises that "It is important that the young nurse should realize at once that another science is needed—the science of the mind. The average young woman does not think of psychology as having anything to do with *her*. Psychology, she thinks, is something for the consideration of teachers, or, perhaps, a study to dip into during college. Such a thing as considering the knowledge of this science as a part of her equipment, as part and parcel of her daily life, does not occur to her. A radical change of attitude towards this subject is necessary to the student entering a training school for nurses.

A PERFECT INSTRUMENT OF SERVICE.

"First of all, why does the nurse need psychology for herself?

"Without the study of psychology, the nurse cannot carry out successfully the physical and mental re-education of herself, which is a necessity if she learns to give the highest service in her profession. Difficult though this task of re-education may be, it is fascinating, because it imbues the pupil nurse with a sense of infinite possibility. What may not be accomplished by a human being disciplined and trained to greatest demands? To become 'a perfect instrument of service'—this is worth the struggle of breaking away from ideas and habits that are wrong.

"Usually, the rigid physical examination an applicant undergoes before her acceptance into the training school brings sharply to her mind the fact that good health is essential to the nurse. She should know, as definitely, that health of the mind is to be considered as well as health of the body. She should be willing, not only to train her body to perfect control, to eliminate weaknesses, to achieve co-ordination, but to train her mind as well—to clear it of waste thought, perverted responses, and blind purposes. Indeed, she must realise that the body cannot be developed to its full power without the accompanying discipline of the mind.

"In order to bring about the re-education of body and mind the nurse must be able to judge what making over is necessary for herself. In other words, she needs to become an intelligent, impersonal self-critic. All the willingness in the world to become an ideal nurse will not take the place of a practical knowledge of how to go about re-education. It is not enough to see one's own faults and deficiencies; they must be understood as well. Faults and deficiencies that are analysed

* G. P. Putnam's Sons, The Knickerbocker Press, 24, Bedford Street, Strand, London, W.C. 155.

may be dealt with by direct attack. Capacities must be recognized before they may be developed properly into power. It cannot be maintained that, without fail, psychology will transform the student into a scientific observer of herself or of others, but as demonstrated, more than any other study, it will help to bring this about.

THE VERY HEART OF DEVELOPMENT.

"Merely telling a nurse that she should not do this or that is unsatisfactory in bringing about desirable results in development. She may listen attentively to the list of her shortcomings as her superior sees them. She may even reach the point where she feels no resentment at this recital—but this method of getting a nurse to realize her faults *will never take the place of self criticism*. The active habit of taking stock of one's own self is the very heart of development. Obviously, to get this power of self-analysis the nurse must first *understand* her mental life. Before she can set about to control her mind she must comprehend the *means* of control. She must become acquainted with the reasons for mental facts. Once aware of herself, considering herself impersonally, understanding what is to be done, naturally she feels that she has a big task before her. To avoid discouragement at this point she needs to comprehend the *possibilities* of controlled power. If she can picture vividly the scope of her re-educated self, this will be incentive enough. It is too often a fact that the nurse has no well-defined conception of how gloriously her every-day life would be altered by the process of re-education. . . . To obviate this possible state she must have the vision to see the possible new self in what is truly another world. The possibilities, once grasped, cannot fail to kindle her desire, to strengthen her will.

"How is psychology to help the nurse in this making over process?"

"Suppose she has never mastered bodily control? Much of the fatigue of nursing may be obviated by physical power, based upon the laws of co-ordination. The performance of nursing procedures is harmful to the nurse only if the body is not moving in harmony with the laws governing bodily control. In John Dewey's words:

"'True spontaneity is not a birthright, but the last term, the consummated conquest of an art—the art of conscious control.'

"The knowledge of such co-ordination cannot be complete without a basis of certain psychological facts."

It will be realized that no light task is set before the probationer entering upon her training, and nothing could be more calculated to make her realize the responsibilities she is assuming on entering the nursing profession than this insistence that she shall, as one of the most important parts of her training, take herself in hand, and re-educate herself in order that she may be "a perfect instrument of service." This is a lesson which comes opportunely at the present day when the pendulum has swung from the days when nurses

were so ruthlessly overworked that many broke down under the strain, to a time when the outlook is in many instances how to put in as short a time on duty as possible, and how to have as good a time off duty as may be—not, in many instances, we fear, how to become "a perfect instrument of service." The book comes opportunely, now that nursing education is being organized in this country, to emphasise the fact that nursing is not and can never be a trade, but a profession touching the fundamentals of humanity—body, soul and spirit. It should have a sobering, steadying, uplifting influence upon the nurse herself, and, as we shall see in the future, should immensely increase her nursing efficiency and show why she needs psychology for her patient's sake. "Minus the revealing laws of the mind the nurse cannot meet adequately the constantly varying problems she has in dealing with her patients. Without this science she can never attain the most satisfactory professional relationships."

(To be continued.)

BOOK OF THE WEEK.

"RICH RELATIVES."*

Mr. Compton Mackenzie gives us a story of a young orphan girl brought up in Italy with her artist father, and now left penniless is driven to eat the bread of charity under the various roof-trees of her rich relatives.

They are many in number and of various degrees of pomposity and arrogance, and her experience during her brief sojourn with each, is described with the humour for which the author is noted.

The description of her arrival at York station on Sunday is really masterly in its achievement, bringing into actuality the depressing atmosphere of the circumstance, time, and place.

Although the news of having to wait nearly five hours for the train to Spborough had brought tears of disappointment into her eyes, and although the appeal of tears had been spoilt by their being rubbed off with the back of a dusty glove, Jasmine's beauty was there all the time. Something she had of a young cypress in the moonlight; but for the porter she was something of a nuisance; and when she began to lament again the long wait, he broke in rudely:

"Now its not a bit of good you nagging at me, Miss. If the 4.42 goes at 4.42, I can't make it go before 4.42, can I? I suppose the next thing is you'll be wanting to put your luggage in the cloak-room!"

He spoke with a sense of sacrilege, as if Jasmine had suggested laying her luggage on the high altar of the Minster.

Somewhere outside in the sheepish sunlight of England an engine screamed with delight at having escaped from the station; somewhere, deep in

* By Compton Mackenzie. Martin Secker.

the dust-eclipsed station, a retriever howled each time he managed to wind his chain round the pillar to which he was attached. Then a luggage train ran down a dulcimer scale of jolts until it finally rumbled away into silence like the inside of a hungry giant before he falls asleep. The luggage was put on a truck, and the porter, cheered by the noise he was making as he pushed it before him, broke out into vivacious narrative, of which Jasmine did not understand a single word until he stopped before the door of the cloak-room, and was able to enunciate this last sentence without the accompaniment of uncoiled wheels "which, of course, makes it very uncomfortable for her, through her being related to them."

Thus Jasmine made an unpropitious arrival in England, and her experiences with her relations were scarcely more re-assuring.

The family of Sir Hector Grant, Bart., of Harley Street, was her first experience. He preferred the short abbreviation of his title as some wag had once added an S. to Bart, in allusion to the hospital that produced him. He had no heir and the result was that he had to make the most of his title in his own lifetime—and he used to carry it about with him everywhere. He managed to suggest that a glorious morning was his own little treat, and a treat that no one but himself would have thought of providing.

Jasmine's sojourn with Uncle Hector was short, owing to an imprudent though harmless escapade with young Harry Vibart.

Her experiences with Aunt Cuckoo and Uncle Eneas were more fortunate until Aunt Cuckoo went over to Rome and adopted a baby after which she had no further use for Jasmine.

On the whole her visit to her uncle the Dean of Silchester and his wild family of sons was the one most acceptable to her tastes, but this also ended unfortunately.

Her uncle's apartments were at the end of a very long corridor at the head of which was a large placard marked "Silence." His apartments lacked the battered appearance of the rest of the house.

"The boys are not allowed along here," said their mother with a sigh, as if by that they were deprived of the main pleasure of their existence.

Seated at a large table at the end of the room was her uncle, or rather what she supposed was her uncle, for her first impression was that someone had left a large ostrich egg on the table!

This is just the book for readers who have a taste for light literature, but though it is very light it is full of amusing and even witty reading, and would dispel a fit of vapours.

H. H.

FREEDOM FROM STATE CONTROL.

Medical practitioners, at a meeting in London, decided to resist the proposed reduction in panel capitation fees by the Ministry of Health. Mass meetings of doctors are to be held all over the country to consider the proposal, and the whole question of the connection of the medical profession with the State will arise.

OUTSIDE THE GATES.

The Nursing Profession, irrespective of Party politics, will rejoice in the return as Member of Parliament for the Louth Division of Lincolnshire of Mrs. Wintringham, and will unite in wishing her a patriotic political career. Mrs. Wintringham is the first woman of British birth and upbringing to sit in the House of Commons, the renowned Mother of Parliaments, and from her past record of public service we shall look forward to finding her name in the voting lists for all legislation for the safety and honour of our King and Country—and the welfare of our People.

ON THE HEIGHTS OF BUFFELS KOP.

We wonder if the present generation of nurses have read "The Story of an African Farm," by Olive Schreiner? Perhaps, if they have done so, they do not quite realise the marvel of it, as we did, years ago, in pre-historic African days, long before the Boer War. One of its chief marvels is that it will remain for all time one of the most exquisite flashes of truth in the realms of literature—on a level with "Uncle Tom's Cabin," "Jane Eyre," stories written in hearts' blood.

REINTERMENT OF OLIVE SCHREINER.

Writing from Paris last Saturday, "S. H." contributes to the *Observer* the following interesting report:—

"There has just reached me from South Africa an account of the reinterment of Olive Schreiner on the heights of Buffels Kop. Up the mountain side was borne the body of the author of "The Story of an African Farm," with her dead baby and her dog Nita; and there, on the summit of the highest peak in the range which forms the amphitheatre of Buffels Hoek, was placed in an ironstone tomb. No fence encloses the morgen of land on which the sarcophagus stands. The wild life she loved is all around: the sun-washed spaces and the lower hills.

"Below is Krantz Plaats, the African farm of which she wrote. When in February, 1894, she and Mr. S. C. Cronwright of Krantz Plaats were married at Middleburg, she went to live on the farm. Three months later, for the first time, she ascended Buffels Kop with her husband. It was the first time—and the last, save for this final journey. The climb is difficult. The same year Olive Schreiner left the farm for reasons of health. So impressed was she with the magnificent panoramic vision, that she ordained that there above the world should she be buried.

"In December last year she passed away unexpectedly. Her husband was then in London. She was quietly buried at Maitland beside her brother, who was at one time Prime Minister of the Cape Colony.

"When Mr. Cronwright-Schreiner (who had added the name of his wife to his own) returned to South Africa, he caused to be constructed on the mountain top, five thousand feet above the sea level, and two thousand feet of sheer ascent above the plain, a sarcophagus for Olive Schreiner, her baby, her dog, and some day for himself. It was on the anniversary of her leave-taking of her husband at Waterloo Station, London (August 13, 1920), that the reinterment took place. Then carriers, coloured and native, conveyed

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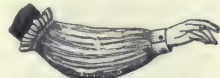
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her up the heights to the plateau, which runs southwards and culminates in the Kop. The view from this great head of land is said to be one of the finest in the world.

"There was only a small company of persons present, but antelopes and coneys, baboons and partridges, and a vast white bird with silver wings were in attendance at these obsequies.

"At the simple ceremony it was recalled that in 1875 Olive Schreiner was governess to the Fouches at Kleine Ganna Hoek, the adjoining farm to the south. It was there that in a mud-floored little room she wrote a portion of the story of an African Farm. It was in the house of Mr. Richard Cawood at Ganna Hoek that she met her future husband.

"There, where wild goats and zebras run, there above the multitude, among the great African stars, lies Olive Schreiner."

COMING EVENTS.

September 30th.—General Nursing Council for England and Wales. Meeting Ministry of Health. Whitehall, S.W. 2.30 p.m.

October 1st.—Royal British Nurses' Association. Re-union of Members. 194, Queen's Gate, S.W. Tea 1s. 3 to 6 p.m.

October 4th.—Nurses' Missionary League. Vale-dictory Meetings, University Hall, Gordon Square, W.C.1. 10.30 a.m.

October 8th.—The Scottish Nurses' Club Extension Sale of Work, 205, Bath Street, Glasgow, 2 p.m.

October 12th.—The Matron-in-Chief and members Q.A.I.M.N.S. "At-Home," Wharnccliffe Rooms, Great Central Hotel, Marylebone. 4 to 7 p.m.

October 12th.—Queen Mary's Maternity Home, Upper Heath, Hampstead. Laying of Foundation Stone by Her Majesty the Queen. 3 p.m. Tea for invited guests Cedar Lawn. 4 p.m.

October 18th.—Opening of Parliament.

WORD FOR THE WEEK.

THE MID-VICTORIAN PHILOSOPHY OF A NOTTINGHAMSHIRE FARMER'S WIFE.

To a person of self-importance.

"There ain't nobody as k'nt be done wi'out."

To a young lady who flouted rich suitors.

"Don't forget as the Golden Ball won't allus role."

To a lady suspicious of her daughter's morals.

"The old woman as 'as been in the oven knows where to find her daughter."

To a greedy little boy.

"Its only a pig as puts its trotters i' the trough."

On the tragic death of an illegitimate child.

"Them as is conceived i' the ditch bottom 'as a mighty task to climb up the bank."

After a scolding from "Master."

"There ain't nobody as can play the agreeables better nor Mester, but nobody ken be nestier."

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.

SUMMER DIARRHŒA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I welcome Miss Paterson's sound criticism of my paper on summer diarrhoea. It is good that every nurse should learn to hitch her wagon to a star though it may be too heavily laden ever to rise above earth. In this terribly imperfect world, except for the wealthy, not only all medical and nursing treatment but life conditions generally are necessarily a compromise falling far short of the ideal. Miss Paterson's letter appears to me rather a counsel of perfection than a practical suggestion. She assumes that those aware of the scientific management of breast feeding have but to impart the knowledge to mothers to ensure its practice. To educate mothers, of all classes, in the care of their offspring is a slow process. With the majority prejudice, wilful ignorance and complacency, sloth and sheer obstinacy are insurmountable barriers. How many mothers of the higher social grades are other than hopelessly indifferent to the need for studying food-values, cooking, or idiosyncrasy regarding their children's diet—physical, mental or moral?

In my paper, I endeavoured, within its limits, to set forth a simple method of dealing with enteritis in its most frequent haunts, the poorest homes, and in the inexorable conditions of those homes which usually lack all essentials to scientific nursing. Even the boiling of milk, dangerously contaminated on delivery, is usually achieved with difficulty and cannot be kept pure. When death is near; many patients needing attention and only ignorant help available, there is no time to calculate calories and apply them to ascertained and ever-varying weight, age and condition, *plus* idiosyncrasy, except in an infant clinic or a well-staffed hospital. In cottages I have in mind north and east winds of the past few weeks would blow dangerously on a sick child unprotected by a screen. Only those living in labourers' cottages comprehend the unavoidable, terrific draughts they produce. On a stifling August day I trust there would be sufficient commonsense around to remove a screen which our variable climate probably made urgent the day before. As one considered a fresh-air fiend, and living with all "the four airts" blowing on me, had I my way, all young children, sick or well, should live in a three-sided revolving shelter.

In my opinion the speediest method of reducing infant mortality is to educate girls *before* they are ten in the management of infants, otherwise they

acquire, more or less permanently, the disastrous methods of their mothers.

I am, dear Madam, yours faithfully,
MENA M. G. BIELBY.
Cranford, Middlesex.

THE COMMUNIST INTERNATIONAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—It was with surprise and sadness I read your Editorial of August 20th. It does not sound like you: it seems more like the tone of our "100 per cent." robust Americans whose views are so prominent since the war. I believe, if you knew their inner purposes you would not wish to seem like them.

I will not try to talk about Russia—I am too far away from her; yet English observers of known worth have given quite different accounts. I would like, though, to say this:—

Surely Communism in some form must be the next oncoming phase of human society. It need not be the Russian model (though I believe the dark aspects of that have resulted from the violence of resisting Capitalism), but co-operation, which is really only another word for Communism or Community effort, *must* replace the present system of private profits, wage slavery, economic warfare, and imperialism, or life will not be worth living for any but the few on top. Was not early Christianity Communism, in its local or worldly aspect? And did not the imperialists of that day try to crush it out just as they are doing to-day?

How can it be argued that an intelligent Communism to-day—let us say the nationalising or internationalising of all the natural wealth of the world for the use and service of all mankind, but not for anyone's private profit—would not be a very practical way of translating Christ's teachings into the texture of modern business?

We have a growing section of the Clergy who believe it would, and they are being persecuted by "Big Business" just as the Disciples were persecuted.

It will be lamentable, I think, if nurses, who have felt and grappled with the malign power of a secret Government, now turn, when they have the vote, to use their political tool for the upholding of that power.

Yours sincerely,
LAVINIA L. DOCK.

[The Communistic literature we condemned in our editorial of August 20th was anarchistic in the highest degree, and did not teach Christian Communism, but the overthrow of all law and order; it advocated murder and crime, and that only the one class, those who have no money, have human rights. Such teaching will not right wrongs. We feel sure our dear Miss Dock would be the last to subscribe to teaching so lacking in charity.—ED.]

CONSTRUCTIVE BIRTH CONTROL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I offer a slight correction in connection with your report of the Queen's

Hall meeting on "Constructive Birth Control." This was not in any way associated with the Malthusian League, both the idea and the phrase, "Constructive Birth Control," originating from Dr. Marie Stopes, who, with me this Spring, opened the first Birth Control Clinic in this country, *viz.*, The Mothers' Clinic, 61, Marlborough Road, Holloway, London, N.

The large number of supporters at the Queen's Hall Meeting, which was convened by Dr. Marie Stopes, has led to the formation of a Society, the "C. B. C." for Constructive Birth Control and Racial Progress, with temporary offices at 61, Marlborough Road, Holloway, London, N.

Neo-Malthusianism, which is attached to a definite economic propaganda, differs in many essentials from the attitude of those who, apart from all political considerations, devote themselves to furthering Constructive Birth Control. The objects of the Society are stated in the enclosed pamphlet and membership is open to all, apart from economic, political or religious opinion. Application for membership should be made to me at the offices of the Society.

Yours faithfully,

H. V. ROE,
Hon. Secretary, C.B.C.

Givons Grove, Leatherhead, Surrey.

[We did not intend to give the impression in our issue of September 17th, page 186, that the meeting at the Queen's Hall on Constructive Birth Control was convened by the Malthusian League, or that its Hon. Secretary would give information on the work of any Society other than her own. Both societies are, we feel sure, doing exceedingly valuable educational work.—ED.]

KERNELS FROM CORRESPONDENCE.

Mrs. G. Firth Scott.—"Many thanks. The 5s. Competition Prize is being sent to the Save the Children's Fund, so it will not be wasted!"

REPLY TO CORRESPONDENT.

To Mrs. Simpson.—The address of the "Not Forgotten" Association is 86, Ladbroke Road, W. Write to Miss Martha Cunningham, the Organising Secretary; she is the soul of the movement.

PRIZE COMPETITION QUESTIONS.

October 8th.—What changes take place in the nipples: (a) during the first three months of pregnancy, (b) in the first seven days of the puerperium? Name the complications which may occur during the latter period.

October 15th.—How may the Trained Nurse help in the Sex Education of the Child?

October 22nd.—Name four Diseases to which children are liable and the Nursing treatment.

October 29th.—Name some new appliances used in the care of the sick and how they should be applied.

The Midwife.

TECHNIQUE OF BREAST FEEDING.

INSTRUCTIONS FOR NURSING MOTHERS

Recommended by DR. TRUBY KING.

GENERAL INFORMATION.

1. Sleep with windows open.
2. Take a daily walk, wet or dry weather.
3. Rest, if possible, for half an hour, with feet up, after dinner. (Remember, five minutes with feet up is better than nothing.)
4. See that the bowels act regularly once a day. (A constipated mother makes a constipated, windy baby).
5. Let baby sleep in his own cot or basket; a baby in the bed is dangerous for several reasons and bad for the mother's breasts.

BEFORE EACH NURSING.

Drink a teacupful of water (best hot in the early morning and cold other times). A nursing mother must have extra fluid (not necessarily milk, if food allowance is sufficient). Milk, like food, nourishes the body, but does not necessarily increase the milk supply.

AFTER EACH NURSING.

1. If not sufficient milk, give the baby the extra food ordered. *Never* give bottle and breast time about: that is the way to decrease the milk supply (to wean, in other words).
2. Completely empty breasts, cleanse and dry nipples. (Most important).

MORNING TREATMENT.

1. Fruit, half an apple, orange, or pear, in season, before breakfast.

TO INCREASE MILK SUPPLY.

2. Bathe breasts for five minutes, any time before noon, have two cloths and two basins, one with hot and one with cold water, bathe with alternate hot and cool water; graduate till after six days water can be borne nearly boiling and dead cold. Finally, rub with rough towel and stroke towards nipple, always supporting breast with second hand.

EVENING TREATMENT.

Repeat bathing of breasts; take cup of hot milk or gruel before going to bed.

To make and keep bowels regular:—Besides morning fruit and hot water, eat fresh stewed fruit, green vegetables, and brown bread occasionally with syrup or treacle. If this is not sufficient, liquid extract of cascara taken in small doses, *i.e.*, 10 mins. three times a day, will not upset baby. Less should be taken every day until the mother is able to leave off altogether. But do not take doses of salts or castor oil.

BABY.

Number of feeds in the day should not exceed six. *Feed five times, four hourly intervals, if possible.*

Feed regularly by the clock.

Give water to drink at least twice a day between feeds.

No feeds between 10 or 10.30 p.m. and 6 a.m., but the baby can have water if restless.

Green motions with a breast-fed baby usually denote the child is fed too frequently, or is over-fed; feeding too quickly is generally followed by wind or vomiting.

QUEEN MARY'S MATERNITY HOME.

Her Majesty the Queen will lay the foundation-stone of the new Maternity Home, at Upper Heath, Hampstead, on October 12th, at 3 p.m. The Queen has consented that the new Home shall be named after her, and enjoy the title of Queen Mary's Maternity Home. Two years ago the good work was started at Cedar Lodge, North End Road, where excellent results have been obtained; but now the time has come to erect a model building for the care of lying-in mothers, and this has been made possible by the Queen devoting to the purpose some of the "Silver Shower" subscribed by the public and given to the Queen on the occasion of Her Majesty's silver wedding, and we have no doubt local bodies desirous of providing a Maternity Hospital on up-to-date lines will avail themselves of the opportunity of inspecting the plans of Queen Mary's Maternity Home, which is to be closely associated with the Hampstead Borough Council.

The Queen has given two prizes for the Pentonville Baby Show.

The Minister of Health has pointed out to the Willesden Council that their child welfare expenditure during the past year has cost £6 per birth as compared with £2 in other similar districts.

THE FOOD OF CHILDREN.

It is stated by competent observers that during the period of growth children require larger quantities of food than is usually supposed. In adolescence this may exceed by 1,000 calories the requirements of the average man or woman who is only moderately active. The need for supplies for growth and the incessant activity of children explains this. Children should have a liberal diet and not be stinted in the amount of food taken. They usually receive too little, rather than too much.

OBSTETRICAL EXAMINATIONS.

In a paper on obstetrical mistakes, it is stated that internal examinations made by a nurse in order to delay calling the doctor as long as possible are a grave menace and must not be tolerated. Internal examinations are extremely unfortunate necessities, and their number must be kept down as much as possible.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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EDITORIAL.

POOR LAW GUARDIANS CLAIM TO PARTICIPATE IN THE GOVERNMENT OF THE NURSING PROFESSION.

Trained Nurses who, after a struggle of thirty years' duration, have been granted by Parliament the right to govern their own profession, to define its standards, and to maintain its discipline, under the constitution of the General Nursing Council, which, in England and Wales, provides that sixteen out of the twenty-five members shall be elected by the Registered Nurses themselves, will do well to note the demand made by Poor Law Guardians (as voiced in the leading article in the *Poor Law Officers' Journal* of September 30th) to participate in the government of the nursing profession. To the views expressed in this article we take the strongest exception.

The statement that "the Act constituting the Nursing Council is practically a war-time measure, and it has all the defects of the rush legislation of those hectic days" will raise a smile with those nurses who diligently, in season and out of season, worked for thirty years for the passing of an Act for their State Registration, and who know how carefully every clause—every word—of the various draft Bills were deliberated upon and considered. Nor is it correct to state that the Act is a war-time measure, for the Government Bill was not introduced until nearly a year had elapsed after the Declaration of the Armistice.

Had the nurses consented to the constitution of a Council dominated by the representatives of the interests of their employers they might have secured the passage of a Nurses' Registration Act at almost any time during the last twenty years. The opposition to Registration has not been opposition to the mere entering of the names of nurses in a book, but to the claim involved that the government of the Profession of Nursing and the definition of its standards, like those of Medicine, Midwives and the Law, should be in the hands of the Registered Members of the Profession, not of their employers; and the struggle all along centred around this claim.

The Poor Law Guardians do not claim the right to define the standards of the medical profession, they accept those laid down by the General Medical Council. Similarly they accept the standards defined for midwives by the Central Midwives Board. And if Guardians are seriously going to press what our contemporary describes as their "legitimate claim" to be represented on the General Nursing Council, on the grounds that their "cumulative and collective experience has not been drawn upon"; that their "experience ought to be statutorily at the disposal of the Nursing Council"; and that the General Nursing Council cannot be representative "so long as the principal employing body is denied membership"; then it behoves Registered Nurses to determinedly oppose this untenable claim.

The answer is that the General Nursing Council for England and Wales is an educational and disciplinary authority; that according to established custom the Privy Council has representatives upon it; that its educational character is emphasised by the appointment of two persons by the Board of Education; and that the appointment of five persons by the Minister of Health permits of the inclusion in the Council of medical practitioners whose participation in the theoretical teaching of nurses is a recognised necessity.

But the backbone of the Council is to be found in its nurse members. It is they who know the problems of their own profession and are acquainted with its educational necessities. And amongst these members the Council has the advantage of the knowledge of two Matrons of Poor Law Infirmarys, so that nursing interests under the Poor Law should be adequately represented.

It may reasonably be asked what knowledge of Nursing Education Poor Law Guardians possess which they do not obtain from their Medical Officers or Matrons? In our opinion, however, their real reason for desiring representation upon the Governing Body of the Nursing Profession is not their interest in Nursing Education, of which the majority of Guardians are supremely ignorant, but the

demand of the employer to govern the worker—a demand which the well-educated nurse of the present day will decline to admit, and for which Parliament has naturally not provided in a Nurses' Registration Act of 1919.

OUR PRIZE COMPETITION.

WHAT CHANGES TAKE PLACE IN THE NIPPLES:—(a) DURING THE FIRST THREE MONTHS OF PREGNANCY; (b) IN THE FIRST SEVEN DAYS OF THE PUERPERIUM? NAME THE COMPLICATIONS WHICH MAY OCCUR DURING THE LATTER PERIOD.

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

During the second month of pregnancy the nipples become tender; the *areolæ* alter in colour from rose to a brownish hue. This change is most marked in women of fair skin, though the pigmentation is more intense in dark-skinned women. About the third month the nipples become fuller and more prominent. The second *areola* appears about the twentieth week. These changes are slighter in the case of a multipara, as the nipples never resume their original appearance. As early as the ninth week milk may be pressed out.

At the second or third day of the puerperium the secretion of milk is established. The child should be put to the breast a few hours after birth, in order to cause contraction of the uterus, to draw out the nipples, to obtain the *colostrum*, and to acquire the habit of sucking.

The complications which may occur are:—

1. *Retracted Nipples*.—These should have been drawn out by gentle massage with cocoa butter during the later months of pregnancy. The child's efforts to suck may cause abrasion of the sensitive skin; the nipples should be closely watched, and drawn out several times a day by the fingers.

2. *Sore Nipples*.—These necessitate the use of a breast-glass. The nipples must be kept sterile and anointed with cocoa butter, or castor oil and bismuth sub-nitrate. Fissures should be guarded against, as they are difficult to heal. If possible restrict the number of feeds to five a day at four-hourly intervals, and never exceed six.

3. *Engorgement*.—This causes hardness of the breasts, pain, and rise of temperature. To prevent this see that the breast is emptied at each feed, and if not the milk must be drawn off with a breast-exhauster. If allowed to get hard, evaporating lotion may be ordered, lint

wrung out in lead and spirit lotion and firmly bandaged on. Care must be taken in washing the nipples before putting the child to the breast. The bowels should be kept well open with mag. sulph., and fluid nourishment reduced to a minimum. When the child is artificially fed a belladonna plaster may be ordered. In persistent engorgement doses of iodide of potassium may be prescribed in order to lessen secretion. A carefully selected diet will assist. This difficulty may be reduced by placing the child on a pillow at the patient's left side in order to empty the right breast, and *vice versa*. Hot stupes alleviate pain. Massage, formerly taught and practised, is painful, and of doubtful benefit in many cases.

4. *Abscess*.—This may result from neglected engorgement. It may be dispersed by hot boracic fomentations, or may have to go on until it can be lanced. When pus forms it usually *points* in one part of the breast, the skin at that spot becoming thin, shiny, and red, then blue, which denotes it is ready to be opened. If not opened, the pus burrows, and may destroy the gland.

5. *Mastitis*.—This may be due to cold, mental excitement, or engorgement. Some nervous patients develop this for no apparent reason. Intense pain and throbbing, involving the axillary glands, accompany the condition. Hot stupes relieve it, or cold application may be ordered. An ice cap over the tenderest spot rapidly relieves the pain, and may cure it in twenty-four to forty-eight hours. An ice poultice may be made by sandwiching a half-inch layer of crushed ice, sprinkled with common salt, between two sprinklings of linseed meal. This should be made on gutta-percha, folded and sealed with turpentine, a layer of lint being placed under it.

6. *Obstructed Lactiferous Duct*.—This yields to hot stupes or ice application. Its symptoms are the appearance of a lump, with pain. Each time the baby is put to the breast the spot should be gently massaged.

7. *Galactorrhœa*.—The diet must be carefully chosen, cutting out vegetables, and reducing fluid. The patient should always lie down to feed the child, as this controls the flow of milk.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Pepper, Miss M. W. Comer, Miss M. James, Miss F. Moore, Miss J. Elliott.

QUESTION FOR NEXT WEEK.

How may the Trained Nurse help in the Sex Education of the Child?

NURSING ECHOES.

For the first time in history the position of Lady Mayoress of the City of London is to be held by a Trained Nurse, Lady Baddeley (*née* Mathews), wife of the Lord Mayor Elect, being not only a Trained Nurse, but, by a happy coincidence, received her professional training at St. Bartholomew's Hospital, the great general hospital in the City of London. Lady Baddeley entered the Nurse-Training School of St. Bartholomew's Hospital in 1897, and obtained her certificate in 1900; in 1902 she was appointed Night Sister at the Royal United Hospital, Bath; in 1904 she became Assistant Matron at Parkwood Convalescent Hospital, Swanley; and in 1906 Sister at the Children's Hospital, Nottingham. In 1907 she returned to St. Bartholomew's Hospital, and worked on its private nursing staff until 1912, when her marriage to Sir John James Baddeley, Alderman of the City of London, took place.

Lady Baddeley has always kept in touch with her training school, and is a member of the Executive Committee of its Nurses' League, whose members will desire to congratulate her on the high and honourable position which she is now called upon to fill.

We have much pleasure in publishing a portrait of Lady Baddeley, taken in her garden at Lakefield, Woodberry Down, N. In March, of this year she was appointed a Justice

of the Peace for the Stoke Newington Division of the County of London.

The final match for the cup presented by the Matrons of the Metropolitan Asylums Board hospitals for competition amongst the nursing staff was played off on September 26th in brilliant weather at Queen's Club, which was kindly lent for the occasion. There was a large gathering of nurses from the various hospitals, including several of the Matrons.

The teams were very equally matched, and the play very interesting to watch. Dr. G. Thomson, of the Southern Hospital, kindly acted as umpire, and the balls were supplied by Davis & Co., Ltd., Brooke's Market, Holborn, E.C.1.

After a keen contest, the cup, which was of Georgian design, was won by the North-Western Hospital by a small margin, and was presented by the Very Rev. Canon Sprankling, the Chairman of the Board, who made a fitting speech for the occasion. A vote of thanks was returned by the Rev. G. D. Castleden, Chaplain to the Western

Hospital, which terminated a very pleasant afternoon.

We note that the Matrons attached to the leading Poor Law Infirmary Nurse Training Schools are approaching the Syllabus question in a truly progressive and commendable spirit, and we wonder what they think of the claims put forth by Poor Law Guardians—that they have "a legitimate right" to be represented on the General Nursing Council!



LADY BADDELEY, WIFE OF THE
LORD MAYOR OF LONDON ELECT.

We have read with pleasure the report in the *Poor Law Officers' Journal* of the address given by Miss C. E. Todd, M.M., R.R.C., Matron of St. James's Infirmary, Wandsworth. Touching on the New Nursing Syllabus, she said:—

"The teaching staff in the institutions has been greatly augmented. Infirmary authorities have been quick to avail themselves of that recent hospital development—the Tutor-Sister. These Tutor-Sisters, after having completed their hospital training, go to one of the universities for a year. There they continue their theoretical study and, most important of all, are taught how to teach. In hospital they devote their time to teaching and to helping the nurse-student with her work.

Under the provisions of the Nurses' Registration Act of 1919, the General Nursing Council for England and Wales was appointed to form rules as to the admission of nurses to the Register; and to provide institutions as training schools. In the draft syllabus of lectures and demonstrations for education and training in general nursing, the Council outlines the minimum standard of nursing education which they consider necessary for nurses entering for the State examination. All hospitals, if they are to be recognised as training schools, must undertake to teach their nurses on the lines of that syllabus. In and after 1924 nurses must pass the State examination before they can be placed on the Register. This draft syllabus has caused some consternation and much searching of mind (as well as consideration of ways and means) to many of us; but at the same time we welcome it. The issuing of this syllabus; the definite educational standard laid down in it; and the one-portal examination which all nurses—no matter in what school they have been trained—must now pass before they can be registered, should do much to improve the teaching and training in our hospitals and infirmaries, and thereby raise the educational standard of women seeking to enter these schools."

Miss Todd has something worth remembering to say about "The Human Touch":—

"You know that all patients in Poor Law hospitals must, if they have the means to do so, contribute something towards their maintenance. Occasionally some of them feel that this entitles them to demand much more than it is possible to give them. A few of our patients stay in for months and even years; sometimes Sister and the nurses are their only friends. In spite of numerous ward duties it is Sister who finds time to inquire into the history of her patients. She can tell you why

Mrs. A. is not so unreasonable as she appears when she insists on going home though the doctor does not think her fit for discharge; and she knows why Mrs. B., who is perhaps well enough to go, should be kept, if possible, for a few days longer. It is Sister who raids the "giving-away cupboard"—sometimes her own wardrobe—to fit up Mrs. C. for the convalescent home or for clothes for the girl for whom a situation and a fresh start in life have been found. She can tell you all about the children and babies under her care. Even Mrs. Brown, who has brought up seven rickety, white-faced mites on "the same as we 'ave ourselves," has been persuaded by Sister that milk, and not tasty bits of kipper or tomato, is the proper food for No. 8 (aged ten months), when he is sent home cured of enteritis. Then her chronic patients, those poor souls suffering from painful arthritis, paralysis, inoperable cancer and the like, men and women whose whole existence is summed up by those lines in 'The Disciples'—

'Our pain passeth not, nor will pass;
And only this remains for us to look for—
More of pain, and doubt if we can bear it
to the end.'

"Many of these realise that it is not only the skilled nursing they receive which helps them bear that pain, but still more the cheerful, unselfish kindness and the gentleness of those who care for them. I wish these patients could tell you what the word 'Sister' means to them."

THE MATRONS' COUNCIL.

A Quarterly Meeting of the Matrons' Council will be held, by the kind invitation of the Matron, Miss Helen Lamb, at the Claybury Mental Hospital, Woodford Bridge, Essex, on Saturday, October 22nd, at 3 p.m.

This Mental Hospital has a very high reputation for efficiency, and to be shown its fine system of the care of the insane should attract a large and interested attendance of members, who in their professional career have not been able to acquire systematic knowledge of mental nursing—by many considered the very highest branch of our profession.

Her Royal Highness Princess Christian, accompanied by Princess Marie Louise, drove to Sunningdale on the 28th ult., and paid an informal visit of inspection to the Convalescent Home for London Mothers established by the late Hon. Mrs. Hay-Drummond, of which Her Royal Highness is president.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The seventeenth meeting of the General Nursing Council was held on Friday, September 30th, at the Ministry of Health, Whitehall, S.W., at 2.30 p.m. Mr. J. C. Priestley, K.C., Chairman, presided.

The Minutes, with one amendment, were signed.

The Chairman opened the meeting by saying that illness had been busy amongst the members of the Council, and several were unable to attend.

Correspondence.

The correspondence presented included letters of regret from absent members. In reference to a letter from Miss Cox-Davies, the Chairman remarked that they all knew how ill Miss Cox-Davies had been, and were thankful to hear of her restoration to health. Also:

(1) Correspondence with the Ministry, postponed for consideration *in camera*.

(2) A letter from the Registrar of the General Nursing Council for Scotland acknowledging one written by the Chairman, on behalf of the Council, of sympathy with that Council on the death of its Chairman, Captain C. B. Balfour, C.B., and conveying the Council's sincere regret.

(3) A letter from Mrs. Hancock, Bath, who, in applying for registration, had doubled the required fee and sent a donation of one guinea to the funds of the Council as she felt sure it must have many expenses. It was agreed that the thanks of the Council should be conveyed to Mrs. Hancock.

(4) A letter from the Clerk to the Guardians of the Farnham Union asking the opinion of the Council as to the desirability of their appointing a Resident Medical Officer, in connection with the question of their continuing to maintain a training school.

It was decided to reply that the Council considered such an appointment desirable as a general practice, without committing itself to any opinion as to whether or not the Training School would receive its recognition.

Report of the Education and Examination Committee.

MISS LLOYD-STILL, R.R.C., Chairman of the Education and Examination Committee, then moved that its Report be received.

The Report was as follows:—

The Education and Examination Committee has met twice—on July 21st and September 15th:

(1) To report that several letters of criticism of the Syllabus of Lectures had been received from various hospitals, including the General Hospital, Birmingham. These had been answered by the Education and Examination Committee.

(2) To recommend "that the amended Syllabus of Training in the Nursing of Sick Children be approved." (Circulated.)

(3) To recommend "that the Syllabus of Training in Fever Nursing be approved." (Circulated.)

(4) To report that a Draft Syllabus of Training for Male Nurses was now under consideration, and that it had been suggested that Miss Beadsmore Smith, the Matron-in-Chief at the War Office, be asked to attend one of the meetings of the Education Committee on this question, to give information on the training of the R.A.M.C. personnel.

A few amendments proposed by MISS LLOYD STILL and seconded by MISS SPARSHOTT were carried.

SYLLABUS OF LECTURES AND DEMONSTRATIONS FOR EDUCATION AND TRAINING IN FEVER NURSING.

In connection with the recommendation that the Syllabus of Training in Fever Nursing be approved, DR. GOODALL said he desired to propose some very slight alterations which he enumerated.

MISS LLOYD STILL proposed that subject to these alterations the recommendations be approved. This was seconded by MISS SEYMOUR YAPP, and carried.

MRS. BEDFORD FENWICK proposed, and the REV. G. B. CRONSHAW seconded, that the Council should place on record its indebtedness to Dr. Goodall for the trouble he had taken in connection with the drafting of this Syllabus.

DR. GOODALL, in expressing his thanks, said that MISS VILLIERS also should be included, and this was carried.

MRS. BEDFORD FENWICK said that she by no means wished to underrate Miss Villiers' work, but she desired to express the appreciation of the nursing profession to Dr. Goodall as a member of the medical profession for his valuable help.

In connection with the suggestion that the Matron-in-Chief at the War Office should be invited to attend one of the meetings of the Education and Examination Committee, to give information on the training of the R.A.M.C. personnel, MISS LLOYD STILL said that the Committee felt it required expert help in drafting the Syllabus of Training for Male Nurses. She proposed, and MISS DOWBIGGIN seconded, that this suggestion be approved.

MRS. BEDFORD FENWICK said the Members of the Education Committee felt very strongly that as the large majority of well-trained male nurses, other than mental nurses, were trained in connection with a Government department, the War Office, it was only courteous, before drafting a scheme so closely affecting its Male Nursing Staff, to consult with the official head of its Nursing Department. She cordially supported the proposal, which was carried unanimously.

It was also agreed to invite information on a Male Nurses' Syllabus in writing, offered on a previous occasion, from Dr. Brander, Medical Superintendent of the Hackney Union Infirmary.

The motion that the Report of the Education and Examination Committee as amended be approved was put from the Chair, and carried.

It was agreed, on the recommendation of the Chairman, that in view of the immense amount of

work to be overtaken in connection with Applications for Registration to postpone the next meeting of the Education Committee until Thursday, October 13th.

Report of the Finance Committee.

SIR JENNER VERRALL, Chairman of the Finance Committee, then presented his Report, and moved that it be received. The principal items were in connection with advertisements, salaries, bills for furniture, and small accounts.

THE CHAIRMAN pointed out that it had been necessary to authorise the expenditure of about £30 owing to a sudden demand for stamps. This was in connection with Registration. He pointed out, however, that no provision was made for urgent payments, and suggested that the Council should authorise the expenditure and signing of cheques not exceeding £40.

The adoption of this proposal was approved.

MRS. BEDFORD FENWICK pointed out that the General Purposes Committee was a Standing Committee, but all its work so far had been in connection with expenditure, and its recommendations had been presented to the Council through the Finance Committee. She approved of this as it was very undesirable to have two spending Committees.

RESOLUTION.

SIR JENNER VERRALL then proposed, and MRS. BEDFORD FENWICK seconded, the following resolution, which was carried :—

"That the proposals of the General Purposes Committee when dealing with Finance should be presented to the Finance Committee for approval by it, and reported to the Council."

It was agreed that in matters apart from finance the General Purposes Committee would report to the Council direct.

In reply to an enquiry as to whether the General Purposes Committee had elected a Chairman, MRS. BEDFORD FENWICK said that since the General Purposes Committee had been appointed as a Standing Committee, there had only been one meeting at which there was no quorum; therefore, no Chairman could be appointed.

The recommendations of the General Purposes Committee included in the Report of the Finance Committee were agreed as follows: Laundry, Coal and Coke, Teas, additional temporary staff—one Clerk for inscribing Certificates, two junior temporary clerks to assist in Registration Room, permission to employ approved voluntary workers, and articles required for the Office and Domestic Equipment.

The recommendation of the Finance Committee that the estimate of Messrs. A. & E. Walters, Ltd., for tinted papers for minutes, &c., be accepted was approved.

It was then moved by SIR JENNER VERRALL, and seconded, that the Report of the Finance Committee be approved. This was put from the Chair and carried.

Report of the Mental Nursing Committee.

DR. BEDFORD PIERCE, Chairman of the Mental Nursing Committee, then moved that the Report of the Mental Nursing Committee be received.

The Report was as follows :—

The Mental Nursing Committee has met once—on September 22nd, 1921 :

(1) With reference to the preparation of the Syllabus and the Chart for the use of ward sisters and others training nurses, the Committee felt that it was advisable to have an opportunity of consulting other persons experienced in the training of mental nurses, and they passed the following resolution, proposed by Miss MacCallum and seconded by Mr. Christian :

"This Committee recommends that they be empowered to obtain such expert advice as they find needful, before they finally frame the regulations for the admission of future nurses to the Supplementary Part of the Register for Mental Nurses."

This was agreed.

(2) Some time was given to the examination of the Scottish Rules, particularly the differences between the Scottish and English Rules. Rule 21 (5) (b) allows Scottish nurses to become registered mental nurses with two years' hospital training and experience, whereas the English rule requires three years.

The subject was considered afresh, and the Committee considered the English rule preferable.

(3) In order that the advantages of registration may be more generally known in mental hospitals throughout the kingdom, the Committee recommend that the Council send out a letter to all Visiting Committees and Medical Superintendents pointing out that the Register is now open, and the advantages which State Registration provides.

(4) The Nurses' Chart attached to the Syllabus of Lectures and Demonstrations for Education and Training in General Nursing was carefully examined, with reference to the training of mental nurses. With a very few omissions the Committee considered this suitable for the training of mental nurses, but before making any final recommendation in the matter, they would wait until the proposed conference has taken place.

DR. BEDFORD PIERCE said that the reason for the proposal made in Clause I was quite simply because only two members of the Council were acquainted with the training of mental nurses.

In connection with Clause II the Committee preferred the English Rules.

In connection with Clause IV it hoped that the Chart would be adopted.

In reply to the Chairman, DR. BEDFORD PIERCE expressed the opinion that the best results would be obtained from a small round table conference. There was no Matron or female Head Nurse of a Mental Hospital on the Council.

DR. GOODALL supported the proposal.

The CHAIRMAN read the following interesting letter from Dr. Wolseley Lewis and also supported DR. BEDFORD PIERCE'S proposal.

The Kent County Mental Hospital,
Maidstone,
9th August, 1921.

SIR,—As Chairman of the Parliamentary Committee of the Medico-Psychological Association, I took an active part in the promotion of the Bill for the Registration of Nurses, and being the Physician in charge of one of the largest public Mental Hospitals in the country, I am naturally interested in what is to be the future status of the Mental Nurse.

I understand that the question as to whether there should be two examinations or one is not yet finally settled for England, but I have seen the syllabus for the first examination to be passed at the end of eighteen months for Scottish Nurses, and in my opinion it would be advantageous to have a preliminary examination to cover the minimum knowledge that any nurse on the Register or Supplementary Registers of England should be required to possess.

In the interests of the Nursing profession as a whole, I would urge that the education and training for this preliminary examination could be taken at any Hospital recognised by the Nursing Council, whether General, Mental, Fever or Children's, and that the period of training so spent should be reciprocal between any of these Institutions.

The respective opportunities to be obtained can be illustrated by local conditions; the West Kent General Hospital at Maidstone having a nursing staff of 20, whereas this Institution in the same town has a nursing staff of 200. The engagement of a Sister-Tutor is, presumably, out of the question at the first-named Hospital, while my Committee has already decided to appoint one here as soon as circumstances permit.

To place all forms of training on an equality would do away with petty jealousies between one class of Nurse and another, and would tend to do what, after all, was the main object of the Nurses' Registration Act, viz., give every Nurse a national qualification and status.

I understand that Mental Nurses are not proportionately represented on your Council, and approach you in the hope that their interests will not be overlooked.

I am,

Your obedient Servant,
(Signed) H. WOLSELEY LEWIS.

Joseph C. Priestley, Esq., K.C.,
Chairman, General Nursing Council.

DR. BEDFORD PIERCE, then proposed that the Report of the Mental Nursing Committee be agreed, and it was put from the chair and carried that the Report be now approved.

The Press then retired, the rest of the business transacted being taken *in camera*.

Report of the Registration Committee.

The consideration of the Report of the Registration Committee was held *in camera*, but the following paragraph has been officially communicated.

Up to September 30th 1,816 applications for registration have been received, and £1,912 3s. 11d. has been received in fees.

Three hundred and sixty-six nurses were recommended to the Council for approval for registration on the General Part of the Register, their qualifications and references conforming in every particular to the Rules;

Fourteen for registration on the Supplementary Part for Fever Nurses; and

One for registration on the Supplementary Part for Mental Nurses.

These were approved, and the Council agreed to the following Resolution:—

That candidates who have complied with the requirements set forth in the Rules, whose applications for Registration are approved by the Council, shall have their names entered by the Registrar in the appropriate parts of the Register, and shall be granted a Certificate, and that authority is hereby given to affix the Seal of the Council thereto.

A list of those applicants whose qualifications do not conform to the Rules, was also appended to the Report.

The official notification of Registration will be sent to each applicant whose qualifications were approved.

Applicants whose qualifications did not conform to the Rules will receive a notification to this effect.

Now that the General Nursing Council has re-assembled after the vacation, the large number of applications received will be considered without further delay.

THE REASONS FOR THE RULES.

Rule 51, framed by the General Nursing Council, provides that 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.

This, in our opinion, is a very wise provision, as one may read a code of Rules and still want to know the reason for them, and only those who have carefully studied the Act and helped to frame the Rules for carrying out its provisions can explain the details of this somewhat intricate subject to the satisfaction of those who rightly desire reliable information.

The East Lancashire Centre of the College of Nursing, Ltd., have invited Mrs. Bedford Fenwick to attend an Open Meeting of Nurses to be held in the Out-patient Department of the Royal Infirmary, Manchester, on the afternoon of Friday, October 21st, to explain the Rules framed by the General Nursing Council in connection with State Registration. Mrs. Fenwick has gladly accepted the invitation and together with Miss M. Breay will be the guest of Miss Sparshott, the Matron at the Royal Infirmary, Manchester.

It is so far back as September, 1878 (forty-three years ago), that Mrs. Fenwick entered as a Paying Probationer for a year's training at the old M.R.I.—grimy-faced, splendid old hospital—where she spent one of the happiest years of her life, acquiring knowledge in that wonderfully effective way by observing, listening, reading, and especially by questioning Head Nurses, ardent young medical

interns, wonderful pioneer surgeons and physicians, patients, scrub ladies and porters, with "Hoblyn" in one apron pocket and "Fenwick's Guide" in the other, and committing to memory their practical instruction, and varied experience of life in health and disease. To speak on the "M.R.I. in the Seventies" would be more amusing, if less academic, than a discourse on the Registration Rules.

THE NIGHTINGALE TRAINING SCHOOL, ST. THOMAS'S HOSPITAL.

The Matron and Superintendent of the Nightingale Training School, St. Thomas's Hospital, desires it to be known that should any Nightingale Nurse trained before the year 1901 be in difficulty as to the dates of her "Gratuity Certificate Papers"—granted by Miss Nightingale through the Council of the Nightingale Fund—will they communicate with her regarding the same.

Matron wishes to state that the records from the year 1860 and the Certificate records from 1875 are registered, and in order in every detail, in her office at St. Thomas's Hospital.

ROYAL BRITISH NURSES' ASSOCIATION FIXTURES.

On Saturday, 15th inst., Miss L. Anderson Parsons will give us "An Evening with Kipling," and Members may expect a real literary treat, for Miss Parsons knows her Kipling "from cover to cover," and those, who have not had time to make such a close study of his works as she has, will have opportunity on the 15th inst. to gather some of the finest gems from his writings, and to get some knowledge of the life and character of this author whose writings are so robust and so inspiring.

There will be no special entertainment on Saturday the 22nd, but for Thursday evening, 20th inst., Miss Aughton, M.R.B.N.A., is organising a Musical Evening which will commence at 7.30 p.m. Clever musicians and elocutionists have very kindly promised their services. We ask Members to make a special note of these dates and to show their appreciation of the kindness of Miss Parsons and Miss Aughton by attending in large numbers. I. M.

THE PROFESSIONAL UNION OF TRAINED NURSES.

Will nurses ever realise the necessity for proper organisation? In Public Departments, where retrenchment is the order of the day, invariably the custom is to begin with nurses. They are less organised than other employees. One sometimes wonders if they ever think of anything outside of their immediate employment.

Letters are constantly being received from Nurses, complaining that their salaries and bonuses are being cut down, while those of other employees

in the same Department either remain stationary or are increased, and they ask, "can anything be done?"

May I quote from a letter which I have just received?

"It was decided at the meeting which our C.M.O.H. attends that the nurses should have no more lunch money, and bonus taken away or lessened. When I wrote a protest I got no reply, and when I called at the Town Hall was told that Dr. — cared for nothing from us but numbers. I have also been told that I must walk to the place where we are working (which means six miles every day), or get a bicycle on my own account. A Nurse friend in another area is to do the same. Another friend, who is a teacher, told me she had received a notice that *her salary was to be increased*, and with her next payment she would receive the money from April 1st last. The Dentist is still allowed something for a motor, first-class railway fare, 3s. 6d. for lunch, and 2s. 6d. for tea if out after 6 p.m. I am on duty just the same time as he is, and yet allowed nothing, yet I must say nothing."

The moral of this is, how many nurses in that district belong to a Union? One or two at the outside. That nurses are in such a position is entirely their own fault. If they would combine as the teachers have done they could not be treated in this fashion; but, alas! everybody who has tried to help them seems to find that nurses are the most hopeless people to have anything to do with; they are a dead-weight on any organisation. When are they going to wake up?

One thing only will prevent them from being exploited—organisation on a sound basis.

It will be a lasting disgrace to the Profession, that the one organisation which claims to have the largest number of members is the one that has placed the nurses in the position of mendicants.

MAUDE MACCALLUM,
Hon. Secretary.

PROVISION FOR DISABLED NURSES.

The Ministry of Pensions has issued the following information for officers, widows, and others:—

As advised by the Departmental Committee, whose report on the administration of the Ministry of Pensions was recently published, the Minister of Pensions has taken steps to make more widely known the benefits available to disabled officers and nurses, and the relatives of those deceased. With this object, a new series of leaflets (officially described as "M.P.O. Leaflets") is being issued, dealing with the following matters:—

No. 1.—General information for disabled officers.

No. 2.—Provision for disabled nurses.

No. 3.—Medical treatment of disabled officers and nurses.

No. 4.—Supply, renewal and repair of surgical and artificial appliances (other than artificial limbs).

No. 5.—Alternative retired pay.

No. 6.—Pensions and allowances to widows and other relatives of deceased officers.

No. 7.—Supply of artificial limbs (in preparation).

No. 8.—Special Grants Committee's arrangements for officers and nurses and their dependants.

Leaflet No. 2 can be obtained by those interested on application to the Secretary, Officers' Branch, Ministry of Pensions, Cromwell House Annexe, Millbank, S.W. 1.

THE NEW GROUP OF INTERNATIONAL NURSING STUDENTS.

The new Course of Training for Public Health Nurses, in connection with the League of Red Cross Societies at Geneva, begins at Bedford College for Women, University of London, on Thursday, October 6th, and most of the group of twelve nurses have already arrived in this country. Some hold scholarships provided by the Red Cross Societies in their own countries, one a scholarship given by the Rockefeller Foundation, and others are paying their own expenses, which proves how the course is appreciated.

Its object is to seek out in all countries the nurses who by reason of intelligence and training may become leaders in the evolution of nursing ideals in their own country. They will receive the necessary knowledge and inspiration, so that upon their return they may become Pioneers in Public Health Nursing, where that service is just being started. In countries where nursing is well developed, by reason of their greater knowledge, they will strengthen the world-wide nursing bond.

The amount of each scholarship is £250, which covers tuition, laboratory fees, and special fees to the college, board, residence, books, laundry, necessary transportation and incidental expenses connected with the Course.

The student must possess a diploma or certificate as regulated by the highest nursing standards of the country which she represents, and it is expected that in selecting students particular attention should be paid to the necessity for unusual intelligence to enable them to profit by a course which is necessarily intensive.

The course will be both theoretical and practical, and lectures by trained nurses are also to be arranged.

The members of the present group include:—*England*, Miss James; *Canada*, Miss Moore; *New Zealand*, Miss Webster; *Austria*, Miss Danko; *Bulgaria*, Miss Christova; *Czecho-Slovakia*, Miss Anzenbacherova; *Hungary*, Miss Hodessy; *Japan*, Miss Tabuchi; *Mexico*, Miss Deuchler. The students from *Finland*, *Latvia*, and *Estonia* have not yet arrived. The group is in charge of Miss Waters, who superintended the one which last year studied at King's College for Women.

LECTURES.

The Course of Six Lectures on "The Psychological Aspect of Nursing," being delivered at the Tavistock Clinic for Functional Nerve Cases; 51, Tavistock Square, W.C. 1, by Mary I. Hemingway, M.B., M.R.C.S., opened on Wednesday, October 5th, at 4 p.m. The following is the Syllabus:—

Oct. 5.—Introductory.

Oct. 12.—The Physiological Effect of Emotions.

Oct. 19.—Psychotherapeutic Methods: Persuasion: Suggestion: Re-education.

Oct. 26.—Psychotherapeutic Methods: Analysis: Psychological Mechanisms.

Nov. 2.—The Neurotic Patient and how to Handle Him (1).

Nov. 9.—The Neurotic Patient and how to Handle Him (2).

Fee for Course, 10s. 6d.; Single Lecture, 2s.

THE LONDON MEDICAL EXHIBITION.

The Eleventh London Medical Exhibition opened at the Central Hall, Westminster, on October 3rd, and closes at 6.30 p.m. on October 7th. It is sufficient to indicate its importance and representative nature to say that amongst the exhibitors are firms of such high repute as Messrs. Allen & Hanburys, Ltd., the Anglo-American Oil Co., Ltd., Messrs. John Bell & Croyden, Ltd., Bovril, Ltd., Cadbury Bros., Ltd., the Gas Light and Coke Co., Glaxo, Horlick's Malted Milk Co., Messrs. H. K. Lewis & Co., Ltd., Lysol, Ltd., the Surgical Manufacturing Co., Ltd., Virol, Ltd., and Charles Zimmermann & Co., Ltd.

THE MODERN TREATMENT OF LEPROSY.

One of the most interesting exhibits is "Moogrol," the latest, and apparently the most promising, of all the substances used in the treatment of the age-long scourge of leprosy. "Moogrol" is prepared and exhibited by Messrs. Burroughs, Wellcome & Co., and is described as a "mixture of esters of acids of the chaulmoogrie series," and represents the culmination of a long and patiently conducted series of investigations carried out in the Wellcome Research Laboratories, London, into the nature and properties of chaulmoogra oil, which has long been used particularly in India as a remedial agency in leprosy. By these researches it has been established that chaulmoogra and certain other oils have, as their chief components, a new series of fatty acids.

A natural assumption was that the remedial value of the above oils resided in these peculiar acids, and that better results might be obtained from these acids or their derivatives than from the crude oils. This assumption has been scientifically proved, and it has been further shown that the most satisfactory using of these acids consists in the intra-muscular injection of their esters.

"Moogrol," a limpid oil, eminently suitable for injection, now makes the treatment accessible to every medical practitioner interested in leprosy.

APPOINTMENTS.

MATRON.

Home for Ailing Babies, Metropolitan Borough of Woolwich.—Miss Sarah Ann Cross has been appointed Matron. 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 Infirm Wards in the same Institution, and Home Sister at the North Middlesex Hospital. Miss Cross is a member of the T.F.N.S., and has had five years' military nursing at home and in France. She is a certified midwife.

St. Luke's Hospital, Halifax.—Miss E. A. Woodward has been appointed Matron. She was trained at the Camberwell Infirmary, London, S.E., where she subsequently held the positions of Day Sister and of Night Superintendent, and has held successively the positions of Third Assistant Matron and Masseuse, Second Assistant Matron and Home Sister, and First Assistant Matron at the Withington Hospital, Manchester, under the Manchester Guardians.

Inverurie Joint Hospital.—Miss Margaret Low has been appointed Matron. She was trained at the Preston Royal Infirmary, and has had considerable experience in private nursing. She was for some time Night Sister and Sister of the Diphtheria and Tuberculosis Wards of the Aberdeen City Hospital, and during the war was on active service. Miss Low has held the positions of Senior Sister and Assistant Matron of the Royal Infirmary, Preston.

HOME SISTER.

London Temperance Hospital, Hampstead Road, N.—Miss Alice S. Marshall has been appointed Home Sister. She was trained at the Birmingham General Hospital and has held the positions of Sister at the Children's Hospital, Norwich, and the Birmingham General Hospital, Night Sister at the Norfolk and Norwich Hospital, Assistant Matron at the Royal United Hospital, Bath, and Sister-Housekeeper at Charing Cross Hospital.

SISTER.

St. Luke's Hospital, Halifax.—Miss Agnes Willis has been appointed Sister. She was trained at the Toxteth Infirmary, Liverpool, and has been Sister in the same Institution, Staff Nurse at the Park Fever Hospital, Lewisham, and Ward Sister at Clatterbridge Infirmary.

NIGHT SISTER.

Royal Victoria Hospital, Dover.—Miss Annie M. Ford has been appointed Night Sister. She was trained at the Royal Devon and Exeter Hospital, and during the war worked as a member of the Territorial Force Nursing Service. She has been Sister at the City Road Hospital for Diseases of the Chest and Temporary Night Sister and Assistant Matron at King Edward VII's Hospital, Windsor.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth C. Wilson is appointed to Wimbledon, as Superintendent; Miss Constance M. Macey, to Leicester, as Assistant Superintendent; Miss Margaret H. Klamborowski, to Brighton, as Second Assistant Superintendent; Miss Hilda R. Beaumont, to Worthing; Miss Ida L. Benson, to Maidenhead; Miss Margaret A. Hamilton, to Bacup; Miss Hannah F. Hobbs, to St. Albans, as School Nurse; Miss Florence E. Morgan, to Tottenham; Miss Minnie E. H. Pay, to West Sussex, as Health Visitor and School Nurse; Miss Janet Wilcock, to Bacup; Mrs. C. E. Williams, to Dartford.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following ladies have been appointed in the grade of Staff Nurse:—Miss A. E. Calvert-Jones and Miss I. Watt.

PROFESSIONAL REVIEW.

"THE PSYCHOLOGY OF NURSING."*

(Concluded from page 213).

Emphasising the importance of the significance of the nature and origin of consciousness, the author truly says: "There is but little, as a rule, in the general plan of a young girl's education to awaken her to the need of any such consideration. She is made to realise before she leaves High School that she must know this and that rudimentary fact about her physical self in order to care for her body intelligently and to avoid sickness. Elementary physiology and hygiene are accepted as practical subjects to include in her education. How much does she learn concerning the working of her mind? What practical basis has she in the science of consciousness? Does she understand, as psychologists repeatedly point out, that the function of her mental life is to stimulate and to direct action, to guide her forces, to help her to make use of herself?"

"If, before our young probationers open the door of the hospital, they could be made keenly aware of their forces, what a tremendous advantage this would be to them! If only they might realise what they are, and what they may become by organised effort! This awareness of themselves plus active attention to development would be their greatest help in training. Together with this recognition of themselves as working forces would come an illuminating re-adjustment of the way they regard those with whom they come in contact. Innumerable blunders would be avoided, stumbling-blocks removed, worries eliminated. What a step towards free advancement!"

"Let it be borne in mind that what the young nurse needs most when she enters training is awareness of her mind as a working force, together with recognition of her undeveloped power and her wrong habits of behaviour. . . . Let the nurse comprehend something of the power within her; let her realise the millions and millions of her brain cells not in use, the faults and weaknesses that are holding her back. The world needs her dormant power. Never in the history of nursing has there been such a demand for highly trained women. We all see that some nurses are better than others. There is a reason why the surgeon selects a certain nurse to assist at a critical operation. There is a reason why some graduate nurses are busy at the kind of work they want to do, and others are always complaining because they have to take 'anything that comes along.' The difference in the professional ability of nurses lies primarily in the amount of power allowed to remain dormant."

"To anyone keeping in touch with modern ideas as set forth by many prominent writers, 'getting an education' presents a fivefold aspect. This, as summarised by George Drayton Strayer, includes:

- (1) The training of the physical self;
- (2) The education of the intellect;

* By Aileen Cleveland Higgins, A.B., R.N. C. P. Putnam's Sons, The Knickerbocker Press, 24, Bedford Street, Strand, London, W.C. 15s.

- (3) The development of the moral-social ideals;
- (4) The special training for a vocation;
- (5) The not-to-be-forgotten 'training for leisure.'

"It is plain from such references that 'getting an education' means something more nowadays than merely learning how to earn a living or to develop one's particular abilities without regard to the individual's usefulness in the world. . . . We hear a great deal about 'social efficiency.' Indeed, so much is the expression used that it makes less impression than it should make in order to prod people to the effort of getting an education in the highest sense. Nevertheless, the constant setting forth of an ideal has its effect. Our Boy Scout movement has social helpfulness as its underlying principle of action. . . .

"As soon as the nurse has a well-defined idea of education she is vitally concerned with the direction of her conscious forces. She finds out all that there is to find out about her working power. What she is able to make of herself depends upon this understanding of her conscious forces, plus the necessary training."

Two definitions of education are given, one by William James (in "Talks on Psychology"), who says that "Education cannot be better described than by calling it the organisation of acquired habits of conduct and tendencies to behaviour," and that by E. L. Thorndike (in "The Principles of Teaching"), who says that "Education should be considered, not as a moulding of perfectly plastic substances, nor as a filling of empty minds, nor as a creation of powers; but rather as the provision of opportunity for healthy bodily and mental life, of stimuli to call forth desirable activities in thought, feeling and movement, and of means for their wise direction, for the elimination of their failures and futilities, and for the selection of their useful forms."

So the book goes on showing how education may be carried on, on the lines of "Human Adjustment." Thus, "without being self-conscious, the nurse needs to think of the impression she makes. What is the effect of her habitual 'Good morning'? Does it brighten, does it sing of vitality and interest in life, or is it a dull, flat utterance, adding gloom where gloom may be? Too much stress cannot be laid upon the effect of the nurse's personality. Her 'nursing touch' is a stimulus with unlimited possibilities for desired reactions on the part of the patient. As the nurse studies her patient, noticing closely his responses to the smallest stimuli, she grows to understand her responsibility in directing properly the stimuli under her direct control. . . . It is fascinating to take over a neglected garden, to give it scientific care, and to watch the drooping leaves lift, the new buds sprout, the new life quiver through the plant life. How much deeper the thrill that comes from observing human life, responding to care, nursed back to health.

We have only space to mention the chapters on Instincts, Habits, Sensation and its Meaning, Taking things into the Mind, Responses of Patients, Putting Two and Two Together, Atten-

tion and Interest, Memory, How to Study, Thinking in Imagery, Reasoning, Feeling, Willing and Doing, Nursing Technic, and one in the Appendix on "The Nurse's Health"; but all will repay careful study.

The price of the book is 15s.—a high price for a nurse to pay, some will say. Perhaps, but values are relative, and 15 pieces of silver are, after all, a small price for a book that is worth its weight in gold.

M. B.

THE HOSPITAL WORLD.

The Chairman of Westminster Hospital gratefully acknowledges the receipt of a £50 banknote, which has been found in the poor-box at the hospital. This is the second £50 note found in the hospital boxes during the past three months.

The Ministry of Health, it is suggested, may adopt a new line of policy under which the panel system would be abolished and payment per visit substituted.

COMING EVENTS.

October 8th.—The Scottish Nurses' Club Extension Sale of Work, 205, Bath Street, Glasgow, 2 p.m.

October 8th.—Royal British Nurses' Association, Lecture on "The Development of Mind," by Miss Good. 194, Queen's Gate, S.W., 4 p.m.

October 12th.—The Matron-in-Chief and members Q.A.I.M.N.S. "At-Home," Wharncliffe Rooms, Great Central Hotel, Marylebone. 4 to 7 p.m.

October 12th.—Queen Mary's Maternity Home, Upper Heath, Hampstead. Laying of Foundation Stone by Her Majesty the Queen. 3 p.m. Tea for invited guests Cedar Lawn. 4 p.m.

October 13th.—Central Midwives' Board, Monthly Meeting. 1, Queen Anne's Gate Buildings, Westminster, S.W.

October 13th.—Society for Constructive Birth Control and Racial Progress: First General Meeting. Lecture Room, Hotel Cecil, Strand, W.C. 8 p.m.

October 15th.—Royal British Nurses' Association. Lecture, "An Evening with Kipling," by Miss L. Anderson Parsons.

October 18th.—Opening of Parliament.

October 21st.—Meeting of the East Lancashire Local Centre College of Nursing, Ltd.: Mrs. Bedford Fenwick will speak, by invitation, on the Rules framed by the General Nursing Council for England and Wales under the Nurses' Registration Act, 1919. Royal Infirmary, Manchester. 4.30 p.m.

October 27th.—Quarterly Meeting of the Matrons' Council. Claybury Mental Hospital, Woodford Bridge, Essex. 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.

THE TEACHING OF OLIVE SCHREINER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you for your appreciation of Olive Schreiner's "Story of an African Farm." I commend to all nurses her "Dreams." It is a wonderful collection of very beautiful short readings, which I have used for the past three years in connection with successive classes of preliminary Training School Pupils, during sewing lessons, splints or linen. So far, none of them knew it, but many of them have since obtained it, as well as others of her writing.

In particular, "Three Dreams in a Desert" seem to apply to our present struggle for professional freedom, and the description of the locust crossing a stream is graphically told—the first pioneers are swept away, *they make the track to the water's edge*; the next ones form a bridge with their bodies over which the rest pass to the land of freedom.

All our thanks are due to those who formed and marked out the difficult trail by which we are fast reaching the Land of Freedom. We all too readily forget that the trail had to be blazed.

I am,

Yours very faithfully,

SISTER TUTOR.

General Hospital, Nottingham.

NURSING HISTORY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In THE BRITISH JOURNAL OF NURSING, dated September 17th, I notice that you have reported a letter sent to nurses by a firm of chemists.

You point out that no nurse can yet claim the title of "Registered Nurse," and that probably the firm of chemists is under the impression that "Nurses who are on the Register of the College of Nursing, Ltd., are empowered to use the professional title of Registered Nurse."

You express the opinion "that it is high time the College of Nursing Council took steps to substitute a Roll of Members for their so-called Register, and thus cease to mislead the profession and the public as to the present status of a Registered Nurse."

Though I am a member of the College of Nursing, I am not writing to contest the right of our Council to maintain our Register, but to ask you, on behalf of a few other nurses as well as for my own information, why (as you say no nurse has yet the right to say she is a "Registered Nurse"), there

has been advertised in your paper week after week, "The Registered Nurses' Society"? The advertisement states that the Society has been in existence for twenty-seven years. Is this correct to call it "The Registered Nurses' Society," if as yet there are no "Registered Nurses"? In the issue of THE BRITISH JOURNAL OF NURSING of July 23rd, 1921, you report a letter sent to the Minister of Health by the "Registered Nurses' Parliamentary Council." If, as you say, the College of Nursing is misleading the public in keeping a Register of Trained Nurses, perhaps you will kindly explain why any other body of nurses has a right to style themselves "The Registered Nurses' Society," or "The Registered Nurses' Parliamentary Council" these titles seeming to us more misleading than the fact of the College Council keeping a Register of Trained Nurses. It will enlighten a few puzzled nurses if you will kindly publish this letter and your answer to our question.

Yours truly,

Edinburgh.

AN INQUIRER.

[We have pleasure in replying in full to the enquiries of our correspondent, especially as we must refer to nursing history, of which unfortunately the profession as a whole is so deplorably ignorant.

In the year 1887—thirty-four years ago—the British Nurses' Association (later granted the prefix Royal) was founded by a few pioneer Matrons, the first object of which was to "promote a system of Registration of Nurses." In the year 1890 the Association began a system of Registration, and at the end of a six months' "period of grace," three years' hospital training was made an essential condition of Registration.

The Association compiled and published the first "Register of Trained Nurses" in 1891, and asserted two great principles:—(1) That the public should be protected against unskilled nursing by untrustworthy women. (2) That the control of the nursing profession should be in professional hands. A copy of that publication is before us, and it is interesting to note that amongst the members composing the Registration Board we find the names of Mrs. Bedford Fenwick, who (thirty years later) is a member of the General Nursing Council for England and Wales, and of Miss Margaret Huxley, who is Vice-Chairman of the General Nursing Council for Ireland. Also that of Dr. Priestley—late Sir William—the father of Mr. J. C. Priestley, K.C., the Chairman of the English Nursing Council. But to return.

In the year 1894, having been incorporated by Royal Charter, which gave it the right to compile a Register, the Royal British Nurses' Association, realising how unfairly private nurses were exploited by hospitals, institutions, and individuals, organised a private nurses' co-operation under the title of the "Registered Nurses' Society," whereby the registered members of the Association were enabled to secure full remuneration for their

work, less the payment of a small percentage to cover expenses.

Thus, for twenty-seven years, the Society has had the prescriptive right to its title.

During all these years, members of the Royal Chartered Corporation have worked unceasingly for the highest professional status for trained nurses, the right of Registration by Act of Parliament, in the face of strenuous and very powerful opposition upon the part of the Training Schools and the exploiters of nurses, an economic war which ended in the triumph of the nurses upon the passing of the Nurses' Registration Acts on the 23rd of December, 1919.

These Acts called into existence the General Nursing Councils for England and Wales, for Scotland, and for Ireland, and entrusted these Councils with statutory (Parliamentary) authority to define the curriculum of nursing education, the control of the State examination, and the State Registration of Nurses. The Royal British Nurses' Association at once ceased any attempt to compete with the State authority, and ceased to "register" nurses, although its standard of membership will continue to be kept to the high standard it has always maintained.

The College of Nursing, Ltd., a young organisation founded in 1916, first published a "Register of Nurses" in 1919, and it is registration by this company which appears superfluous and misleading now that State Registers are authorised by Acts of Parliament.

On Friday, September 30, that is, on Friday in last week, the First List of Applicants for Registration were considered by the General Nursing Council, and it directed that those approved should have their names entered in the appropriate parts of the Register, and should be granted a Certificate to which the Seal of the Council should be affixed.

Amongst the applicants approved were the members of the Registered Nurses' Society, and if our correspondent refers to the advertisement of this Society she will find that for the future no nurse will be eligible for membership who is not legally entitled to the title of "Registered Nurse." The same provision will also be enforced for membership of the "Registered Nurses' Parliamentary Council."

We can only hope that Government Departments, hospital governors, Poor-Law Guardians, Nursing Committees of District, Private and Public Health Nurses, and the Medical Profession will follow the example of the Registered Nurses' Society, and help to give effect to the Nurses' Registration Acts, by requiring that nurses appointed to responsible positions shall be duly qualified "Registered Nurses."

State registered and certificated nurses can themselves do much to protect their own legal status by refusing to work under, or on terms of equality with, unregistered persons. What trained nurses have got to realise is, that the only form of registration—which is recognised in Courts of

Law—is registration by the General Nursing Councils—established by the Nurses' Registration Acts. We hope we have given our correspondent all the information she requires.—ED.]

KERNELS FROM CORRESPONDENCE.

HELIO-THERAPY.

Hygienic Mother.—"I read with great interest the article about helio-therapy and the wonderful cures at Leysin. No doubt the germ-free air, by increasing oxygenation, improves and purifies the blood, but cure by sunlight of tendencies to disease can do much even in England. All this wonderful summer my very delicate little boy has worn only one white loin cloth garment and run about bare-foot in the garden, and on the sands in the sunlight for hours, and has gained wonderfully in health and strength."

THE HEALTH OF THE MATRONS.

A Matron on the Shelf.—"If I may express an opinion on the letter headed 'The Health of the Matrons,' which appeared in the B.J.N. on September 17th, it is that had I not been terribly worried by several of the causes mentioned by your correspondent, I should not have felt compelled to resign, which I could very ill afford to do. My two chief worries were the impossibility of getting the right type of girl to train, and the complaints of the medical staff of neglect of patients—complaints which were usually justified—and the bad quality of the food contracted for, of which everyone complained—again, I consider, with justification—but which for reasons of economy I could not get improved."

Assistant Matron.—"There is little doubt that Matrons are overworked in these days; it appears they have so many public duties, at which they wear themselves out, instead of 'playing' when off duty. This reacts upon Assistant Matrons, as I know to my cost."

Home Sister.—"I read with interest the supposed reasons for the breakdown of hospital Matrons, and can testify that the poor health of many young probationers is one cause of worry. I believe probationers are being taken into hospitals too young; many here at 18, before they are "set." I was refused by several experienced Matrons until I was 23. Impatient Sisters and anxious parents don't add to the amenities of life, when raw substitutes are sent to the ward, and pet daughters get a temperature of 103."

Head of a Training School.—"Since writing to you on September 17th another Matron friend has had a serious collapse, after fifteen years' devoted service. I am informed that her nursing career is ended."

PRIZE COMPETITION QUESTIONS.

October 15th.—How may the Trained Nurse help in the Sex Education of the Child?

October 22nd.—Name four Diseases to which children are liable and the Nursing treatment.

The Midwife.

BREAST FEEDING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is good in these materialistic days to be credited with a star, but unless one has an ultimate point it is exceedingly difficult to judge how far one may safely wander. This was realised in framing the Nurses' Registration Acts, our endeavour ever being to insist that the nurse should receive her training in the wards of a hospital. Given that standpoint she could then modify her work to suit her patients and their surroundings, wherever they lay. Dr. Truby King rightly stresses the absolute necessity of understanding the importance and technique of breast-feeding. I do more than assume that in the majority of cases if the knowledge of how to breast-feed their infants is correctly conveyed to mothers it will ensure its practice. Simplicity, cheapness and efficiency in the correctly fed infant are advocates in themselves. It is largely because the mothers are wrongly advised, and the results so poor, that breast-feeding has been neglected. Learning correct caloric and percentage feeding is equally important. The teaching is in no way adapted only for the wealthy. The "Plunket Nurses" use it up and down New Zealand, and "Truby King" trained Health Visitors testify to its efficiency in urban and rural districts in this Kingdom. Personally, my two most successful cases of re-establishing lactation were in Kennington and Greenwich. The former, a woman with her second child, six weeks old, a mal-developed breast complicating the situation, added to the fact that the mother was apathetic and thought bottle feeding much easier than persevering with a screaming infant at the breast. She became enthusiastic, however, when her milk steadily increased, though the first ten days called for unadulterated optimism on the part of the nurse. The second case—a good, though worried mother, with her fifth child—"only breast-fed the others for a few weeks, then milk went." They had each been brought up on different foods, the mother not being satisfied with any one. In this case the child was 10 weeks old, much under weight, had frequent green stools, colic and sometimes vomiting, and once a sudden attack of glossitis, when we nearly lost what we had gained with the breast milk by his inability to suck! In this case I was unable to borrow scales for test weighing and had to be satisfied with weekly record of weight from the Centre. Knowing that the child was a certain age and a certain weight, I calculated its theoretical caloric allowance—a simple process. I had also to allow a margin for extra food required to attain correct weight, bearing in mind that I was dealing with a "damaged" digestion. The obvious way to rush up the natural supply as quickly as possible. In doing this two courses

are open: (1) Rather underfeed the baby with supplementary and keep it hungry for sucking so as to create good stimulation of the breasts; during this process you have to deal with the mother's mentality, because probably there is a further loss of weight in the child while at first little increase in the breast milk is noticeable, especially when test weighing is not being carried out. (2) Risk reduced production of breast milk by feeding infant up to full allowance with supplementary food. This is *always* given after the breast. The breast milk yield is highest at 6 a.m., so it is seldom necessary to supplement at this hour; at 10 a.m. the milk is less and the lowest yield is reached at 2 p.m.; the 10.30 p.m. draught is generally the next in quantity to the 6 a.m. Note how Nature provides for the long fast which should be observed in all normal infant feeding. Calculating on this basis I compiled a complementary feeding table which, with a little adjustment, proved satisfactory till it was dropped as full breast feeding was established. The night feed was stopped without inconveniencing the father, who had to turn out at 5 a.m. The mother's constipation was overcome and she developed a plump figure which necessitated an adjustment of her clothing; she was transformed from a 'sallow, thin, worried mother into a grateful and convincing missionary to neighbours, mothers and nurses at the Centre, while the baby was the cynosure of all eyes.

It is when death threatens most nearly that we make our most careful calculations; though it is not necessary when you know the value of mixtures to waste time with pencil and paper. A slight error in an acute case may expend the last ounce of carefully husbanded strength on unnecessary vomiting. I have no objection to a screen round a child's bed; I took exception to "a tent made with blankets" when nursing summer diarrhoea. As for relying on "common sense removing the screen when the occasion arose," it is a commodity seldom met with; in issuing his instructions Dr. Truby King always essays to make them "Fool proof."

The arrangement of screens round the cots at Earl's Court Centre often calls for remark. The cot (when not on the balcony) is placed between the ever-open French windows and the screen, which, being higher than the cot, prevents a draught, as when one is seated beneath a high cliff. I quite agree with Miss Beilby in beginning parental instruction with the young, but although "the education of the majority is from various reasons slow," the barriers are not insurmountable, and where the nurse cannot directly make an impression she can often make a big score through a convinced mother acting on other women.

I am, yours, &c.,

J. B. N. PATERSON.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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EDITORIAL.

A SATISFYING VOCATION.

One of the many charms of the Profession of Nursing is the variety of opportunities which it offers to its members. Amongst them is that of teaching probationers in training, which, to those who have the necessary qualifications, promises to provide in the future, even more than in the past, a delightful, satisfying, and remunerative sphere of work, whether as Matrons, Assistant Matrons, Home Sisters, Sisters-in-Charge of Preliminary Training Schools or Sister-Tutors, and later on as Examiners in Practical Nursing. Appointments of Matrons of Nurse Training Schools are, it is true, not often vacant, but, when the Nurse Training Schools get seriously to work on teaching their pupils in conformity with the Syllabus of Training laid down by the General Nursing Councils, Registered Nurses qualified to superintend Preliminary Training Schools and to act as Sister-Tutors are likely to be in considerable request.

The mission in life of such teachers is no less than the transformation, in three short years, of immature flappers into capable and self-reliant women, able, in the first instance, to satisfy the General Nursing Council of their efficiency, and then to prove themselves competent to deal with any nursing emergency which may arise, whether in the hospital ward, the casualty clearing station, or aboard the hospital ship, in the up-country station, or as the mainstay of a house into which sickness and perhaps death has entered, and whose stricken household turns to the trained nurse in attendance, not only for professional assistance but for sympathy, support and consolation. There is a great task indeed before the trainers of nurses, but that their pupils respond to their

training has been proved over and over again by the capacity, courage and selflessness of trained nurses.

It is important that trained nurses who desire to adopt teaching as their special work should have had a good and liberal general education; they should be just and patient, students of psychology, so that they may know how to deal wisely and sympathetically with pupils of diverse character, temperament and outlook; they should be first-class practical as well as theoretical nurses, and should strive to demonstrate personally the qualities they desire their pupils to possess; for their influence will be profound and far-reaching, and will live on "far away, without visible symbols, woven into the stuff and framework of other men's lives."

The present demand for highly skilled teachers of nurses is the opportunity of the nurse with a laudable desire to rise in her profession. Let her obtain instruction in the art of teaching, for the born teacher is as rare as the born nurse, and then devote her energies to bringing out everything that is best in the pupils entrusted to her care. She will find her work pleasant and satisfying, especially when the seed which she diligently sows blossoms and bears good fruit. It is delightful, and stimulating, to direct the studies of clever and eager pupils athirst for knowledge and quick in assimilating it, but the development of the latent powers of more stolid and slower pupils has also its pleasurable aspect. All are needed in the nursing world, and it is the teacher's duty to see that they attain the highest degree of efficiency of which they are capable, to find out and direct their attention to that branch of their profession for which ultimately they will be most suitable, and to reinforce their knowledge in regard to it.

Could anyone desire a more useful or satisfying vocation in life?

OUR PRIZE COMPETITION.

HOW MAY THE TRAINED NURSE HELP IN THE SEX EDUCATION OF THE CHILD?

We have pleasure in awarding the prize this week to Mrs. Firth Scott, 231, Ladbroke Grove, W.10.

PRIZE PAPER.

The first essential is that the Trained Nurse shall herself know enough about sex and sex hygiene to enable her to guide others when the need for guidance is apparent. Nurses see much of the pathological side of sex, manifesting in various neuroses, psychoses, and morbid conditions directly or indirectly traceable to some disturbance or abnormality of the harmonious sexual rhythm of the individual. It is doubtful if the majority of nurses realise the *origin* of these pathological conditions. The laws governing the digestive, circulatory, respiratory, and nervous systems are taught, but those relating to the reproductive system are largely ignored or else alluded to in a shamed sort of apology for their very existence. Gradually the morass of ignorance into which this type of "morality" (?) has led us is being realised, and some enlightened parents are willing and anxious that their children shall grow up with cleaner, saner ideas of sex than they had themselves. The nurse must work in harmony with the parents if she is to impart any useful sex education to the child. If there is not a mutual understanding on the subject the best efforts of the nurse will be nullified.

Teaching the child absolute cleanliness and niceness with regard to its organs of reproduction will help to imbue it with the idea of their sacredness. Explain, "That part of the body is very sacred and is not shown or talked about like the other parts, but that when the child grows up it will understand, and be glad that it always took care to be very clean." Encourage regular daily habits, sleeping on a hard bed, use of cold water if the child is strong. If possible give simple lessons in botany, with special attention to the reproductive system of plants. The keeping of pets, *e.g.*, rabbits, cats and kittens, will be of use in helping older children to observe the natural functions of animals, and so, by analogy, their minds will work round to their own bodies. Never tell a child an untruth about sex. If asked a question which you feel cannot be answered fully at the time, tell the child that he is not quite old enough, but that you will answer the question when he is big enough to understand.

Make the whole subject of sex as beautiful and as romantic as possible, but always in accordance with actual fact. If a child asks a direct question as to where it came from it is surely better to tell it the truth in an idealised way than to tell it "The doctor brought you in his bag!" Why not say directly something like this: "Your Mummie and Daddy loved each other so much, they wanted a little baby as a remembrance of it. So God let you come to them for their very own little girl (boy). But at first you would not have been able to live in the cold air, so for many months Mummie carried you inside her and kept you safe and warm whilst you grew to be a big, strong baby—like the seeds are kept in the flower till they are ready to grow by themselves. You gave your Mummie pain when you were big enough to be born, but she soon forgot it, because she loved you. And then she gave you milk from her breasts, just in the same way that your cat gives milk to her little kitten, until you were so strong you could eat by yourself like you do now. But all this is so beautiful; it is your 'secret' with Mummie and Daddy, and you don't talk to everybody about it. And when you grow up you will understand more about it, and perhaps you, too, will have a dear little baby then." Treating natural things naturally in this way will prevent the child trying to pierce what it would otherwise instinctively feel was a deception. When one looks at the horrors which have arisen, largely owing to lack of true sexual knowledge and to false modesty, one feels tempted to wonder if, after all, we have progressed very much farther than some of the so-called Pagan races of the world, who exalted sex to the extent of the Phallic worship which was the religion of ancient Egypt, for example. They at least recognised it as a great driving force, and attempted to control and direct it into the channels their experience taught them was best; whereas we have the White Slave Traffic!

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ména M. G. Bielby, Miss P. Thomson, Miss Jane James, Miss E. Robinson.

Miss M. Bielby writes: "All the information on this subject given to children must be *scientific*, so as to form a groundwork for more advanced thinking, and they should learn early that the sex nature has a spiritual side."

QUESTION FOR NEXT WEEK.

Name four diseases to which children are liable, and the nursing treatment.

NURSING ECHOES.

Her Majesty the Queen laid the Foundation Stone of Queen Mary's Maternity Home, Upper Heath, Hampstead, on Wednesday last. We shall describe the interesting function next week. By request of the Chairman of the General Nursing Council for England and Wales, Mrs. Bedford Fenwick attended the ceremony, in response to a courteous invitation from the Chairman and Executive Committee of the Home that a member of the Council should be present.

We reminded our readers on September 3rd that the Ministry of Labour had announced the closing date for the receipt of applications for training in some occupation, other than nursing, from nurses in receipt of a Disability Pension, who, by reason of any disablement due to war service are unable to return to their pre-war occupation, must reach the Controller, Women's Training Branch, Disabled Nurses, Ministry of Labour, St. Ermin's, Caxton Street, London, S.W.1, on or before October 31st, 1921.

May we advise such nurses, if possible, to get some insight into business, to learn to write a copperplate hand. The art of calligraphy is becoming a lost art, and in an office where accuracy is necessary, other than type-writing, this art is of the utmost value.

Miss Milne, of St. Thomas' Hospital, has recently gone to South Africa to act as Sister Tutor, and by a curious coincidence Miss Violet Hamilton, from the Johannesburg Hospital, set sail the same day for England to take the course at King's College for Women, after which she will return to Johannesburg under a three years' contract as Sister Tutor.

We learn that there are no openings for certificated masseuses in South Africa, as many South African nurses who were in England during the war trained in that work, and quite a number of them find they are unable to find posts now they have returned home.

We always think it a pity when clergymen interfere in matters which they do not understand, especially when, presumably through ignorance, they make statements which are both inaccurate and ill-natured. For instance, Canon Glossop (St. Albans) is reported to have said at Cambridge, in discussing Miss C. E. Todd's excellent Paper on "Poor Law Nurs-

ing," and in referring to the Syllabus framed by the General Nursing Council, that "Nurses in public institutions had captured the Council, on which Guardians had no representation." He then proceeded to make a number of suggestions on professional educational questions, which proves our contention that such matters should and must be dealt with by expert members of the nursing profession, and not by the laity, especially those who are irresponsible employers, such as Poor Law Guardians, and we use the word irresponsible in the sense that they are not personally responsible for the remuneration of the nursing staff, but merely as the trustees of the ratepayers.

We do not follow the good Canon *re* "nurses having captured the General Nursing Council." It is their *own* Council—their *own* Governing Body, and, like the Church, the Bar, the Medical or any other professional group, the Registered Nurses of the future claim the right to define the Constitution they agree to obey. Lay control of the Nursing Profession has brought it into sorry straits. Now we registered nurses are going to do our best to organise it, and raise it to the highest and most efficient standard possible, for the benefit of the whole community. The duty of churchmen is to bless and not attempt to boss our efforts.

The National Asylum Workers' Magazine for September has some very pertinent remarks on the management of St. Andrew's Hospital, Northampton, and it accuses the Committee of harsh and unjust treatment of some of its employees, and also of charging relatives the personal and whole-time attention of nurses for imbecile patients, for whom they are not provided. *The Magazine* invites the Lunacy Board of Control to investigate its statements, and concludes with the following expression of opinion, with which we are in entire sympathy: "It is to be hoped that the public, sooner or later, will realise the necessity of abolishing private 'profit-making' in connection with the treatment and care of insane persons, and insist upon all mental institutions being brought under public ownership and control. By this means many of the existing abuses inseparable from private control of asylums would be automatically removed."

We have had more than one "scrap" with the authorities of such private "profit-making" institutions—where we were con-

vinced persons were retained after a history of alcoholism, or accident, when they were quite sane and needed no further detention. Once we appeared in Court to testify to the complete recovery from alcoholism of a lady well known to us, when her will was contested by greedy relatives, who had agreed to her internment in an asylum for ten years after complete recovery.

We won our case.

On another occasion we demanded the release of a relative who had had a concussion of the brain, and who, after a fortnight's unjustifiable detention in an asylum, became with convalescence absolutely normal. We gave the director of this institution the choice of releasing the patient or of our appealing to the Home Office. Here, again, we had the pleasure of seeing the patient removed to his own home, and of providing a trained nurse, who, with the help of his daughter, soon nursed him back to complete health. Delirium after concussion there had been (he was knocked down in the street by a cab), but of dementia not a sign.

After these exploits we found ourselves one day during the war at tea at the Red Cross Centre in Cavendish Square, when a pretty woman rushed up to us and exclaimed, "Are you the lady who rescues sane patients from private asylums? I have just escaped; do let me tell you my story." She did. She had suffered from nerve strain—had been what she called "run in"; and the witty manner in which she described her treatment and method of escape spoke worlds for her "recovery." What we need are many more "borderland" publicly managed wards or institutions, where such cases would receive skilled treatment without "certification," and where association with really insane persons would be impossible.

Let us hope one step in this direction will be taken when the Syllabus of Training for Mental Nurses has been approved and put into practice by the General Nursing Councils in the near future. The part played in the recovery of the mentally unbalanced by highly skilled psychological nursing is hardly yet sufficiently appreciated, although the Medico-Psychological Association has been working along these lines for many years, and with ever-increasing success.

Why do the children of the poor suffer more from heart disease than the children of the rich? This was a question put in the course

of a lecture recently by Dr. G. Arbour Stephens to the Swansea and South Wales branch of the College of Nursing.

Dr. Stephens emphasised the need of establishing a central body for the control of the training and testing of all nurses in the Principality. At present, he said, some were trained in acute cases, others in chronic cases, and others in fever and in mental work, whereas a nurse should have the opportunity of nursing all classes of patients before being tested for her qualifying certificate. Especially with regard to the supply of midwives it was very necessary that there should be a Welsh Midwives Board, members of which could examine the nurses in their own Welsh language. At present a lot of capable women were not allowed to practise because they could not answer the examination questions put to them in English. If a Welsh National School for Medical Students, why not one for nurses and midwives?

Happily for Welsh nurses, Wales is combined with England in the Nurses' Registration Act of 1919, and the General Nursing Council for England and Wales set up by the Act is the central body authorised by Parliament to define and test the training of nurses in the Principality. Welsh nurses certainly would not gain in professional prestige if controlled by a local body in Wales instead of associated with English nurses under the influential General Nursing Council for England and Wales. Scottish and Irish nurses would infinitely have preferred association with their English and Welsh colleagues through a United Kingdom's Nurses' Registration Act instead of through separate Acts.

A fortnight ago a large and interesting gathering took place in the Scottish Nurses' Club, 205, Bath Street, Glasgow, the occasion being the reception held by the Marchioness of Ailsa, President of the Club, Lady Dunlop and the Management Committee to welcome Miss Steuart Donaldson, Matron of the Glasgow Royal Infirmary. Invitations were sent to all the Matrons, Superintendents, and heads of Hospitals, Homes, and Institutions in and around Glasgow, and judging by the large number present the occasion was a popular event. Miss Donaldson had an opportunity of meeting many of the ladies she will be coming in touch with professionally in her work, and her welcome was a warm and hearty one. Tea, with delightful home-made cakes, was partaken

of, and the fine piano—one of the Club's valuable possessions—was heard to advantage. There were no speeches or formality; it was a truly social and friendly function, and one felt it might be a great advantage to have such gatherings more frequently. Matrons, because of their professional status and position, are essentially lonely, and the public seem to think they require no social life at all!

A meeting of representatives of Approved Societies in Stirling, and the Stirling Nursing Association, took place recently in the Municipal Chambers to consider the question of grants being given from the surplus funds of the Societies to the Association as authorised by the State. Provost M'Culloch presided. The Societies are to take the matter into consideration. Skilled nursing is worth tons of drugs.

THE REASONS FOR THE REGISTRATION RULES.

MEETING AT LIVERPOOL.

Miss Constance Worsley, Matron of the Royal Liverpool Children's Hospital and a Member of the General Nursing Council for England and Wales, desires to announce that a Meeting will be held on Saturday, October 22nd, at 3 p.m., in the Physics Theatre, Liverpool University, at which Mrs. Bedford Fenwick, member of the General Nursing Council for England and Wales, will speak on "The Rules for State Registration, framed to carry out the Provisions of the Nurses' Registration Act, 1919."

All nurses are cordially invited to attend.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

HOW TO FACILITATE THE WORK OF STATE REGISTRATION.

It would facilitate the work of registration greatly if Applicants for Registration would note the following:—

- (1) In applying for Application Forms enclose a long stamped addressed envelope, and state:—
 - (a) For which part of the Register they are eligible—General Part, or Supplementary Part for Male Nurses, Sick Children's Nurses, Mental Nurses, Nurses for Mental Defectives, or Fever Nurses.
 - (b) Whether as an "Existing Nurse" or an "Intermediate Nurse." The former means a nurse who completed her training

before November 1st, 1919, and the fee is one guinea. The latter is one who completed her training after November 1st, 1919, and the fee is two guineas. If eligible for the General Part of the Register and desiring to go on that or any of the Supplementary Parts also (if qualified to do so) the extra fee is 10s. 6d. Many nurses now eligible for the Supplementary Part of the Register as Existing Nurses, may have qualified after November 1st, 1919, as Intermediate Nurses eligible for the General Part of the Register, in which case they are entitled to register as such.

(2) Original certificates *must* be sent *with a copy* of the same. The original certificate is returned by registered post as soon as the copy has been verified.

(3) The address to which the original certificate and the acknowledgment of fee has to be sent, should be stated in a covering letter, if the applicant does not wish this sent to her permanent address.

(4) If married, a certified copy of marriage certificate should be forwarded with application form.

(5) Names of referees should be given in all cases, as all references must be obtained by the General Nursing Council direct from the referees.

(6) The original certificates of those who applied for registration in August will be returned as soon as possible. Anyone requiring her original certificate urgently can have it returned at once by informing the Registrar. The address is:—

THE REGISTRAR,

General Nursing Council for England and Wales,
12, York Gate,
Regent's Park,
London, N.W. 1.

DRAFT SYLLABUS OF LECTURES AND DEMONSTRATIONS FOR EDUCATION AND TRAINING IN THE NURSING OF SICK CHILDREN.

The following Draft Syllabus for the Training of Sick Children's Nurses to prepare them for the State Examination, and to qualify for registration on the Supplementary Register for Sick Children's Nurses, was approved by the General Nursing Council for England and Wales at its last Meeting on September 30th.

The Preface and Explanatory Notes on the Syllabus are almost identical with those published in our issue of March 26th in connection with the Syllabus for General Training, but in the Preface we are reminded that

The importance of the normal conditions of Child life, including Elementary Psychology, should be emphasised to enable the Nurse, when trained, to take an intelligent part in the prevention of disease, and

By lectures and demonstrations special emphasis should be laid on the prenatal care and every condition relating to infant and child life.

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 exists.

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. Joints. Muscles. Viscera.	Explanation of Terms. Personal Hygiene: clothing, care of feet and hands. Methods of Cleaning: care of ward furniture and ward offices.	Care of child: washing, bathing; care of back; cleansing of mouth, teeth, hair. Bedmaking.	Classes of Foods. Feeding of Patients, illustrated by	Fractures.
Alimentary Canal. Digestion.	Composition of Air. Atmospheric Pressure. Heat. Warming and Ventilation of Ward.	Instruments. Dressing of Wounds, Lotions. Cleansing of Ward Utensils. Preparation of dressing table for various treatments.	Demonstration and Practice.	Splints: their preparation.
Absorption and Metabolism.	Water: effects of temperature. Hard and Soft Water. Impurities and Purification of Water.	Nasal, Gastric and Rectal Lavage, Enemata. Preparation for Rectal Examination.	Milk, Butter, Cheese, &c.	Fractures and First Aid.
Blood and its circulation. Lymph and its circulation.	Imperial and Metric Systems. Conversion of Scales. Multiple and Fractional Doses. Percentage.	Local Applications.	Demonstration and Practice.	Bandaging.
Respiratory System.	Germ-life and Infection of the Body. Natural and Artificial Protection against Disease. Immunity.	Baths, Spongings and Packs for stimulation and reduction of temperature.	Eggs, Fish, Meat: fresh versus stale. Methods of cooking.	Hæmorrhage. Pressure points. Pressure dressing.
Excretory System. Skin and Kidney.	Precautions against Infection. Preventive Measures against Tuberculosis.	Nursing of Respiratory Diseases. Special apparatus used in such care. Observation and care of Sputum. Surgical complications.	Demonstration and Practice.	Bandaging and special bandages.
Reproductive System.	Drainage Systems. Disposal of Waste. Disinfection.	Urine Testing. Hot Air Baths. Hot Packs for Diaphoresis.	Vegetables, Fruits, Predigested foods. Diets in Special Diseases.	Poisons: Antidotes. First Aid Care of Patient.
Nervous System.	Meaning of Public Health, Racial Diseases, Ante-natal Care, Child Welfare.	Disinfectant precautions for, and Nursing of, Communicable Diseases. Surgical Complications and Treatment.	Demonstration and Practice.	Burns: First Aid Care of Patient.
Special Senses.	Communicable and Notifiable Diseases: their Complications.	Nursing of Chronic Diseases. Palliative Surgical Treatment.	Farinaceous Foods. Proprietary preparations for infants: their value and dangers. Alcohol. Beverages. Condiments.	Fits. Faints.
	Sequelæ of Communicable Diseases: their disabling effects on community.	Operating Theatre. Demonstration.	Demonstration and Practice.	Artificial Respiration.

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.	Children's Diseases.	Surgery.	Medicine.
Osses System.	Blood: its composition and properties (Demonstration of Blood clotting).	Matter: its forms and properties. Metric System.	Infant Feeding.	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.	Marasmus. Malnutrition. Diarrhoea—Vomiting. Types of Vomiting. Summer Enteritis.	Tetanus. Erysipelas. Venereal Diseases: their incidence, symptoms, treatment.	Defensive Mechanisms of the Body. Immunity. Serum and Vaccine Therapy.
Circulatory System.	Respiration (presence of CO ₂ in expired air demonstrated).	Atmospheric Pressure. Barometer. Hydrogen: its preparation and properties.	Rickets. Scurvy.	Fractures: application of splints. Fractured Spine: its treatment and nursing. Dislocations. Anaesthesia: General—Spinal—Local.	Infectious Diseases. Acute Rheumatism in child.
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.	Mongolism. Cribrinum. Hydrocephalus. Spina Bifida.	Hemorrhage. Aneurisms. Abdominal Surgery: Preparation for Operation. Hernia. Appendicitis: perforation and its treatment. Acute Intestinal Obstruction 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.	Pyloric Stenosis. Pyloric Spasm.	Diseases of the Eye. Ophthalmia Neotorum. Conjunctivitis. Strabismus. External Eye.	Diseases of Respiratory Tract. Tuberculosis: treatment in home, in hospital, in sanatoria.
Absorptive System.	Metabolism.	Conduction—Convection—Radiation.	Hare Lip. Cleft Palate.	Diseases of the Rectum.	Diseases of Alimentary Tract.
Excretory System.	Excretion. Composition of Urine.	Combustion—Ignition or flash point—Flame—Coal Gas.	Infectious Diseases. Measles. German Whooping Cough. Chicken Pox. Mumps. Scabies. Ringworm. Impetigo.	Diseases of Urinary Tract.	Diseases of Liver.
Ductless Glands.	Muscle: its character, function and changes (demonstrated by muscle-nerve preparation).	Ventilation, Dirt. Disinfection. Disinfectants. Purification of Water.	Habit Spasm, Bad Habits in Children. Syphilitic Affections.	Orthopaedics: Diseases of Bones and Joints. Chronic Poliomylitis. Surgical Tuberculosis. Massage, Exercises and Medical Electricity: their general principles and therapeutic value.	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.	The Healthy Child. Mental and Physical Characteristics. Dentition and Disorders.	Diseases of Nose, Ear and Throat. Tonsils. Adenoids.	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.			Coma. Fits: cerebral; toxemic, cerebral; special — infantile — Infantile Convulsions. Epilepsy. Hysteria. Neurasthenia. Chorea. Tetany.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

A NEW IMPULSE IN EDUCATION.

Councillor Beatrice Kent took the chair last Saturday, when Miss Good, M.R.B.N.A., gave her address at 194, Queen's Gate, S.W., on "A New Impulse in Education." There was a good attendance of Members of the Corporation and others. Councillor Kent said that it gave her great pleasure to preside on this occasion, for the subject of the lecture was connected with matters about which people knew too little, and on which they were apt to think less. It behoved everyone to give attention to new ideas; great very often was the force of an idea, and the most fertile ground in which to sow new ideas was the plastic mind of the growing child.

Miss Good, at the commencement of her lecture, spoke of the inspiration which it had been to her to visit, during the summer, a great new centre of religious and educational thought at Dornach, where teachers from all parts of the world had congregated to study educational methods as based on spiritual science. For many years, she said, we had studied matter from the standpoint of natural science—it was right that we should, it was necessary even to the evolution of the human mind, but the time had come when one ought to study religion also from a scientific aspect but one still full of reverence.

Referring to the science of mental growth, Miss Good raised the question of why we meet with so many people inwardly broken. In everyday life one constantly met people whose very minds seemed paralysed by the fear that life's tasks might prove too great for them. We have heard of the increase in the number of people entering asylums, we know well that nerve cases are on the increase, and there are many indications of a want of proper balance in human life generally, at the present time.

Dr. Rudolf Steiner turned his attention years ago to the necessity for changing this condition of things, and, as a result of his observation and research, he came very strongly to hold the opinion that some scheme must be devised whereby the education of children must assume a more rational, and, at the same time, a more spiritual and less materialistic form. He established schools with the purpose of putting his ideas of the education of children into practice. Miss Good said that she had visited one of these schools and she had been

both astonished and delighted. Never had she seen children so beautiful, so healthy, and so happy. Their every movement was graceful, and they were so perfectly formed, so intelligent, that one was driven to enquire into the environment in which they lived and the kind of education given to them.

At birth a child might almost be said to be a spiritual being, but its spirituality decreases as time goes on. It had to work to put its physical body on a proper basis, and until this was accomplished its spiritual powers should not be diverted to other purposes. Now, said the lecturer, there is really only one means through which you can educate a child during his early life. His feelings are not properly developed, his will-power is not established, but he has an enormous faculty for imitation, and by working on this faculty, you can not only educate the child, but you can foster the establishment of will-power. During the first seven years of his life the child should be surrounded, as far as possible, by things of beauty and by all the beautiful sounds in nature. We should try to guide him by beautiful example rather than by forcibly controlling his slowly evolving will-power. At Dornach there are adopted methods of cultivating this slowly growing will-power and of bending it towards the beautiful. One of these is by what is known as eurythmie, but it is not the ordinary eurythmic exercises which are taught in this country, and neither is it in any sense a form of gymnastics. The child is taught to bring all the most beautiful feelings into the movements of this eurythmie, actually to express by means of eurythmie those fine feelings; and, said the lecturer, "I wish you could see the beauty of all this and its obvious effect upon the children."

In the second period of life—from about seven to fourteen—feeling becomes strongly developed, although, of course, the imitative faculty does not suddenly nor wholly disappear. During the second period advantage is taken at Dornach of the development of feeling to make the child acquainted with such subjects as history, allegory, folklore, and others, while all the beautiful facts in nature are explained to him. But through all it is never forgotten that the personality of the teacher is a matter of great importance; it must be such as to fill the child with a genuine love and respect. If the teacher has this respect from the child, and he can inculcate certain teaching of the pure and the

good, it will reappear, and reappear again, in middle age and in old age, in ways that will be most helpful to mankind.

From fourteen onwards the intellectual life is developing. This development may commence about twelve, but the child will not use his reasoning powers much before the fourteenth year. From that time, too, he is developing his independence.

Too little attention is given to these various epochs in the life of a child and to the significance attaching thereto. We, in our childhood, missed much that flows into the life of those children at Dornach, and all we can do is to help the children of our own time by doing all we can to hand down good traditions and examples to them. At Dornach there are special courses for teachers.

The Dean of a Guild of teachers in this country was so impressed with the Dornach system that she was forming a special group of teachers to go there next Christmas.

The lengthy discussion at the close of the lecture showed how closely Miss Good had held the attention of her audience.

Miss Dempster, who moved a vote of thanks to Miss Good, said how much she, as a teacher, had appreciated and enjoyed her remarks.

RESIGNATION OF MISS CUTLER.

Members will learn with regret that Miss Beatrice Cutler has now given up her duties at the Club. The Association owes to her a very deep debt of gratitude for coming forward to place at its disposal her wide experience of organisation at a time when the Corporation was about to embark on its new undertaking. She brought to this enterprise administrative ability which it would be difficult to overestimate, and the system she has built up for the management of the Club will prove of the very greatest value to the Association.

The Members appreciated greatly the manner in which she arranged for their comfort, and those who have had the misfortune to be ill during their visit to the Club will always remember her kindness. She thought no trouble too great if it would add to their comfort or give them relief.

We thank her most warmly for the part which she has contributed to the success of the Club and the help which she has given to the R.B.N.A.

GIFTS TO THE CLUB.

We have received from the Matron-in-Chief and some Members of the Q.A.I.M.N.S. the gift of a beautiful mirror framed in Italian work and three perfectly exquisite etchings. The members of the Royal British Nurses' Association very deeply appreciate the kindness of the Matron-in-Chief and members of her staff in sending those lovely gifts and set a special value upon them, as tokens of good-will towards their new enterprise, from the Military Nursing Service.

We have received from Lady Bowden Smith

two boxes for concerts at the Albert Hall; from Mrs. Hayes Palmer, illustrated papers; from Miss Florence Kent, flowers; from Mrs. Maxwell, tea; and from Miss Goodall, flowers and jam.

The following members of the Corporation have also sent us gifts:—Miss Bennett, flowers; Miss Budd, pears; Miss Bylett, autumn foliage, flowers and blackberries; Miss Hulme, flowers; Miss Le Bailey, flowers and housekeepers' labels; Miss McDermott, butter and blackberries; Miss Morgan, flowers, tea, blackberries and ferns; Miss Newbold, flowers; Mrs. Ogden, ferns; Miss Robertson, flowers; Miss Sutherland, flowers.

REUNION AFTER THE HOLIDAYS.

It was quite a pleasant gathering at the Club on October 1st, when a number of the members congregated for tea. Miss Bromby sang charmingly to the accompaniment of Miss Erskine; Miss Parsons gave delightful musical dialogues, and Miss Wise some very amusing recitations by way of entertainment.

FIXTURES FOR OCTOBER.

To-day (Saturday, 15th inst.), at 7.30 p.m., Miss Anderson Parsons is to give "An Evening with Kipling," and on Thursday, 20th inst., at 7.30 p.m., the concert which Miss Aughton is organising will commence. Both entertainments will, in their own way, be delightful, and we hope that all the Members who can will be present. On October 29th, at 3 p.m., Mr. Woodrow will give us a lecture on Napoleon, and the Members of the Napoleon Coterie are to receive an invitation to be present. Mr. Woodrow is an enthusiastic admirer of Napoleon, and we look forward to having a new light shed upon the character of the greatest figure in history since the days of Charlemagne.

The charge for refreshments on all these dates will be one shilling, but if any Members intend to dine at the Club before the commencement of Miss Parsons' readings on the 15th inst., or before the concert commences on the 20th, we shall be glad to have notification of this.

R.B.N.A. MEMBERS "AT HOME" TO THE NEW MATRON OF THE LONDON TEMPERANCE HOSPITAL.

The Members of the Association will be "At Home" on Thursday, 27th instant, at 194, Queen's Gate, from 4 to 6 p.m., in honour of the new Matron of the London Temperance Hospital.

We hope that many Members and others will be able to be present to welcome Miss Kathleen Smith, R.R.C., to London.

ENGAGEMENT.

Intimation has reached us of the engagement of Miss Emily Adams to Mr. Bluck, of Calcutta, and we offer to both our sincere good wishes.

ISABEL MACDONALD,
Secretary to the Corporation.

NURSES' MISSIONARY LEAGUE.

NURSES FROM AFAR.

At the Valedictory Meetings of the Nurses' Missionary League on October 4th, an exceptionally large number of Nurses listened with deep interest to the thrilling accounts given by missionary members of their experiences in distant lands.

First came MRS. VICKERS (trained at the Royal Infirmary, Manchester), who has worked in the midst of the jungle in S. India, many miles from any doctor, and indeed from the nearest European. She described case after case; the little Indian mother of 15, lying unconscious on the mud floor of the verandah ("for you are not permitted to die in the house") surrounded by women relatives who would not touch her for fear of pollution, whose cure opened up a whole village for the preaching of the Gospel; the other women brought in after being in labour for from five to seven days "after the village midwife and her husband, the barber, had done their worst with a rusty iron hook and with charms until the patients were in an indescribable condition" and so forth. Perhaps most interesting were her accounts of epidemics: plague, during which she inoculated 3,600 patients, 267 in one afternoon; cholera, when she distributed large bottles of preventive medicine through the villages; influenza, during which the population of whole villages died, and Mrs. Vickers, herself ill in bed, had to prescribe for the whole district while her husband made up and distributed the medicine. Vividly Mrs. Vickers showed the terrible fear which haunts the lives of these outcast villages. "There is no loving God, no Father of mankind, no guiding Spirit of Truth. Many gods, and more goddesses, but they are avenging devils to be propitiated only by offerings, and when angry by the slaughter of flocks and herds. Devils are real living powers to them."

From very different surroundings came Miss A. G. SOPER (trained at Camberwell Infirmary), who has been working in the city of Lima, Peru. She briefly described the history of the Inca Indians, their wonderful ancient civilization, their conquest by the Spaniards, their present degrading poverty and misery and vice. There are hospitals, but the conditions are like those against which Florence Nightingale contended, the patients never washed, sheets changed once in three months, no attention paid to diet. Miss Soper's work has been to superintend a school for boy and girl nurses, who are being trained to go and work in these hospitals. Three hospitals—a men's, a women's, and an asylum—are now open to them and 100 are at work, keen and quick to learn. The whole of this great work is now in the hands of one trained nurse. Little wonder that Miss Soper pleaded for recruits!

In the afternoon MISS E. HORNE (trained at the Royal Infirmary, Derby) carried the audience's thoughts to Central Africa, and told a similar story to Mrs. Vickers' of terror in the lives of the Africans,

of the putting to death of twin babies because they are unlucky, of the power of the native witch doctors, and the crude ideas about illness (*e.g.*, that a patient with measles must never be allowed to go to sleep). Miss Horne was one of those missionaries interned by the Germans early in the War, and she spoke in highest terms of the wonderful courage of the African Christians and their devoted loyalty to their faith and to their English teachers.

The next speaker, Miss C. F. TIPPETT (trained at the Royal Infirmary, Gloucester), who had worked for nineteen years in Central China, again told of dense ignorance and of ghastly suffering, and her address was an eloquent plea for more workers. "You will have a much larger scope than ever you want. You may have to be house-surgeon, dispenser, matron, everything all in one. You will see cases you would never see at home; they come to us so advanced as to be hardly recognisable. People say of us 'Oh! poor dear, she is a missionary.' I assure you I don't feel a 'poor dear' at all! It is a joy, a privilege and an honour to add one to the thin, thin line of workers. If I had twenty lives, I would spend them all in China. But, believe me, a worker out there is absolutely powerless unless she has the message of the Gospel of Jesus Christ and of His salvation."

In very similar terms MISS SANTLER (trained at the Royal Infirmary, Bristol), told of the work in her part of China, of the variety and opportunities of the work, and of the ignorance, superstition, and callousness to suffering. She told, too, of the tremendous results of the medical work from the Christian point of view. The city of Kweiliu was opened to the missionaries by the giving of medicine to one youth who later was the first Chinese man ordained in the Province. In the little church, almost every member first heard the Gospel as a patient in hospital.

Perhaps the most interesting part of the day's events was the reading of the lists of members of the League sailing for the mission field this year. They number 29, representing 20 different training schools, and going out under practically every Society which carries on medical work, to Africa, India, China, Palestine, Australia, S. America, and the Near East. A large number had already started for their posts, several sent messages, and the four who were able to be present each spoke a few words. The day closed with an address by Canon de Candole, who reminded his hearers that those who go forth conquering and to conquer must be girt with the armour of Redemption and with the armour of renewal in the Holy Ghost.

It was reported by the Infectious Hospitals Committee to the Metropolitan Asylums Board last Saturday that the number of patients in the infectious hospitals on September 28 under treatment was 7,034, as compared with 5,669 on the corresponding date last year. It is probable another 1,000 beds will have to be provided.

THE PROFESSIONAL UNION OF TRAINED NURSES.

NOTICE.

To the Members of the Glasgow and District Branch of the Professional Union of Trained Nurses.

A new Secretary has been appointed to the Glasgow and District Branch of the Professional Union of Trained Nurses. Members will please note that the address given in the Membership Card of 1921 is of no further use.

All communications to be addressed to the Central Office, 17, Evelyn House, 62, Oxford Street, London, W. 1.

(Signed) MAUDE MACCALLUM,
Hon. Secretary.

THE DRAMATIC SIDE OF SURGERY.

In the course of an interesting address delivered at the opening of the Eighty-seventh Session of the Middlesex Hospital School, presided over by the Earl of Athlone at the Scala Theatre, Mr. G. Gordon Taylor, who took as his subject "The Dramatic Side of Surgery," said that dramatic and spectacular surgery might be, and often was, the result of brilliant and exquisite achievement.

Surgery might have a dramatic aspect because of the surroundings in which it was practised. It was difficult to imagine a more dramatic environment for surgery than the dug-out which Basil Hughes, of Bradford, built in a communication trench when he was a regimental medical officer, to which wounded could be brought in four or five minutes after being hit. Six abdominal cases associated with severe hemorrhage, were operated upon by Hughes here, and two recovered—men who would never have lived to see a casualty station.

Some patients might be said to have many lives. An Australian lieutenant was gassed in the beginning of June, 1918; on July 4th, on the way to the trenches he was wounded in the abdomen by a fragment of shell. By a lucky chance he was near an advance dressing station, where he was speedily transferred to his (Mr. Gordon Taylor's) casualty hospital and had to be prematurely sent down to the base. Here he was sorely tempted to eat of forbidden food and fruit at the hands of the V.A.D.'s and nurses, but he courageously braved the unpopularity which he incurred by turning a deaf ear to their blandishments. On his way across the Channel he was torpedoed in the hospital ship *Warilda* and dragged out of the water by a rope round his waist. He spent two hours in a boat in soaking pyjamas, and subsequently six hours on the deck of a destroyer. Yet he made a complete recovery, and now found Paris a pleasant spot in which to sojourn as a dealer in fruit.

We wonder what type of nurse endangered the life of an abdominal case by pressing forbidden food and fruit upon him. Such nurses cannot have

been on the Imperial or Territorial Staffs. V.A.D.'s cannot be blamed for their ignorance—the authorities placed them in positions for which they were not trained.

APPOINTMENTS.

MATRON.

Frenchay Park Children's Sanatorium.—The Bristol Health Committee have appointed Miss Lucy Allen as Matron of the new Frenchay Park Children's Sanatorium, which was opened on October 5th by Sir William Treloar, Bart., as the guest of the Lord Mayor of Bristol. Miss Allen received her general training at Charing Cross Hospital, on the conclusion of which she was appointed Ward Sister, and subsequently Sister-in-Charge of the Special Children's Department, with the equipment and arrangement of which she was entrusted from the start. In addition Miss Allen has had considerable Fever and Sanatorium experience at Plaistow Hospital and at Ham Green Hospital, where she is now Night Superintendent of the Hospital and Sanatorium.

City Mental Hospital, Exeter.—Miss Catherine C. Morison has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and at the District Asylum, Lanark, and has been Assistant Matron of the District Asylum, Stirling, and the District Asylum, Lanark.

SISTER.

Exhall Sanatorium, Coventry.—Miss M. M. D. Lamble has been appointed Sister. She was trained at the North Staffordshire and Eye Hospital, Stoke-on-Trent, and has been Sister at the Liverpool Sanatorium, Frodsham, at the Royal Hospital for Consumption, Co. Wicklow, and at the Sister Dora Convalescent Home, Milford.

Liverpool Hospital for Children, Leasowe, Moreton.—Miss Marie C. Lloyd Jones has been appointed Sister. She was trained at the Royal Infirmary, Blackburn, where she subsequently acted temporarily as Theatre Sister.

Miss Margaret Williams has also been appointed Sister. She was trained at the Royal Infirmary, Liverpool, where she subsequently held the position of Ward Sister and Temporary Night Sister. She has also been Ward Sister at the General Infirmary, Burton-on-Trent.

Miss Gertrude W. Johnson has also been appointed Sister. She was trained at the Liverpool Hospital for Children, Leasowe, and at the David Lewis Northern Hospital, Liverpool.

Miss Mary B. Taylor has also been appointed Sister. She was trained at the Kendray Fever Hospital, and the Royal Infirmary, Sheffield, where she also held the position of Sister. She has also been holiday Charge Sister at the Convalescent Home, Conisborough.

STAFF NURSE.

Royal Victoria Hospital, Dover.—Miss D. Simmons has been appointed Staff Nurse. She was trained at the General Hospital, Stroud, Gloucestershire, and has held the position of Temporary Sister in her training school.

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:—Miss S. Broadwood, Miss C. J. Geeleher, Miss S. N. B. Hiles, Miss F. Jackson, Miss M. M. Jupe.

THE HOSPITAL WORLD.

SAVE THE BABIES.

THE LADY HARDINGE MEDICAL COLLEGE
HOSPITAL FOR WOMEN, DELHI, INDIA.

This Hospital was opened in March, 1917, by Her Excellency Lady Chelmsford, wife of the Viceroy of India. The Medical College connected with the Hospital had previously—in March, 1916—been declared open by His Excellency Lord Hardinge of Penshurst, the former Viceroy. The buildings are in memory of the late Lady Hardinge, to whom they owe their existence, for she was deeply interested in the medical and nursing education of the women of India, and the College and Hospital are the practical outcome of her interest. The Hospital at present accommodates 100 beds, and a new block of another 100 beds is under construction.

The Training School for Nurses in connection with the Hospital has a staff of four English Sisters, ten Indian Staff Nurses, and about 24 Indian probationer nurses. The majority of the Indian nurses are Christians, with a small number of Hindus. As Indian nurses, generally speaking, are lacking in reliability, thoroughness, and energy, Sisters who undertake their training should possess a fund of enthusiasm, patience and sympathy. Their work is difficult, but there is ample reward in seeing the results, as well as in the fact that they are helping in a work which is a valuable factor in the maintenance of our Empire.

A series of three dances (10 p.m. to 3 a.m.) will be given at Princes' Galleries, Piccadilly, on Thursdays, October 27th, November 17th, and December 15th, in aid of the Queen's Hospital for Children, Hackney Road, E., of which Queen Alexandra is Patron and the Duke of York is President.

On October 7th, Lord Derby opened the Manchester and District Radium Institute, the first hospital in England to be exclusively used for radium treatment. Ever since 1915 there has been a radium installation at Manchester Royal Infirmary, and last year over 8,000 patients were treated, two-thirds of whom were suffering from cancer. Realising the limitations, Sir Edward and Lady Holt acquired and equipped a large residence known as Nelson House, in close proximity to the infirmary, and the deeds of the building were handed over to the Lord Mayor on the opening day.

From October 24th to 29th will be "Fleet Street Week for Bart.'s." All sorts of events are arranged, at which prizes will be distributed. Throughout the week there will be a series of collections from every firm in the City. St. Bartholomew's, which is the only general hospital situate in the City of London, has to collect in voluntary contributions an average of £44,000 a year, representing over £100 per day; and it is hoped that "Fleet Street Week" will result in a handsome addition to its funds.

AMERICA SHOWS FRANCE HOW TO DO IT.

The American Red Cross "Child Health Exposition," which has been touring the larger cities of devastated France since May, closed its season this week at Valenciennes. During the past five months, it has "shown" for periods of two to three weeks in six French cities, Lille, Roubaix, Tourcoing, Cambrai, Douai and Valenciennes; besides a month in Paris. The attendance at the Exposition has averaged about 5,000 persons daily.

Every feature in the rearing of children according to the soundest and most approved methods was shown in the exhibition. Several French and American organisations joined with the American Red Cross in providing the various specialised departments. The American Committee for Devastated France, the Bordeaux Training School for Nurses, the French Red Cross, and the Jardin des Enfants, were among the co-operating organisations.

The scope of the Exposition is best indicated by a summary of the programmed departments:

1. Child Feeding: A nurse showed the proper method of preparing milk, oatmeal, and other foods for babies. Sample meals were furnished to babies. For older children, a series of show-cases displayed properly balanced meals for boys and girls of various ages. The food was shown on the plates in the proper quantities and selection, for a child of one year, then for a child of two years, and so on. Printed recipes for preparing the foods were distributed. A trained dietitian was in attendance to explain the exhibits and advise parents.

2. Clothing for Children: Exhibitions of layettes showing the most practical and healthful models of children's garments. Patterns were given to parents desiring them.

3. Bathing and Care of Infants: Practical demonstrations were given inside a glass house, where a nurse bathed babies and then gave each one a model layette. During the bathing, which was watched by spectators through the glass windows of the booth, the nurse furnished practical counsel to the mother.

4. Examination and Weighing of Children: A nurse and physician weighed and measured all children, and gave them a brief medical examination, finally presenting each with a card to show how their height, weight and general development compared with normal.

5. Kindergarten: Conducted by the Jardin des Enfants, with many interesting exhibits of the adaptation of kindergarten methods for use in the devastated French villages.

6. Dentistry: An American woman dentist examined the teeth of children and carried on simple dental operations before a large crowd of spectators.

7. Baby Contests with Prizes: Babies were examined by juries of local physicians, and

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The Ideal All-Weather Food-Drink
— Made in England —

Horlick's Malted Milk is meat and drink in one, because it contains all necessary nutritive elements in the correct proportions demanded by Nature to support life and maintain health. Composed of the extracts of selected malted barley and wheat flour, combined with pure, Pasteurised cow's milk, it is perfectly digestible and rapidly assimilated, while Vitamines, those growth-promoting essentials, are supplied by both the milk and the grain.

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Members of the Nursing Profession on application to:

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Zomogen is a new tonic and restorative food which produces rapid and beneficial results in cases of blood impoverishment. Zomogen contains all the constituents of the red blood corpuscles, together with the active vitamins of raw meat. In this way the doctor can now prescribe natural iron in its most easily assimilable form, without any risk of the gastric disturbance sometimes caused by preparations of metallic iron.

Before being placed on the market, Zomogen was submitted for trial to Medical Authorities of the highest standing. It has been proved to be of the greatest value in cases of Anæmia, Neurasthenia, Debility, and Marasmic conditions.

Price, 5/- per bottle.

Doctors and Nurses are invited to apply for a free sample bottle of Zomogen so that they may test for themselves the remarkable efficacy of this new preparation, which is an entirely British product, prepared under the direct supervision of skilled Chemists.

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Zomogen Food Products, Ltd., 63, York Place, Edinburgh.

awarded "points" according to an arranged schedule. Prizes were distributed to babies receiving totals which approached a perfect score. About a thousand francs in prizes were distributed weekly, together with illuminated certificates signed by the members of the medical jury.

8. Child Health Cinema: A program of films was shown hourly in the cinema room, the films being designed to teach various lessons in child-health.

9. American Committee for Devastated France: This organisation showed many exhibits of its work in the devastated regions, covering dietetics, hygiene, domestic science and manual training. There was a model children's library and reading room, and a scout's camp, such as the committee is actively developing in many French towns.

10. Child Health Guignol: The Punch-and-Judy Show is an essential part of every French Fair. Here it was given in an open tent, attended by hundreds of children and parents. The dialogue of the puppets was directed at driving home various child-health lessons.

11. Post-cards and Pamphlets: A considerable variety of literature was distributed freely from a series of counters as the visitors left the exhibition. There were several sets of child-health post-cards, including a very popular set of ten post-cards designed by the famous French child-artist, Poulbot. Pamphlets dealing with Tuberculosis, Care of the Teeth, Care of Babies, &c., were available, all printed in simple French, with many illustrations of popular character.

12. Posters and Educational Charts: A series of about sixty posters, depicting the normal activities of childhood and the countless details of good care, were shown on the walls. The artists represented in these posters included M. Poulbot, Anna Milo Upjohn, and Mme. Dick Dumas. These posters were supplemented by a hundred educational charts and maps dealing with child-health work.

13. Model Playground: Such a playground as most American cities have—a sandy space enclosed by wire fencing and alive with swings, teeter board slides, bars, and other apparatus. Games and sports under the supervision of a trained playground expert.

14. Lectures on Child-Health Subjects: Twice each day, lectures by local physicians and other prominent were held in the "Conference Room," which was occupied the remainder of the time by mothers' meetings and similar conferences.

A feature of the Exposition was the enthusiastic and unanimous support which it received from the French medical profession in every city. Every local physician gave his services without charge, and most of them were occupied for nearly half their entire day, throughout the period of the exposition, in the arduous work of lectures, examinations, consultations, measurements, and the judging of babies.

Ample quarters for the Exposition were furnished in each case by the municipal authorities—usually in a public school building or municipal

exhibition hall. Each morning hundreds of school children were taken through the Exposition by their teachers.

It is expected that the Exposition will be continued next summer under the exclusive management of the French child-health organisations.

OUTSIDE THE GATES.

The British Legion, under the presidency of Field-Marshal Earl Haig, is planning a worthy celebration of November 11th as "Remembrance Day." Poppies, that grow over the graves of Flanders, Artois, and Picardy, have been chosen as the symbol of remembered sacrifice and Armistice Day as the day for their wearing. Captain Willcox, Secretary of the British Legion Appeal Branch, is making arrangements for poppies to be on sale that day all over London and the provinces. The proceeds will be devoted to the relief of distress among ex-Service men. Let us send our mite for this best of all causes. The office of the British Legion Appeal is at 1, Regent Street, S.W.1.

It is hoped to hold a special service at Westminster Abbey and in many other churches on November 11th. The Two Minutes' Silence will again be observed throughout the country; and it is hoped that the permanent stone for the grave of the Unknown Warrior will be ready by that date.

The Federation of Medical and Allied Societies have requested the Minister of Health to consider the advisability of setting up an independent Committee to take evidence in public, inquire into, and report concerning the working of the National Health Insurance Acts.

Sir George Allen Brotherton, M.P., has given £20,000 to the University of Leeds for the development of bacteriological study and research.

In many centres this week is being observed as "Health Week." The movement, which is under the patronage of the King and Queen, was instituted in 1912. In 1914, the Royal Sanitary Institute appointed a committee to undertake the central organisation, and in 1920 Health Week was celebrated in over 100 centres. It is suggested that the dominant idea for 1921 should be "health, happiness, and efficiency;" and the consideration of what each individual can do for himself and his neighbour in securing a healthy life. The Secretary of the Health Week Committee is Mr. E. White Wallis, 90, Buckingham Palace Road.

The best bit of news outside the gates is that the Minister of Works is taking steps to give us back our lovely little sylvan St. James' Park, by removing the hideous structures erected during the war, and which should long since have been demolished. London longs to again enjoy its breathing spaces.

SALE OF WORK AT SCOTTISH NURSES' CLUB.

The Marchioness of Ailsa, President of the Scottish Nurses' Club, 205, Bath Street, Glasgow, opened a Sale of Work in aid of its extension fund on Saturday last, at the Club. It had, she said, been organised by the nurses themselves, on their own initiative, and by their own effort. Having experienced both the benefit of the Club and the inconvenience of the limited sleeping accommodation they determined to see what they could do towards its extension.

The Sale was well attended, £350 being realised, and more money to come. It is hoped to reach the sum made at a similar sale last year.

WINTER HATS.

Summer is loth to leave us, but those are wise who realise that the advent of the cold weather cannot long be delayed, and who select in good time the hats which they will need for the coming winter. We commend to the attention of our readers the autumn display of Mme. Mills, Ltd., 296, Regent Street, London, W.1 (next the Post Office), who is now showing her new season's model hats, who takes pride in suiting all styles and purses. Many of our readers are, we know, acquainted with Mme. Mills' establishment, and a high testimony to her success in pleasing them is that those who once go to her for a hat return again and again.

This season's hats are specially attractive, many are designed in rich panne and the beautiful flowers, in lovely fuschia colourings, which are so marked a feature of the best millinery this year; but there are many other delightful models. Our readers will be well advised to pay Mme. Mills a visit, and to do so soon, for her shop always seems full of purchasers, and, of course, early customers secure the best models.

COMING EVENTS.

October 15th.—Royal British Nurses' Association. Lecture, "An Evening with Kipling," by Miss L. Anderson Parsons. 7.30 p.m.

October 18th.—Opening of Parliament.

October 21st.—Meeting of the East Lancashire Local Centre College of Nursing, Ltd.: Mrs. Bedford Fenwick will speak, by invitation, on "The Rules framed by the General Nursing Council for England and Wales to carry out the Provisions of the Nurses' Registration Act, 1919." Royal Infirmary, Manchester. 4.30 p.m.

October 22nd.—Meeting in Liverpool convened by Miss Worsley, Member General Nursing Council for England and Wales. Mrs. Bedford Fenwick will speak on "The Rules framed by the General Nursing Council for England and Wales to carry out the Provisions of the Nurses' Registration Act, 1919." Physics Theatre, Liverpool University. 3 p.m.

October 22nd.—Quarterly Meeting of the Matrons' Council. Claybury Mental Hospital (by kind permission of the Visiting Committee, L.C.C. Mental Hospital, Claybury), Woodford Bridge, Essex. 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.

KERNELS FROM CORRESPONDENCE.

PRIVATE NURSES NEED TITLE OF "REGISTERED NURSE."

Member of the London Co-operation of Nurses: "We private nurses owe the Registered Nurses' Society a vote of thanks for so promptly availing themselves of State Registration, and thus giving the public a guarantee of efficiency. We are all highly trained nurses on this Co., and I hope we are not going to lag behind. I shall send in my application, and I know our new Lady Superintendent is quite willing to help us with complying with the Rules, and to advise us about papers and certificates. We often think members of the medical profession might support well-trained nurses more than they do, and not supply the semi-trained with good work. Now it is up to us to register with the General Nursing Council and prove to the medical profession that we value legal status as they do, and invite them to loyally recognise our professional proficiency."

SHUTTLECOCKS NO LONGER.

Poor-Law Matron.—"Thank you for last week's Editorial. The assumption of professional knowledge upon the part of the average Poor-Law Guardian is astounding. As you ask, what can they possibly know of trained nursing any more than of medicine or midwifery? I am glad to note that the General Nursing Council, whilst courteously listening to all expressions of opinion, has taken its stand as an expert professional body, entrusted by Parliament to guide and control nursing education, registration and professional discipline. Thus "Registered Nurses" may confidently trust in its determination not to be dictated to by lay employers, who have no right to assume any authority over us outside the institutions they control. Let all well-trained nurses hasten to register and then unite firmly together to protect their professional independence. In the past we have suffered untold humiliation through our own stupidity and selfishness. We have been the shuttle-cock of every exploiter's battledore. That time has now passed, let us hope never to return."

[A large number of interesting letters are held over for want of space.—Ed.]

PRIZE COMPETITION QUESTIONS.

October 22nd.—Name four Diseases to which children are liable and the Nursing treatment.

October 29th.—Name some new appliances used in the care of the sick and how they should be applied.

The Midwife.

THE EXPECTANT MOTHER AND BABY'S FIRST MONTH.

The Royal New Zealand Society for the Health of Women and Children, the motto of which is "To Help the Mothers and Save the Babies" is very thorough in its methods. Its first object is "to uphold the Sacredness of the Body and the Duty of Health; to inculcate a lofty view of the responsibilities of maternity, and the duty of every mother to fit herself for the perfect fulfilment of the natural calls of Motherhood, both before and after child-birth, and especially to advocate and promote the breast-feeding of infants." Another object of the Society is the training and employment of qualified Nurses, called Plunket Nurses, "to give sound, reliable instruction, advice, and assistance, gratis, to any member of the community desiring such services, on matters affecting the health and well-being of women, especially during pregnancy and while nursing infants, and on matters affecting the health and well-being of their children."

At the Sixth General Conference of the Society the following Resolution was passed in reference to the Government Pamphlet, "The Expectant Mother and Baby's First Month":—

"That the Government be asked to print 70,000 copies of the pamphlet 'The Expectant Mother and Baby's First Month' for distribution to married women under 35 years of age, and that copies be posted by Registrars of Births to all married women three months after marriage."

The Annual Report of the Society, published in May last, records that "It is the intention of the new Department of Child Welfare to have a copy of this book sent to every married woman in the Dominion under 35 years of age."

At the same time we should like to see the education of future mothers begun long before they are married, by the inclusion in the subjects taught in girls' schools, of whatever grade, of simple instruction (both theoretical and practical) in the washing, dressing and management of infants, and the creation of a public opinion that a girl's education should not be considered complete until she has received this instruction. After marriage the time that many women can give to learning how to become practically proficient in these essential duties is very limited, but most school girls, if the subject were presented to them in a suitable and interesting way, would take a pride in reaching a high standard of excellence. Moreover, considering how many babies and young children are left to the care of sisters not many years older than themselves, uninstructed how to handle or care for them, few things would conduce more to "conserving the health of the rising generation," which is one of the objects of the Royal New Zealand Society. We commend this proposal to its attention.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

October 4th, 1921.

1. Describe the vagina. What organs lie near it? What changes does it undergo during pregnancy?
2. What are the reasons for the regular examination of the pregnant woman?
3. Describe in detail your management of labour in an uncomplicated breech presentation.
4. What are the common causes of obstructed labour? How do you recognise the early stages of this condition?
5. How would you tell that a mother's milk is insufficient? If it is so, what would you do to try to improve it?
6. What causes of fever in the puerperium do you know of? What information would you endeavour to obtain for the doctor when he arrives, if a patient's temperature rose to 104° on the third day after labour?

CENTRAL MIDWIVES BOARD FOR IRELAND.

The fifth examination of the Central Midwives Board for Ireland was held simultaneously in Dublin, Belfast and Cork, on October 4th last. Seventy candidates entered, two did not present themselves, and of the remaining 68 60 passed satisfactorily from the following schools:—
Rotunda Hospital, Dublin, 15; Coombe Hospital, Dublin, 10; National Maternity Hospital, Dublin, 18; Incorporated Maternity Hospital, Belfast, 6; Belfast Workhouse Maternity Hospital, 5; Malone Place Refuge, Belfast, 2; Cork Maternity Hospital, 2; Military Families Hospital, Curragh, 1; Approved Teachers (England), 1.

"A TEXT BOOK FOR MIDWIVES."

We have received from Messrs. Henry Frowde and Hodder & Stoughton, 1 & 2, Bedford Street, Strand, W.C. 2, a new edition (the third) of "A Text Book for Midwives," by Dr. John S. Fairbairn, F.R.C.P. (London), F.R.C.S. (Eng.), Obstetric Physician, St. Thomas' Hospital. In the first edition, published in 1914, Dr. Fairbairn laid midwives under a deep debt of gratitude in writing for them this book, which he tells us in his preface is his "contribution towards meeting the legitimate aspirations of the midwife for a higher professional education." It is beautifully printed and has three plates and 113 illustrations, five in colour. In the new edition, the chapters on "The Infant" have been almost entirely rewritten. We hope to review the book in an early issue.

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WITH WHICH IS INCORPORATED

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EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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SATURDAY, OCTOBER 22, 1921.

Vol. LXVII

EDITORIAL.

THE RESPONSIBILITY OF COMPILING THE STATE REGISTERS OF NURSES.

To subscribers to this professional nursing journal we are sure it is quite unnecessary to address the following remarks, because they are intimately acquainted with registration detail, and will be the first to realise that the long delay in acquiring statutory power to compile the State Registers means an almost overpowering task in tackling the present disorganisation of the profession of nursing, and bringing order out of chaos so far as available records are concerned, but to members of the nursing profession generally we urge that they will greatly facilitate the work at Headquarters if they will carefully conform to the Rules in so far as the Application Form is concerned.

Every well-trained and certificated nurse will require that the clerical work of compiling the Registers must be, as far as possible, absolutely accurate, as Parliament has charged the General Nursing Councils with this responsibility. Names, addresses, dates of training and Certificates must be carefully verified and recorded—especially is this necessary so far as original Hospital Certificates are concerned—if the Register, when published, is to be of use to, and depended upon by, the public, and as evidence in Courts of Law.

We regret to note that nurses are being encouraged by some journals to look upon submitting their original Certificates to inspection at Headquarters as unnecessary. Surely certificated nurses realise the importance of presenting *evidence* of their professional proficiency in applying for State Registration, especially as they will doubtless require that

their professional qualifications shall be accurately inscribed in the Register. Here and there a case of hardship may arise—a nurse is abroad, her Certificate is filed under lock and key at considerable distance; a Certificate may have been lost, stolen, or destroyed—and in these extreme cases the only course is to appeal to the officials of her training school, and ask for a certified copy of her Certificate from the Training School records, and produce that document.

Several nurses we know have asked for and received immediate help from hospital Secretaries and Matrons, but such certified copies of Certificates mean much clerical work for the hospital staff, and a nurse is not justified in asking for such a copy, unless it is impossible for her to procure her original Certificate.

We warmly sympathise with our colleagues on the great value they attribute to their Certificates. Well do we know how hard many of them have worked to secure them. Three or four years of exacting ward work, long hours, strenuous study in times off duty, the anxiety of preparing for the examination, and the ordeal of the examination itself! Then the happiness of securing parchment evidence that they have attained proficiency in the theory and practice of their profession—the “open sesame” to professional preferment.

Doubtless, therefore, when the entry of the qualifications on which she was registered appear in the published Register every certificated nurse will expect to find her qualifications accurately recorded; and she will have just cause of complaint if they are inaccurate. For this reason it is the Applicant's duty to cheerfully comply with the Rules, and thus help the Councils and clerical staffs to carry out their responsible duties without unnecessary trouble.

OUR PRIZE COMPETITION.

NAME FOUR DISEASES TO WHICH CHILDREN ARE LIABLE, AND THE NURSING TREATMENT.

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.

PRIZE PAPER.

There are four very common diseases of children, namely — Rickets, Tuberculosis, Broncho-Pneumonia, and Infantile Diarrhoea.

Rickets is a very common disease of infants and children, usually showing itself in the first two years of the child's life by curving of the long bones, enlargement of extremities of bones, bending of ribs, giving pigeon-shaped chest, and deformity of skull to a square shape. It is caused by defective feeding and faulty assimilation of food, especially fats, or these may be deficient in the diet.

Feeding is the most essential treatment. Milk must contain a correct percentage of fat, and this may be given in the form of Virol in the feeds, or cod liver oil and malt may be given after food in an older child. Gravy and other fat-containing food must be taken well, and plenty of milk puddings and eggs. Sometimes phosphorus and iron are prescribed.

Sunlight, cleanliness, and fresh air are essential. Allow child to be warmly but lightly clothed and to lie in sunlight. Give hot drinks if sweating at night is troublesome, and fresh warm clothing, and bath daily.

Keep bowels regularly opened. Allow no weight on limbs, or deformity will be permanent. If much curving, splints and massage are of the utmost value.

Tuberculosis usually attacks glands, joints, spine, or peritoneum in children, or may be generalised, usually ending in meningitis. It is often hereditary, or due to exposure, deficient feeding, colds, or may follow debilitating fevers. All forms of tubercle need the same general treatment, fresh air; allow child if possible to sleep on a verandah or open but sheltered spot; provide plenty of warm, light woollen clothing, and hot-water bottles; give nourishing food, plenty of fresh milk, eggs, and fortified foods, malt and cod liver oil will probably be ordered. Weight of child must be ascertained every week if possible.

Rest in bed will be necessary in spine and joint cases, but not necessarily in gland cases unless pyrexia is persistent. Tuberculosis of peritoneum is very distressing, and meningitis frequently supervenes, with fatal

results. Feeding in these cases is restricted to milk. Enemata of starch and drugs may be prescribed with relief. Great care is needed to prevent formation of bedsores.

Broncho-Pneumonia is very common in children, and carries a high death-roll of infants, due to cold, exposure, teething complications, and following measles, scarlet fever, and often after the administration of anaesthetics unless great care is taken against chill.

Keep child in a warm, even temperature, 65° —some doctors order a steam tent—or the child may be protected by a screen, and a properly guarded bronchitis kettle used. Keep room supplied with fresh air, but avoid all draughts. Flannel garments must be worn.

Linseed poultices give much relief to congested lungs, but must be light and not allowed to get cold. Light, nourishing diet and stimulants will be ordered, also ipecacuanha to help child to vomit phlegm. Keep bowels well open, but not purged.

Instead of poultices, a pneumonia jacket made of gamgee may be worn, or some medicated substitute.

The temperature comes down by lysis, and chills must be carefully avoided during convalescence.

Infantile Diarrhoea has the highest mortality during the summer months of any childish ailment, and is due to food being infected by flies.

If the child is not in a very collapsed condition give castor oil, wrap in warm blankets, and give protected hot bottles.

Feeding is very essential. Albumin water, boiled water, and brandy and water are the only fluids likely to be retained, as vomiting usually persists with diarrhoea.

Hot baths with mustard stimulate a collapsed child and quickly aid circulation. Saline, cutaneous or rectal, is usually presented with relief.

Child must be frequently changed and washed, or excoriation of buttocks will result, and the number of motions will not be correctly ascertained.

Milk, &c., cannot be given until vomiting has ceased, as vomiting increases collapse, more so than diarrhoea.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. Comer, Miss M. Bielby, Miss T. Robinson, Miss F. Jones.

QUESTION FOR NEXT WEEK.

Name some new appliances used in the care of the sick, and how they should be applied.

NURSING ECHOES.

The dates for unveiling and dedicating the Memorials to the Scottish and Irish Nursing Sisters of the Queen Alexandra's Imperial Military Nursing Service, its Reserve, and the Territorial Force Nursing Service, who gave their lives during the Great War, are fixed as follows, and will be very impressive ceremonies:—

The Memorial to the Scottish Members in St. Giles' Cathedral, Edinburgh, will be unveiled and dedicated on November 3rd at 2.30 p.m.

The Memorial in the Garrison Church in Dublin will be dedicated and unveiled after the Parade Service at 11 a.m. in the Garrison Church, Arbour Hill, on November 6th.

The relatives of those commemorated have been notified, and arrangements made for seats to be reserved for those desirous of attending.

It is with much pleasure that we record the election of Miss S. A. Villiers—Matron of the South-Western Fever Hospital, Stockwell, and a member of the General Nursing Council for England and Wales, on which she is the nurse expert on the nursing of infectious cases—as a member of the Executive Committee of the National Council of Women of Great Britain and Ireland, as a nominee of an affiliated society. For over a quarter of a century a number of self-governing Societies of Nurses have been affiliated to the N.C.W., have paid their annual dues, and have been represented by delegates at its annual meetings, but, although they have over and over again made nominations for the Executive Committee, they have never had any representation upon it, and consequently no effective voice in its counsels, an invidious position for a great profession such as Nursing to accept in an organisation of women's societies.

At the quarterly meeting of the Matrons' Council of Great Britain and Ireland, held in London on July 30th last, the following Resolution was unanimously adopted, and forwarded to the National Council of Women:—

The Matrons' Council of Great Britain and Ireland consider that now that Nursing is a Profession legalised by Act of Parliament, it is very essential that it should be represented on the Executive Committee of the National Council of Women, as the Nurses' Associations have long felt that they do not care to subscribe to women's organisations on which they have no representation, or power of expression, on the Executive Committee.

The name of Miss Villiers was sent up as the nominee of the Matrons' Council. We are glad that the pertinacity of the nurses' societies has at last borne fruit, and we congratulate the Matrons' Council on having secured the appointment of a representative at once so able and charming as its Hon. Treasurer, Miss Villiers. We feel sure that it will not only be popular with the Nurses' Societies, but will strengthen the Executive of the N.C.W., which is so largely composed of non-professional women of independent means.

The Chelsea Infirmary Annual Nurses' League Day was held at the Infirmary on Thursday, October 13th. The President and members were "At Home" in the Nurses' Home from three o'clock, from which time the commissariat were kept busy providing relays of tea and cakes, as past nurses, who thoroughly enjoyed meeting and talking over old times, kept coming in.

At eight o'clock the Harvest Festival Service took place in the Chapel, in the course of which, as it was "League Day," the hymn for "absent friends" was sung. Then everyone returned to the Nurses' Home for more refreshments. The Chairman of the Board, the Honble. William Sidney, distributed the prizes gained in the Nursing School. Before doing so, in a short speech he congratulated the nurses on the passing of the Nurses' Registration Act, saying he felt sure it would help to give the status and recognition to the Nursing Profession which it had long deserved.

The prizes included two silver badges, given by the Guardians for the two best "all-round nurses" of the year, and some books presented by the Matron, Miss E. C. Barton, R.R.C., for other examinations. Among these were two given in connection with a new departure made by the Matron. In addition to the regular examinations a surprise test examination was given to the second and third year nurses by a Sister-Tutor (a certificated teacher) unconnected with the Infirmary. Most of the candidates passed, six with distinction, and the Matron reports it was a very useful test.

The nurses ended up what had been a very happy day with a little dance.

Because we stated, in our issue of October 8th, that Poor Law Guardians had not necessarily any qualifications for inclusion on the General Nursing Council for England and Wales, and claimed that as the Statutory Body to define Nursing Standards of Education,

regulate examinations, and maintain discipline, the nurses were the experts to do it, we have, we fear, offended the *Poor Law Officers' Journal*. This journal claimed that Boards of Guardians, "as the principal employing body" of nurses, had a "legitimate claim" to representation on the G.N.C. We claim that as two Matrons of Poor Law Hospitals are on the Council this branch of nursing is adequately provided for. Poor Law Guardians have made no "legitimate claim" to representation on the General Medical Council, or Central Midwives' Board. If people would only leave the nurses, like other professional women, to work out their own salvation, what a blessing it would be. The profession will never be worth a row of pins until self-government is conceded.

A "Pound Day" and a sale of work, organised by the nursing staff, is being held at St. George's Hospital, Hyde Park Corner, on Thursday and Friday of this week, from 10 a.m., to raise funds for the hospital.

The recent sale of work at the Queen Victoria Nurses' Home in Glossop Road, Sheffield, and in aid of the Nurses' Benevolent Fund, realised £70. In the absence of Miss Franklin the sale was opened by the Matron of the Home, Miss Hancox. Friends had sent flowers, fruit, and quantities of goods. In spite of the inclement weather there was a good attendance, and all was sold out by evening, hearty thanks being accorded to the donors of the articles sent for the event. The Secretary of the Home and several members of the Committee were present, and thanks were passed to the Committee for allowing the use of the Home for the sale.

Three Sheffield nurses are receiving pensions from the Fund, which is worked from London, and more help is urgently needed, particularly as two other local nurses are in such a state of health that they should be awarded financial assistance from the association.

Mr. Edward Hollins, of the Moat House, Tamworth, Staffs, proprietor of a private lunatic asylum, who left £11,833, gave £1,000 to Susan Ann Michaus, matron of the Moat House.

We cull the following from the 98th report of the Stratford-on-Avon Hospital:—

"The passing of the 'Nurses' Registration Act' was likely to cause further anxiety and expense to all small Hospitals. Probationers, in order to qualify for registration, must have

time for study as well as someone to instruct them; consequently the number of probationers must be increased and sisters or tutors found to train them. Nurses would not accept posts in Hospitals where there were no probationers. The only possible solution of the difficulty was the affiliation of small hospitals with the training schools. The Committee had brought the urgency of this question before the General Nursing Council and the Ministry of Health on more than one occasion during the past year.

"Notwithstanding a considerable increase in salaries and wages, the constant and increasing shortage on both nursing and domestic staffs continued. This had very much added to the work of the Matron. The shortage of nurses had necessitated the engagement of temporary nurses, both for holiday and relief duty, as well as for special cases. The Committee was particularly pleased to record their appreciation of the very efficient manner in which Miss H. P. Ind and her staff had maintained the high standard of the Hospital."

What the Nurses' Registration Act will also do is to procure justice for probationers, who in the past have so often been sacrificed to the general routine of hospitals.

Nurses who have followed the Public Health work being done in Reims by British Nurses, under the superintendence of Miss C. C. du Sautoy, in connection with the Comité Américain pour les Régions Dévastées de la France, will be interested to learn that it is now so thoroughly organised that a whole-time Directrice is no longer necessary, inspection on the lines which worked so well for so many years in this country in connection with Queen Victoria's Jubilee Institute being all that is requisite. Miss du Sautoy has therefore undertaken the reorganisation of the Hospital at Blérancourt, and, as will be seen from our advertisement columns, is advertising for English nurses, who speak fluent French, for work in the hospital. One is also required for a district near the hospital who is a Roman Catholic.

Those who know the organising ability of Miss du Sautoy, and the happy relations which are maintained between her and the nursing staff working under her, will realise that these vacancies afford an opportunity for congenial, useful, and well-paid work, which will bear good fruit in the future. The number of British nurses who speak fluent French is unfortunately very limited, but we hope that Miss du Sautoy will receive applications from amongst them to enable her to fill these posts.

QUEEN MARY'S MATERNITY HOME.

Wednesday, October 12th, was a day of great and far-reaching importance in Hampstead, for the Queen, accompanied by Princess Mary, visited the Borough for the purpose of laying the foundation-stone of Queen Mary's Maternity Home, the special function of which will be not only to serve the district in which it is placed, but to act as a model for Public Health and other authorities in the establishment of similar Homes.

The ceremony took place in a marquee, the stone, ready to be lowered to its place, and draped on each side with the Union Jack, forming the background of the platform.

Her Majesty, on her arrival, was received by Lady Bertha Dawkins, Chairman of the Executive Committee, Sir Alfred Mond, Bart., M.P., Minister of Health, and officials of his Department, the Earl of Onslow, the Bishop of Willesden, Alderman Fraser Mayor of Hampstead, Miss Wishart, Matron of the Home, and others.

The invited guests were mainly representative of Public Health Authorities and Infant Welfare Workers, and Mrs. Bedford Fenwick represented the General Nursing Council for England and Wales.

LADY BERTHA DAWKINS made a charming opening speech which might well serve as a model to chairmen on similar occasions. Simple, direct, informative, and amusing, it was delivered with a clearness of diction which enabled it to be heard without effort by all present, and in the happiest vein, generating amongst the audience an atmosphere of geniality and goodwill.

She said that it was felt an honour to all, especially to the Committee, that Her Majesty should come to lay the foundation stone of the new Home, which would be national in character, and, it was hoped, would serve as a model to others concerned with child welfare work. It was founded by Her Majesty with the balance of the money which she had in hand at the end of the war in connection with Queen Mary's Needlework Guild, and Princess Mary had allowed the surplus of her Sailors' and Soldiers' Fund to be used for the purpose. The Committee were indebted to Lord Leverhulme for the site, and for the use of Cedar Lawn as a temporary Home. Queen Mary's Needlework Guild had continued its interest, and had contributed over £6,000 to the establishment of the Home, besides clothing all the babies. The endowments they had received for beds (£175 per bed) sounded like a page of romantic geography. These came, amongst others, from Manitoba, Prince Edward Island, New Jersey, Yokohama, Bangkok, Santiago, Buluwayo, the Federated Malay States, several of the South American Republics, and from Mrs. Arthur James. Five hundred and twelve babies, including ten sets of twins, had been born in the Home at Cedar Lawn in two years, and they had lost no mothers and no babies, except one mother from a cause unconnected with childbirth.

She concluded by reading a letter from a father, an ex-Army Service man, who wrote of the bitterness occasioned by the apparent apathy as to the welfare of ex-Service men and said that such Homes as Cedar Lawn would do much to eliminate that bitterness.

SIR GEORGE NEWMAN, K.C.B., M.D., Chief Medical Officer of the Ministry of Health, by command of the Queen, then briefly explained the origin of the Maternity Home which Her Majesty had founded, and which was now in course of erection. The money contributed to Queen Mary's Needlework Guild was originally collected for the benefit of men serving with His Majesty's Forces, and the Queen decided that as it was no longer required for its primary purpose it should be devoted to the permanent advantage of the families of these men and their successors.

Her Majesty had always been keenly interested in the health and welfare of women and children, and especially in the development of organised assistance on behalf of motherhood and infancy. It was within the Queen's knowledge that in the United Kingdom upwards of 4,000 women die every year in childbirth, and that many of these deaths might be prevented if proper facilities for treatment were available. Moreover, these deaths showed a tendency to increase rather than to diminish, and it was an unfortunate fact that the conditions which proved fatal in some cases caused prolonged illness in a much larger number of others, not infrequently resulting in permanent ill-health and invalidity. Her Majesty strongly held the view that no woman should suffer from lack of skilled attendance at the birth of her child, and considered that one of the most urgent problems of maternity and infant welfare was the establishment of a fully efficient Maternity Service, of which the maternity home should be the true centre between the practitioners of midwifery on the one hand and the maternity hospital on the other.

It was the hope of the Queen that the establishment of the Maternity Home at Hampstead would demonstrate her desire to see improved facilities provided, and represent a personal contribution to the solution of this great problem as well as offering direct practical encouragement to local authorities and other bodies or persons in a position to provide homes of this kind. The Queen did not wish the permanent home to be a large or pretentious hospital, but a simple and homely institution, primarily for the benefit of mothers whose babies could not safely be born in their own houses. It would contain fifteen to seventeen maternity beds, as well as accommodation for the healthy children of patients who could make no other arrangements for their little ones during the period of residence in the Home. While providing everything requisite for the efficient treatment and for the comfort of patients and staff, there would be no unnecessary luxury or extravagance.

Her Majesty trusted that the Home of which she was laying the foundation stone that day, as well as others in different parts of the country, would prove invaluable to medical practitioners

midwives, and nurses, now often confronted with almost insuperable difficulties and anxiety in the care of their maternity patients; that many women might be saved from avoidable suffering and premature death; and that the methods, management and traditions of the Home would serve as educational guidance and helpful encouragement to every mother nursed within its walls, and to every person concerned in the advancement of maternal and child welfare.

SIR ALFRED MOND said that to anyone who held the responsible position of Minister in charge of the health of this great Nation he could imagine no happier occasion. Her Majesty had come to show her practical interest in the health of the Nation, and had given a lead which he hoped would be followed throughout the country and Empire. The laying of this foundation stone would be a symbolical act of great importance. The Home had been, and would be, not an isolated house, but an establishment which would serve as a model to others. So far as the officers of his Department were concerned their help could be relied upon. No object was so necessary or so appealing, when one cast one's mind over the houses in which women were labouring to produce the race. The Minister expressed his gratitude to the Queen for her interest in the noble cause of maternity and child welfare. He hoped Her Majesty's interest would not end with the ceremony, but he was sure it would not, but would be deep and abiding.

THE BISHOP OF WILLESDEN then briefly and impressively conducted the religious ceremony, after which the Queen laid the Foundation Stone of the new building, with an ordinary workman's trowel, and in a clear voice declared it to be "well and truly laid."

THE MAYOR OF HAMPSTEAD, Alderman Fraser, then thanked Her Majesty for coming to Hampstead, and tendered her the humble appreciation of the borough of her presence. He referred to child life as the greatest asset of the country, and said, further, that there was no Department of the State on which more depended than the Ministry of Health, and spoke warmly and appreciatively of the great administrative powers possessed by Sir Alfred Mond.

VISCOUNT ASTOR, one of the trustees, seconded the vote of thanks, which was endorsed by Lady Bertha Dawkins, on behalf of the Committee, and the Queen then proceeded to Cedar Lawn where she visited the wards, which under the expert direction of the Matron, Miss Wishart, are in a high state of efficiency. Not only the nurses, but the children of the Royal Soldiers' Daughters' Home, in scarlet and blue frocks, formed a charming guard of honour; health, happiness, and in many instances beauty, radiating from these delightful little people, with one of the smallest of whom the Queen stopped to shake hands.

Needless to say it was a gala day at Cedar Lawn. In the wards the white quilts were spotless, the pale blue jackets worn by the patients most becoming, and the polished floors, simple furniture, and beautiful pink carnations artistically arranged, made an ideal environment for the newly-made

mothers. The babies' cots were not slung out of reach at the foot of the bed, as so often happens, but were on the right hand of the mother, where they should be.

We wish great success to the Home which has begun its educational career so auspiciously, and sincerely hope that the seed sown will bear fruit in the organisation of many more Homes on similar lines throughout the United Kingdom.

ETHEL G. FENWICK.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE "AT HOME."

A delightful "At Home" was given at the Wharncliffe Rooms, Great Central Hotel, Marylebone, on Wednesday, October 12th, by the Matron-in-Chief and Members of Queen Alexandra's Imperial Military Nursing Service. Miss Beadsmore Smith, C.B.E., R.R.C., was an ideal hostess, ably seconded by Miss Hodgins, R.R.C. (Principal Matron at the War Office), and the Sisters present. The red capes, distinctive of the Military Nursing Service, contributed to the gaiety of the scene, as did the shaded lights and the bright floral decorations. The members of the Service seemed, as is the wont of nurses when they relax, lighthearted and care-free, yet one could but remember the different conditions under which these same Sisters had met and worked, fighting for the lives of the Soldiers of the King, and performing their duty with high courage, coolness and devotion, in hospitals, casualty clearing stations, on hospital trains and hospital ships—while enemy air craft flew overhead, and U boats infested the sea.

The guests of the Service were many, including members of its Nursing Board, past and present nursing officials (both of Q.A.I.M.N.S. and of the allied Territorial Force Nursing Service), the Matrons of the principal London Hospitals, and distinguished medical practitioners both military and civilian.

Conversation over the tea-cups, while discussing the excellent sandwiches, delectable cakes, and ices hospitably dispensed by the Sisters, drifted inevitably to the State Register and to the form which the State Uniform and Badge for Registered Nurses would take. Admiration was expressed for the grey Military Uniform and its distinctive cap with the Badge of the Service embroidered in red on the point at the back, and most people were agreed that it would be difficult to find one simpler, smarter, or more becoming than that held in such honour by reason of the honourable record of the members of Q.A.I.M.N.S.

The gay music and the fine floor of the Wharncliffe Rooms proved an irresistible attraction in combination. Few members of the nursing profession can resist the opportunity of a dance, and the conditions were ideal. Everything was informal and spontaneous, and all combined to say that the party could not have been a greater success.

M. B.

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, October 12th, 1921.

Miss Milnes, Vice-Chairman of the Council, was in the chair, and eleven Members were present.

The Council approved a recommendation of the Registration Committee that the Council should ask the Secretary for Scotland to receive a deputation from the Council with a view to their placing before him the views of the Council on the questions raised by the deputation from local authorities recently received by him.

Colonel D. J. Mackintosh submitted the Report of the Education and Examination Committee recommending certain alterations on the Draft Short Syllabus for Training in Sick Children's Nursing. This was approved, and it was arranged that the Short Syllabus should now be printed off and distributed at a price of 2d. per copy.

A batch of applications for registration which had been considered by the Registration Committee were dealt with.

It was arranged that in view of the number of applications still to be considered, the Council should meet again on an early date.

RULES FOR THE REGISTRATION OF MALE NURSES.

ENGLAND, SCOTLAND AND IRELAND: INTERMEDIATE NURSES.

ENGLAND.

MALE NURSES WITH INTERMEDIATE QUALIFICATIONS.

Every person who, not being qualified to obtain admission to the Register as an existing nurse, desires to obtain admission thereto before July, 1924, on which date the training and examination rules come into operation, shall make application to the Registrar in the form set out, and shall comply with the provision with regard to evidence of good character and age. Nurses with Intermediate Qualifications pay a fee of two guineas instead of one guinea, and one guinea instead of 10s. 6d. for any second, third or subsequent part of the Register.

The following evidence of adequate knowledge and experience shall be required from every person whose three years' term of training terminates after the 1st of November, 1919, who makes application for admission to the Register:—

QUALIFICATIONS FOR ADMISSION TO THE PART OF THE REGISTER CONTAINING THE NAMES OF REGISTERED MALE NURSES.

A certificate that the applicant has had not less than three years' training before July, 1924, in a Hospital or Institution approved by the Council

for the training of Male Nurses, or evidence that he has had not less than three years' training before the date aforesaid as a Male Nurse in the service of the Admiralty, the Army Council, or the Air Council, or that as to part of the period aforesaid he has had training as a Male Nurse in such Hospital or Institution, and as to the remainder, training as a Male Nurse in such service as aforesaid.

SCOTLAND.

MALE NURSES IN TRAINING BEFORE THE ISSUE OF THE RULES.

Every person who, not being qualified to obtain admission to the Register as an existing nurse, desires to obtain admission thereto before the date on which the Rules to be made by the Council . . . for the training of nurses and conduct of examinations come into operation, shall make application to the Registrar on the form prescribed and shall comply with the provisions with regard to good character and age, the following evidence and knowledge and experience shall be required in addition, namely:—

QUALIFICATIONS FOR ADMISSION TO THE SUPPLEMENTARY PART OF THE REGISTER CONTAINING THE NAMES OF MALE NURSES.

A Certificate of not less than three years' training from a Hospital or Institution recognised by the Council for training for the purposes of the Register of Male Nurses, or as a Male Nurse in the service of the Admiralty, the Army Council, or the Air Council, or a part of said training in such a Hospital or Institution, and as to the remainder as a Male Nurse in the service of the Admiralty, the Army Council, or the Air Council, which was terminated at any period after the 1st day of November, 1919, but before the Rules to be made by the Council for the examination and training of Male Nurses shall become operative.

IRELAND.

CONDITIONS OF ADMISSION OF INTERIM NURSES TO THE REGISTER BEFORE THE ISSUE OF THE RULES.

Nurses who, though not entitled to be admitted as existing Nurses, desire to obtain admission to the Register before the date on which the Rules to be made by the Council for admission by examination become operative, will be admitted to the Register if they satisfy the conditions prescribed in this Part of the Rules.

QUALIFICATIONS FOR ADMISSION AS MALE NURSES.

Applicants will be admitted to the Supplementary Part of the Register containing the names of Male Nurses, on production of Certificates or other evidence of having carried out not less than three years' satisfactory training in a Hospital or Institution approved by the Council for the training of Male Nurses, or in the service of the Admiralty, the Army Council, or the Air Council, provided that such period of training terminated on a date subsequent to the 1st November, 1919, but prior to the date on which the Rules to be made by the Council for the admission of Male Nurses by examination become operative.

The Rules framed by the three Councils for the admission of Intermediate Male Nurses to the Registers are almost identical.

Ireland accepts "other evidence" than a Certificate of a Male Nurse having carried out not less than three years' training in an approved Hospital or Institution.

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh.

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

QUEEN ALEXANDRA'S MILITARY FAMILIES NURSING SERVICE.

The Regulations for Admission to the Queen Alexandra's Military Families Nursing Service have now been published and are obtainable through any Bookseller, or directly from H.M. Stationery Office, Imperial House, Kingsway, London, W.C. 2, price 2d. net. The Service consists of the following ranks: (1) Matrons, (2) Sisters-in-Charge, (3) Staff Nurses. An applicant for the position of Staff Nurse must be between 24 and 35 years of age, and possess a certificate of not less than three years' training and service in medical and surgical nursing in a civil hospital, and the certificate of the Central Midwives Board. She must be of British parentage, or a naturalised British subject. Members of the Service are required to provide themselves with the prescribed uniform. The Queen's badge for Queen Alexandra's Military Families Nursing Service is always to be worn by members when in uniform, and a collar badge in white and gilded metal, or silver and silver gilt, is to be worn on the point of the collar of the coats and great coats by members of all ranks. Detailed particulars regarding uniform will be furnished by the Matron-in-Chief on application. The salary of a Staff Nurse begins at £60, rising to £65, and her total emoluments are estimated at £202 16s. 2d. The initial rate of pay for a Sister-in-Charge is £75, rising in two years to £85, with Charge Pay, which, up to 30 beds is £20 per annum, and over 30 beds £30 per annum. Board and Washing, Uniform, Fuel and Light Allowance, and Lodging Allowance where quarters are not provided, are the same for all ranks.

The conditions of retirement for Q.A.M.F.N.S. are the same as for Q.A.I.M.N.S., and are laid down in the pay warrant.

We commend the Service and the advantages it offers to nurses possessing the necessary qualifications.

TERRITORIAL ARMY NURSING SERVICE.

We are officially informed that in accordance with the provisions of the Territorial Army and Militia Act, the Territorial Force will be called the Territorial Army, with effect from October 1st, 1921.

The Territorial Force Nursing Service will therefore be called the Territorial Army Nursing Service.

COLLEGE OF NURSING, LTD.

BIRMINGHAM THREE COUNTIES CENTRE.

On Tuesday, October 11th, in the Lecture Theatre of the General Hospital, Birmingham, Dr. Walter Jordan gave an interesting and instructive lecture on "The Growth and Development of the Child." At the commencement of his lecture Dr. Jordan defined growth as an increase in size, and development as a progressive change in tissue, commencing at conception, reaching completion at maturity, and divided into a pre-natal and a post-natal stage by the hazardous adventure of Birth. He rapidly traced pre-natal development and compared it with post-natal, drawing attention to the unequal growth and development of the latter stage.

Dr. Jordan attributed the greater development of the upper part of the body during foetal life possibly to the fact that arterial blood circulates throughout the blood-vessels of the upper part of the foetus, whereas the circulation of the lower half consists of mixed arterial and venous blood. Weight is the most important guide as to growth. Sudden and excessive weight may be a sign of oedema, and in tubercular children of fluid in the thorax; whereas rapid loss of weight is often a warning of empyema, and if persistent after aspiration is an infallible sign of a further collection of pus.

Growth takes place most rapidly during the first three months of post-natal life.

In abnormal children weight and length are dissociated, an arrest in weight and length may be due to gastric disturbance, tubercle, congenital syphilis, or rickets.

The form and histological peculiarities of organs are determined during pre-natal life, but their development continues until maturity is attained; they pass through three critical periods—at birth, when pre-natal life ceases and infancy begins; at dentition, which marks the entrance into childhood; and at puberty, when adolescence is reached.

Dr. Jordan concluded his lecture with a brief reference to Infantilism and Mongolism. The first condition he attributed to ante-natal conditions, whereas the second was the result of a waning power of reproduction on the part of the parents.

On Tuesday, November 1st, a Business Meeting will be held at three o'clock in the Lecture Theatre of the General Hospital, Birmingham.

G. M. E. JONES,
Hon. Press Secretary.

DISTRICT NURSES AND THE UNEMPLOYMENT INSURANCE ACT.

We have pleasure, in accordance with a request from Miss A. M. Peterkin, General Superintendent of Queen Victoria's Jubilee Institute for Nurses, in notifying that she has undertaken to make a list of all those Nurses undertaking District Work who do not wish to remain under the provisions of the Unemployment Insurance Act, and she would be glad if all Superintendents and Nurses who have not already done so would send their names direct to her before the 29th of October. The College of Nursing has written to the Hospitals, and there appears to be some doubt in the minds of many as to what District Nurses should do.

Miss Peterkin adds that it is not necessary to sign a form, a card or letter to 58, Victoria Street, London, S.W. 1, will be sufficient, and it is hoped that all District Nurses who object to their profession coming under the Unemployment Insurance Act will take this opportunity of saying so definitely.

The College of Nursing, Ltd., has asked the Minister of Labour to receive a Deputation on the subject.

THE PROFESSIONAL UNION OF TRAINED NURSES.

Through the kindness of the managers of various theatres, we have very often a certain number of Theatre tickets at the disposal of the members of the Professional Union of Trained Nurses.

Will all those living within the London radius, who would like to avail themselves of this privilege, communicate with the Secretary, giving, when possible, a telephone number?

Tickets will be specially reserved for country members on due notice being given.

Only those whose subscriptions are paid up to date can in any way benefit by the Union.

MAUDE MACCALLUM,
Hon. Secretary.

IN REMEMBRANCE.

A wreath inscribed "Sandringham, Norfolk. In remembrance, from Queen Alexandra," was sent to the Bishop of Norwich by Queen Alexandra to be placed on the monument of Edith Cavell, on the anniversary of her death.

It will be remembered that "after life's fitful fever," she rests under the shadow of the Cathedral at Norwich, which she loved so well, in the quiet corner known as "Life's Green."

SCOTTISH NURSES' ASSOCIATION.

The Annual Meeting of the Scottish Nurses' Association was held in the hall of the Scottish Nurses' Club, 205, Bath Street, Glasgow, on Saturday, 15th inst. There was an excellent attendance.

The President of the Association, Dr. McGregor-Robertson, occupied the chair and was supported

by Miss Nina Boyle, Mrs. Newton Virtue, Miss M. R. Stewart, Miss Hunter and the Acting Secretary, Miss Nora Campbell.

The formal business, adoption of Annual Reports of Secretary and Treasurer, election of Office Bearers, &c., was quickly disposed of.

The Annual Report showed an accession of 40 to the membership during the year and referred to the difficulties which had arisen in the framing of the regulations for the admission of Existing Nurses to the Register, and urged that such circumstances showed the need of the nurses to support their organised societies, if their opinions were to be made effective.

The finances of the Association were stated to be in a healthy condition, £150 being to the credit of the Association.

An address was afterwards given by Miss Nina Boyle, who said that nursing was the greatest of all the professions for women. It was necessary, however, that their standard should be kept at the highest possible level. In the past nursing had too often been the Cinderella of the professions, and she realised that with their long hours and close devotion to duty it was difficult for nurses to raise themselves out of that position. They could not get their profession on to the plane it ought to occupy unless they made their organisation sufficiently alive and powerful. Now that their conditions in hospitals, nursing homes, and sick rooms were a little easier, and their claim to some leisure was definitely recognised, they would be able to give a little more time to organisation and the placing of their profession on an equal footing with the great medical profession.

The address was listened to with the greatest possible interest and attention and a very warm vote of thanks was awarded Miss Boyle on the motion of Miss Stewart.

The Association then proceeded to consider the regulations for Existing Nurses and the efforts of the Local Authorities to have them amended in order to permit of nurses whose only training had been in fever hospitals being admitted to the General Register.

At the conclusion of the discussion the following Resolution was adopted unanimously, and the President was instructed to communicate it by telegraph to the Secretary for Scotland, Whitehall:

This Annual Meeting of the Scottish Nurses' Association approves of the Regulations drawn up by the General Nursing Council for Scotland for the admission of Existing Nurses to the Register as already laid on the table of each House of Parliament, and begs the Secretary for Scotland to resist any alteration on these Regulations or delay in their sanction by Parliament.

This finished the business part of the Meeting, after which a very pleasant hour was spent in the drawing-room of the Club with tea and talk.

To help in raising the £22,000 required by the Great Northern Central Hospital, Holloway, before December 31st, if it is to continue without curtailing its work, a meeting was held at the Mansion House on October 17th.

NATIONAL BABY WEEK COUNCIL.

The Annual General Meeting of the National Baby Week Council will be held on Tuesday, October 25th, in the Armitage Hall, 224, Great Portland Street (by kind permission of the National Institute for the Blind), at 3 p.m., under the presidency of the Viscount Astor, Chairman of the Council. The principal speaker will be Dr. Allen Daley, Medical Officer of Health for Blackburn, whose subject will be: "The Economic Value of Maternity and Child Welfare Work." The address will be followed by a discussion.

Tickets for the Meeting may be obtained from the Secretary to the Council, at 5, Tavistock Square, W.C. 1.

THE GUILD OF HEALTH.

The Guild of Health has arranged an interesting Course of Lectures, to be held in the Church House, Westminster, on Thursdays at 8.15 p.m., beginning October 20th, on the following subjects:—"The Good and Bad in Christian Science"; "Spiritual Healing in Actual Practice"; "Ugliness in Relation to Disease"; "The Training of the Thought Life of Children"; "The History of Healing in the Christian Church"; "The Sufferings of the Saints." Tickets 1s. can be obtained at the door.

ANNUAL MEETING OF IRISH NURSES' AND MIDWIVES' UNION.

The National Council of the Irish Nurses' and Midwives' Union held its annual delegate meeting in Denmark House, Dublin, on Thursday and Friday October 6th and 7th, and we are informed that it was attended by delegates from all parts of Ireland and by a considerable number of Dublin nurses. Many matters important to nurses and others interested in the health of their country were discussed, including State Registration, the amalgamation schemes, standard salaries and fees for trained nurses, and for midwives, the "handy-woman" evil, &c. Resolutions were passed claiming that all nurses, religious or lay, should conform to the same standard of training, enjoy similar conditions of work, receive the same salary and emoluments, be prepared to perform the same duties, and should enjoy equal opportunities of promotion; welcoming the proposals from the Limerick Nurses' Union to affiliate or become a branch of the I.N.U.; approving of the Irish Women Workers' Pensions and Loan Fund, and others dealing with midwives' private and dispensary practice.

Dr. Hennessy, Irish Medical Secretary, addressed the nurses on "The Position of Nurses under the Amalgamation Schemes," and dwelt on the possible contingencies with regard to superannuation in the present transition stage. Further discussion dealt with giving preference, where that would be fair, to outgoing officers for future appointments; the specifications in local advertisements for officers; and possible further training (by post-

graduate courses) for doctors and nurses, when a State service has been put into force. After Dr. Hennessy had retired, there was a long discussion on the resolution dealing with the subject, which was on the agenda, and eventually this was referred back for redrafting to a sub-committee, consisting of Miss Doyle, Miss Maxwell, Mrs. McCarry, and Miss Bennett.

ANNUAL REPORT.

The Secretary's annual report and financial report were adopted. Arrangements for more extensive organising were discussed, and an organising committee appointed. Amendments to the rules were also passed, and the officers for the ensuing year were elected.

After a vote of thanks to Dr. Hennessy, the meeting closed, and in the evening the country delegates were entertained by the Dublin Committee.

APPOINTMENTS.

MATRON.

Lloyd's Hospital, Bridlington.—Miss Dorothy Swift has been appointed Matron. She was trained at the Middlesex Hospital, and has also held appointments at the Leeds Women and Children's Hospital; and the Military Hospital, Clacton-on-Sea.

Isolation Hospital, Gillingham, Kent.—Miss F. I. Taylor has been appointed Matron. She was trained at Whipp's Cross Hospital, Leytonstone; and has had experience of infectious work and is a certified Midwife.

SISTER.

Dean's Isolation Hospital, South Shields.—Miss Rachel Patterson has been appointed Ward Sister. She was trained at Holgate Hospital; and at the Children's Hospital, Middlesbrough. She has also been Staff Nurse at the Brook Hospital, Shooter's Hill (M.A.B.); and has been Sister-in-Charge of the Brooklands Children's Hospital.

Davaar Maternity Home, Dunfermline.—Miss Margaret Wright has been appointed Sister. She was trained at the Royal Infirmary, Edinburgh; and at the Royal Maternity Hospital, Glasgow. She has also had experience of private nursing in Edinburgh, and is a Certified Midwife.

THEATRE SISTER.

Horton Infirmary, Banbury.—Miss Irene A. Middleton has been appointed Theatre Sister. She was trained at the Royal Infirmary, Leicester; and has held the position of Sister at the Warneford Hospital, Leamington, and at the Royal Victoria Hospital, Netley, as a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

A MEDICAL APPOINTMENT.

Miss Dorothy E. Elliott, M.B., B.S., has been appointed Second Assistant Medical Officer at Wingrove Hospital, Newcastle-on-Tyne. Miss Elliott received her medical education at the College of Medicine, Newcastle-on-Tyne, University of Durham, and has held the position of House Physician in the Royal Infirmary in that city, and of Assistant in its Venereal Department.

BEQUEST TO A NURSE.

Amongst the bequests made by Sir Ernest Cassel is "an annuity of £200 to Nurse Harrison if still in the employ of his sister, for so long as she shall remain in such employ, and if she shall continue in his sister's employ until the death of his sister she is to receive a life annuity of £200."

"TWILFIT" CORSETS.

We have pleasure in directing the attention of our readers to the "Twilfit" Corsets, which have many and great advantages. First the manufacturers claim that any customer can be fitted from stock, thus obviating the necessity for special measurements, and subsequent waiting. Inspection will convince the purchaser that while the price of the corsets is most moderate (varying from 9s. 6d. to 30s. per pair), the quality is high-grade. They are flexible, rustless, unbreakable, fitted with "Twilfit" spiral steel, and some models are specially suited to nurses, as while giving all necessary support the steels are short. Further, they are washable, a condition which, desirable in all cases, is essential to nurses. They are made to suit any figure, or variation of figure, and reference to the illustrations on page iii of our advertisement columns will show a few of the styles, of which there are a great variety, both in broché, brocade and coutil. A very practical maternity model costs 15s. 11d. These may be seen at the establishment of Messrs. D. H. Evans & Co., Ltd., 290-322, Oxford Street, W.1, or they may be procured through local drapers. Carriage is paid by Messrs. Evans on all "Twilfit" corsets supplied by them throughout the United Kingdom.

Last but not least, "Twilfit" Corsets are made in British-owned factories (all in England) employing British workers.

Every "Twilfit" Corset is guaranteed by the manufacturers, and if a customer is not completely satisfied with her purchase it will be gladly exchanged, or the money returned on request. What more can anyone ask?

"BOVRIL" HELPS HOSPITALS.

A new method of assisting Hospitals has been established by Messrs. Bovril, Limited, whose employees arranged to devote all the profits from a Swimming Gala, held on the 6th instant, to the Great Northern Central Hospital. The Directors of the Company, appreciating this laudable effort, agreed to provide all the Prizes, in order that the cost should not come out of the proceeds from the Gala. The amount to be paid to the Hospital will, therefore, be larger than anticipated.

HORLICK'S MALTED MILK IN RADIOLOGY.

Our readers are well aware of the many uses of Horlick's Malted Milk as an invaluable article of diet, and will be glad to know of its latest use as an attractive, easily, and quickly, prepared palatable food in which to administer the Carbonate of Bismuth, or Sulphate of Barium for X-Ray examinations, which will appeal both in appearance and taste to the most fastidious palate.

Horlick's Malted Milk Co., Slough, Bucks, have issued a convenient little pamphlet on the subject, which includes directions for preparing the

Horlick's Malted Milk Shadow Food as formulated by eminent radiologists.

This Food with opaque salts, forms a Shadow Food which is bland, soothing, non-irritating and not burdensome to inflamed, delicate or diseased mucous membranes, does not diminish gastric peristalsis, nor cause a too extensive flow of the secretions, and furthermore, being alkaline, is of especial assistance in helping to decrease the acidity of the gastric contents when the duodenum is to be particularly investigated.

BOOK OF THE WEEK.

"LAURA CREICHTON."*

Laura was the daughter of General Sir Harry and Lady Creighton, the General at that time being in command of the Woolwich Arsenal. Laura was a diffident, sensitive girl, whom everyone took at her own value, both inside and outside her own family circle. "Only Laura" expressed the general attitude towards her.

It was not so astonishing, as it seemed at first sight, that she became violently attracted to a young foreign anarchist with whom she became acquainted by chance one evening as she was returning home to Blackheath after a tennis party. He was almost the first person who appeared to take her seriously.

After her first meeting with him, suddenly proud of her adventure, she recounted it to her younger sister Marjorie, who was so fond of calling her a "stick-in-the-mud," "a prim old stick," "centuries behind the times!" She felt as if she were justifying herself, her youth. To her surprise the younger girl was horrified.

"Well, if that isn't the limit. To pick up with a man you know nothing of, like that—like a servant—like a common Bank-holidayite. Supposing anyone had seen you!"

In spite of her sister's contempt Laura meets Paul Vortonitch clandestinely. His feelings towards her were mixed—a genuine attraction to the well-born, pretty English girl who so transparently showed her feeling towards him. But she was also the daughter of the man in command of Woolwich, "his to do what he liked with, and there was so much, no end to the information he wanted to get out of her."

Laura manages to introduce him to her home on the occasion of a tennis party, Lady Creighton having some vague idea that he was connected with her singing-lessons, and though she sees Paul under these circumstances at a hopeless disadvantage in her own set and fully recognises it, it had the effect, while making her wretched, of bringing matters to a head.

To Vortonitch the effect of these cultured people and their charming surroundings was that of an almost aggressive beauty, peace and luxury,

* By Elinor Mordaunt. London: Hutchinson.

which made him ache with longing and at the same time whipped him into a savage fury.

Lady Creighton, with her fragile, well-preserved beauty, he could have ground with the heel of his boot. A sudden idea of her as his mother-in-law came into his mind, and it was all he could do to prevent himself laughing aloud.

Gerald Stratton, who unfortunately had not realised in sufficiently good time what his affection for Laura, whom he had known from a child, really meant, becomes suddenly aware of her attitude to Paul.

"Stratty dear, I'm going to the station with Mr. Vortonitch. Will you go back and talk to mother?"

He turned away bowing and smiling, leaving her alone with "this damned foreign adventurer."

Laura married Paul, and the marriage was as disastrous as might have been expected. Paul, swayed by his genuine love for her and his devotion to the cause for which he worked, was anything but a satisfactory husband, irrespective of the fact that they had nothing to live upon.

The family of Grobo, one of Paul's confederates, is a remarkable one, and Mrs. Grobo a really delightful woman, her intense domesticity standing out in sharp contrast to Grobo's revolutionary career. Paul himself was seen to the best advantage in this humble home. It was to their roof that he took Laura on the night of her flight from her father's home.

Mrs. Grobo's charming hospitality, with practically nothing to offer, was balm to the weary girl. She glanced shyly at Vortonitch, saw him excited, flushed, proud, and then at the motherly woman facing her, and felt that she would like to lay her head against that broad breast and feel those kind arms about her.

Of course she would have Laura for a few nights—"there is always the sofa."

There are many exciting passages in the story, which closes in an attempt to assassinate the King at a grand night at the opera. Paul discovers that Laura is present with her family, to whom she has returned, and the story closes dramatically as he takes his own life.

The epilogue shows Laura happily married to Gerald Stratton, who was content to realise that his wife's thoughts were often harking back to her first husband. "Confound it all! That was the trick the fellow held; one could not help thinking about him." H. H.

OUTSIDE THE GATES.

On Monday morning General Pershing laid the Congressional Medal of Honour on the grave of the Unknown British Warrior in Westminster Abbey—the highest military honour conferred by the United States of America, and which can only be won "at the risk of life, above and beyond the call of duty." The simple ceremony in the shrine of our Great Dead was moving in the highest

degree, and the sound of the heart-stirring "Battle Hymn of the Republic" moved many to tears.

His Majesty the King sent a telegram expressing the warm appreciation felt throughout the country of the tribute "to our Unknown Warrior" to the President of the United States. At an official Banquet at which General Pershing was entertained in the evening, it was announced that the highest decoration known to the British Empire—the decoration of the Victoria Cross—is to be conferred on America's Unknown Warrior. Let us hope this mutual recognition of valour may be an augury of a lasting peace between the participating nations.

COMING EVENTS.

October 21st.—Meeting of the East Lancashire Local Centre College of Nursing, Ltd.: Mrs. Bedford Fenwick will speak, by invitation, on "The Rules framed by the General Nursing Council for England and Wales to carry out the Provisions of the Nurses' Registration Act, 1919." Royal Infirmary, Manchester. 4.30 p.m.

October 22nd.—Meeting in Liverpool convened by Miss Worsley, Member General Nursing Council for England and Wales. Mrs. Bedford Fenwick will speak on "The Rules framed by the General Nursing Council for England and Wales to carry out the Provisions of the Nurses' Registration Act, 1919." Physics Theatre, Liverpool University. 3 p.m.

October 22nd.—Quarterly Meeting of the Matrons' Council. Claybury Mental Hospital (by kind permission of the Visiting Committee, L.C.C. Mental Hospital, Claybury), Woodford Bridge, Essex. 3 p.m.

October 27th.—Royal British Nurses' Association. "At Home" in honour of Miss Kathleen Smith, R.R.C. new Matron of the London Temperance Hospital. 194, Queen's Gate, S.W. 4 to 6 p.m.

October 28th.—General Nursing Council for England and Wales. Meeting, Ministry of Health. 2.30 p.m.

October 29th.—Royal British Nurses' Association. Lecture on "Napoleon," by Mr. Woodrow, Hon. Secretary to the Napoleon Coterie. 194, Queen's Gate, S.W. 3 p.m. Admission free. Tea, 1s.

November 3rd.—Memorial to Scottish Nurses who gave their lives in the Great War. To be unveiled and dedicated. St. Giles' Cathedral, Edinburgh. 2.30 p.m.

November 6th.—Memorial to Irish Nurses who gave their lives in the Great War. To be unveiled and dedicated. Garrison Church, Dublin. 11 a.m.

A WORD FOR THE WEEK.

For we must share if we would keep
That good thing from above;
Ceasing to give, we cease to have,
Such is the law of love.

—The Canadian Nurse.

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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.

THE TRAINED NURSE AS MENDICANT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I would very much like the views of the "home-trained nurses" upon the subject of a "street collection" for nurses in Durban. Personally I am boiling over with rage at the profession being dragged down to such a level, and quite expect next to see a collection to establish "almshouses" or some such thing for "medical men and women."

It appears the "National Council of Women," South Africa, and the "S.A. Trained Nurses" want to put up a "memorial" for S.A. Nurses who fell during the war, and the brilliant idea has seized the Durban branch to have a street collection to found a "Rest Home" for nurses. To my idea the name is enough. Now, why could not a collection be made from every nurse all over S.A.? Many of the nurses have married very well and could give to it, and if anyone cared to send a subscription they could, and to my idea raise enough to endow a bed in all S.A. hospitals for any sick nurse; this might be wise—it is greatly needed—but a so-called "Rest" Home would never survive in S.A.

Really, one way and another out here the profession is being dragged down, and no longer the high calling it was. Native nurse girls, untrained people, all wear the uniform, and now street collections!!

Your paper is sent out to me regularly by friends, and I pass it on to others—so it travels well. Somehow the home training is far and away better than South African, and I have had a wide and long experience of various hospitals I have been Matron of.

Yours truly,

SOUTH AFRICAN MATRON.

[We most strongly object to trained nurses adopting the rôle of mendicant—or permitting the public to class them as such. Nothing but professional degradation can result from it.—ED.]

KERNELS FROM CORRESPONDENCE.

OPPORTUNITY OF EQUALITY.

Poor Law Hospital Sister.—"We entirely agree with your Editorial last week. For the first time, the Syllabus of the G.N.C. gives us 'Poor Laws' the opportunity of equality in education and efficiency with the leading General Hospitals, and we do hope Poor Law Guardians who really know nothing of nursing curricula will for once leave our education, status and discipline to our own professional Council, and not attempt to

interfere. Things are changing so rapidly in the State Hospital world that before long they will no longer be the refuge of the destitute, but institutions for the scientific prevention and treatment of disease. One of our favourite Guardians here—the kindest of men—keeps a little shop, and I might as well dictate to him concerning the quality of his flour, of which I know nothing, as that he should express an opinion on the details of nursing education and training. We read with amazement the assumption of authoritative opinion as expressed at gatherings of Guardians."

[It will take some time for the laity who govern hospitals and infirmaries—and generally do it very well—to realise "Nursing a Profession," and the rights and privileges we enjoy under the Nurses' Registration Acts. The majority of nurses have not yet grasped the situation themselves.—ED.]

ADVERTISERS PLEASE NOTE.

Miss J. Melita Jones, Nurses' Club, Auckland, N.Z.: "I enclose my subscription to THE BRITISH JOURNAL OF NURSING, which I appreciate more and more as time goes on. I cannot tell you how useful nurses at a distance have found the various advertisements; speaking for myself I have invariably received full satisfaction for anything procured in this way. I am afraid we do not always remember to mention when ordering that it is owing to the B.J.N. that we are able to do so."

[A large number of interesting letters are held over for want of space.—ED.]

INSPECTION OF ORIGINAL CERTIFICATES.

Nurses who wish to Register can have their original Certificates inspected, and the copies required for filing with their Application Form verified by the Registrar, if they call, during office hours, at the Headquarters of the General Nursing Council, 12, York Gate (opposite Marylebone Church). The original Certificates can then be taken away.

PLEASE NOTICE.

Mrs. Bedford Fenwick has recently received so many requests from nurses well known to her for permission to place her name as a referee upon their Application Forms for State Registration, with no stamp enclosed for reply, that she desires to notify that unless she refuses such requests the applicants may insert her name on their Forms.

PRIZE COMPETITION QUESTIONS.

October 29th.—Name some new appliances used in the care of the sick and how they should be applied.

November 5th.—What is Psychology? Why is a knowledge of it necessary to the nurse (1) for the patient's sake, (2) for her own sake?

The Midwife.

CENTRAL MIDWIVES BOARD.

The Monthly Meeting of the Central Midwives Board was held at the Board's Offices, 1, Queen Anne's Gate Buildings, on Thursday, October 13th, Sir Francis Champneys, Bart., presiding.

The Reports of the Finance and Examination Committees were presented by the Secretary.

REPORT OF THE STANDING COMMITTEE.

In connection with the Report of the Standing Committee a letter was received from the Ministry of Health forwarding a copy of a letter with reference to the Regulations under the Dangerous Drugs Act, addressed by the Ministry to Local Supervising Authorities.

A letter was received from the Registrar of the Midwives Board, Victoria, with reference to the question of reciprocity between it and the English Board. It was resolved:—

"That the Registrar be informed that the Board views with favour the principle of reciprocity between it and the Boards of the British Dominions but regrets that it does not consider that it is practicable at the present time for it to prescribe a course of training equivalent to the Victorian standard, *i.e.*, twelve months for an untrained pupil and six months for a trained nurse. In the event of the Board becoming aware of the desire of any pupil midwife to practice in Victoria it would advise such pupil of the length of training required by the Victorian Board."

A letter was read from the Inspector of Midwives for Buckinghamshire enquiring as to the person in whom the ownership of the Register of Cases used by the midwife is vested.

A letter was also read from the County Medical Officer of Health for Buckinghamshire suggesting that the Board should rule that all Registers supplied to midwives by the Local Supervising Authority under the Midwives Act, 1918, Section 7 (2), are the property of the Local Supervising Authority and should be returned to that body when the midwife leaves its jurisdiction or ceases to practice in its area.

It was resolved:—

"That the reply be that the question of the person in whom ownership of a midwife's Register of Cases is vested is one to be decided by a Court of Law and not by the Board."

A letter was received from the Medical Officer of Health for Stoke-on-Trent asking the opinion of the Board as to the propriety of midwives receiving fees from an Insurance Society in consideration of the notification to the Society by the midwives of births occurring in their practices.

It was resolved to reply:—

"That in the opinion of the Board a midwife who notifies an Insurance Company of births occurring in her practice, without the express

consent of the patients, commits a breach of the confidential relationship which exists between her patients and herself, and that the Board does not view with favour the practice referred to in the letter."

A letter was received from the County Medical Officer of Health for Kent enquiring whether compensation may be paid to midwives in accordance with Section 6 (2) of the Midwives Act, 1918, in specified circumstances.

It was resolved "that the County Medical Officer of Health for Kent be informed that in the opinion of the Board the question as to the payment of compensation to a midwife who is suspended by a Local Supervising Authority from practice in order to prevent the spread of infection is one to be decided by the Local Supervising Authority concerned and not by the Board. In the case of suspension by the Board the question would be decided by the Board."

A letter was received from the Secretary of the Central Midwives Board for Scotland forwarding a copy of the new Rules which the Scottish Board proposes to make, and asking for the observations of the Board thereon. It was agreed

That the Secretary of the Central Midwives Board for Scotland be informed that the Board has no observations to make on the draft Rules of the Scottish Board other than to state that as at present advised it does not consider the training which has led to the appearance of the name of a candidate on one of the Supplementary parts of the Register of one of the General Nursing Councils as equivalent to the general training required by the Board, as justifying the reduction of her training from six to four months, and her admission to the Roll under such conditions.

APPLICATIONS FOR APPROVAL.

The following applications were approved:—

As Lecturer.—Dr. Gerald Graham Alderson, F.R.C.S.

As Teacher.—Midwives Annie Ambrose (No. 40679), Elizabeth Crompton (No. 37893), Mary Constance Edwards (No. 34575), Catherine Bessie Macintosh (No. 48441), Helena Joyce More (No. 44980), Emmeline Mary Morgan (No. 54410), Elizabeth Annie Muncaster (No. 40512), Margaret North (No. 52613), Beatrice Ockerby (No. 48481), Louise Margaret Thomas (No. 41370), and Harriet Elizabeth Gagg (No. 36797) *pro hac vice*; and the following subject to conditions: Prudence Howell (No. 45182) and Amelia Ann Rawlings (No. 33927).

Six midwives were granted admission to the Roll under Section 10 of the Midwives Act, 1918, by reason of holding the certificate of the Central Midwives Board for Ireland, otherwise than by the Examination of that Board.

The Secretary also 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 15 women holding a certificate of having passed the Examination of the Central Midwives Board for Scotland, or the Central Midwives Board for Ireland.

PENAL CASES.

A special meeting of the Central Midwives Board was held at 1, Queen Anne's Gate Buildings, S.W., on October 13th, when charges alleged against three midwives were heard, with the following results:—

Struck off the Roll and Certificate Cancelled.—Eleanor Harmer (No. 1510).

Censured.—(Report asked for from Local Super-vising Authority in three and six months' time): Sarah Jane Pulley (No. 5782).

In the third case, that of Midwife Emma Jane Martin (No. 32376) the Board found the charges not proved; they dismissed the case, and awarded the midwife £10 10s. costs.

CENTRAL MIDWIVES BOARD FOR IRELAND.

EXAMINATION PAPER, OCTOBER 4th.

1. How would you diagnose a transverse presentation? How will the labour proceed if this condition is neglected?

2. Describe fully how you prepare a bedroom and bed for a confinement. Also, how you prepare the patient.

3. What is the routine treatment of the breasts and nipples of a nursing mother? How do you treat cracked nipples? To what condition may they give rise?

4. How would you give a vaginal douche? What are the solutions generally used? Mention strength.

5. Describe in detail the operation of ligaturing and cutting the umbilical cord. What is the after-treatment of the cord?

6. Give brief definitions of the following:—(a) Second stage of labour, (b) Involution of uterus, (c) Thrush, (d) Cystitis, (e) Placenta praevia.

AN ORDER IN COUNCIL.

An Order in Council has been issued transferring to the Minister of Health the following powers, amongst others, hitherto exercised by the Home Secretary under the Factory and Workshop Act, 1901:—

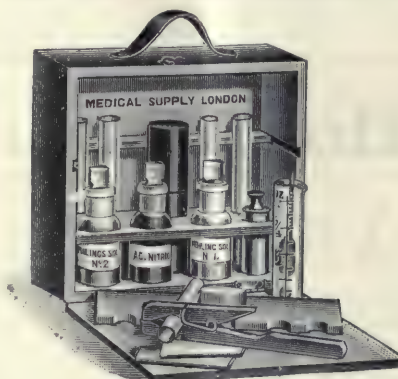
Prohibition of the employment of women after childbirth.

Making of wearing apparel where there is scarlet fever or small-pox.

Provision of homework where there is infectious disease.

AN "ANTE-NATAL" TEST OUTFIT.

A very useful "Ante-Natal" test outfit is supplied by the Medical Supply Association, Ltd., 167-185, Gray's Inn Road, London, W.C.1, which should be of considerable use both to ante-natal centres and to individual midwives. The size of the case, when closed, is $7\frac{3}{4}$ inches by $7\frac{1}{4}$ inches by $3\frac{3}{8}$ inches, and it contains test tubes, urinometer, and trial jar, three stoppered labelled



bottles for Fehling's solution (No. 1 and No. 2), and nitric acid, a nickle-plated spirit lamp, test-tube holder, and litmus papers. When the case is closed the stoppers cannot come out of the bottles even if the case is turned upside down, as this is prevented by the sliding shelf above. The cost, as illustrated, is 17s. 6d., post free.

The outside of the case is varnished, and it presents, in compact form, a most useful addition to the outfit not only of the midwife, but of the private nurse.

INDIAN MEDICAL DIPLOMAS.

In the Legislative Assembly at Simla on September 28th, there was a long discussion on a motion protesting against the decision of the British Medical Council to withhold recognition of Indian diplomas unless the training in midwifery were raised to a higher standard.

The Times reports that the members generally characterised the tone of the British Medical Council's communications as discourteous, and emphasised the impossibility of complying with its requirements within the specified time. The resolution as finally adopted urged the local Governments, in view of the decision of the British Medical Council, to make more satisfactory arrangements for practical training in midwifery, in order to bring the standard in India up to that of the British Universities, and requested the Secretary of State in the meantime to use his influence to induce the British Medical Council to reconsider its decision.

It is to be hoped that the General Medical Council will continue to insist on a higher standard of midwifery in India, it is very necessary.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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SATURDAY, OCTOBER 29, 1921.

Vol. LXVII

EDITORIAL.

NURSING TECHNIC.

The art of Nursing is based on theory and practice, and both are equally important, for without a proper understanding of the principles underlying her craft a nurse works in the dark. She may attain a certain amount of mechanical skill, but she can never become perfect practically; for, in dealing with the human body, mechanical skill may desert her at a critical moment, and if she cannot fall back upon broad principles, and apply them intelligently to her actions, she may fail to make good in a crisis.

Further than this, a nurse who has pride of craft desires not only to perform her practical work efficiently, but to perfect technic; and by technic we mean "any act of skill due to two factors—form and execution."

Mrs. Higgins, R.N., in "The Psychology of Nursing," rightly tells us that long, long practice is necessary for a nurse in perfecting technic, "through repetition her nursing touch instinctively adjusts itself. It is some time, however, before her movements take care of themselves, leaving her free to attend the particular needs of the situation as she should. If her nursing form is correct, as it should be, she always knows the right way to do things. She makes no guesses. Her movements, though they may be awkward at first, are not confused. As she develops her technic she gradually makes her movements without thinking. There is, finally, no conscious decision as to how she shall hold the hypodermic needle, or how she shall insert it; how she shall stand in lifting a patient, and so on. All the movements connected with nursing practice become

so familiar that her execution bears the finished stamp of experience."

The guiding points in acquiring a good technic are (1) to set up a correct routine of movement and to train oneself to carry it out rigidly at all times; (2) to perform one's duties as rapidly as is consistent with careful work; (3) to eliminate all useless movements; (4) deftness and sureness must go with quickness; (5) the nurse can never work to the best advantage if she is "on a tension." She can work quickly without the least strain if she will train herself to do so. Poise and confidence added to deftness add to the nurse's efficiency a hundred-fold; (6) absolute control of the muscles is necessary in acquiring nursing technic. If engaged in a nursing procedure there should be no change of movement "under fire" or other trying circumstances. Nurses who have trained themselves to such control prove the most satisfactory not only in emergency work, but in the sort of nursing which is a test of endurance.

Unless the body is moving in harmony with the laws governing perfect bodily control the nurse can never achieve good technic. With her body out of harmony with these indispensable laws, she adds immeasurably to the fatigue of nursing. (7) Good technic is achieved by exquisite and infinite care. Without it the nurse can never make caring for the sick "one of the fine arts." We commend this wise advice to the attention of those who wish to perfect themselves in the practice of their art, remembering that the essential factor in good nursing is to make the patient comfortable, and that pride in the manner of execution of nursing duties is an important means to this end.

NURSING ECHOES.

The interest taken by trained nurses in the Rules under which their Profession will be governed in the future was strikingly demonstrated by the influential and successful meetings of nurses held last week in Manchester and Liverpool, when crowded audiences listened attentively to addresses from Mrs. Bedford Fenwick, at the Royal Infirmary, Manchester, and the University, Liverpool. Mrs. Fenwick and Miss M. Brey were the guests of Miss M. E. Sparshott, C.B.E., R.R.C., at the Royal Infirmary, Manchester, and under her guidance had an opportunity of seeing this fine building, greatly enjoying their visit and Miss Sparshott's kind hospitality. At Liverpool next day, as the guests of Miss C. Worsley, they saw the beautiful Children's Infirmary in Myrtle Street, and we hope shortly to give a description of both institutions.

We publish in the current issue an account of the meeting held in the Out-patient Hall of the Royal Infirmary, Manchester, on October 21st. Next week we shall report the Liverpool meeting, when the Physics Theatre at the University was filled to overflowing. The address given was, in each instance, much the same, but a number of questions were asked and answered by Mrs. Fenwick at Liverpool.

We are glad to hear St. George's nurses made a great success of their Fancy Fair, held at the hospital for two days last week. Many charming articles were on sale, and teas and side-shows brought grist to the mill—which aimed at helping to raise funds to pay off the hospital debt of £30,000. The nurses, who have also raised more than £600 from the half-crown fund they recently organised among themselves, hope to realise £1,000.

The matron and nursing staff of the Royal Victoria Infirmary, Newcastle-on-Tyne, are endeavouring to raise funds for the institution by means of a bazaar, to take place on November 23rd.

They will be very glad to receive donations of money or gifts for the sale, and would be glad if all those interested would send their contributions (other than perishable ones) by November 15th. Perishable goods they would like sent in on November 22nd, or before eleven o'clock on the morning of November 23rd.

The nurses appeal specially to all nurses who received their training in the Infirmary;

to all those patients (and their friends) who have been helped by the Infirmary; to the general public, who benefit directly or indirectly by the work done in the Infirmary.

Donations in money may be sent to the matron, or Sister Charteris, at the Infirmary. Goods should be sent to Sister Darling or Sister Jones at the Infirmary.

There will be stalls for white goods, such as tray cloths, tea-cloths, pillow slips, &c.; for fancy goods, toys, handkerchiefs, woollen goods, sweets, plants, and also a provision and pound stall.

As we notified in our last issue, the fine work of Miss C. G. du Sautoy of organising a District Nursing Service in Reims is now completed, and she will shortly be moving to Blérancourt, Aisne, to take up work as the Directrice of the general hospital there, though she will continue to inspect the work in Reims. The hospital was originally founded by the American Women's Hospital Committee, when it was staffed by medical women, and did splendid work amongst the civilians at the close of the war. Two years ago it was taken over by the Comité Américain pour les Régions Dévastées.

On the 14th inst. a great luncheon party was given, in the old library in the Hospice Général at Reims by the Administration of Hospices of the town, to the delegates of similar Administrations who were visiting Reims; in all, 150 people were present. All the heads of charities in the town were asked to meet these delegates, and Miss du Sautoy was amongst those invited.

At the conclusion of the banquet M. Guichard, the Head Director of Charities in Reims, made a speech, in which he alluded in glowing terms to the work of Miss du Sautoy and her nurses, concluding by presenting her, in the name of the town, with a beautiful bronze plaque as a mark of appreciation of the work she has done for Reims.

The plaque, which is about three inches long, bears on one side, in relief, a representation of the burning Cathedral, and an avenging angel driving the enemy before him; and, on the other, a female figure, representing "Dawn" rising above the ruins.

The plaque was designed during 1914, and is given by the members of an ancient Guild which dates from mediæval times, and was originally formed by volunteers, who in times of danger, plague, and fires undertook to render what aid they could to the town. The plaque is now given only to those citizens who are considered to have rendered conspicuous

service to the town, and it has practically never been awarded to a foreigner before.

At an interesting gathering which took place recently in the administrative rooms at the Central Canada Exhibition, Lady Byng of Vimy was the guest of honour at a tea party given by the President and Directors in connection with the Baby Show. Mrs. J. Charlotte Hanington, Chief Superintendent of the Victorian Order of Nurses, presided at the table of honour, and Miss Margaret C. Macdonald, Matron-in-Chief of the Canadian Army Nursing Service, presented a beautiful bouquet of roses to Her Excellency.

Lady Byng referred to the political power of Canadian women, and their immense power for good, especially if among their different organizations they could meet in a friendly way, and have "teapot talks." "There was, she said, nothing like teacups for breaking ice.

After saying (as reported in the *Ottawa Journal*) that Canada has advantages which the old country had not—there were not the generations of bad health nor to such an extent the consequences of war to sap the vitality of the country—Lady Byng said that Canada had a clean bill of health. The country's broad spaces partly accounted for that condition, but the same great spaces brought terrible loneliness to women, especially in the days before their children were born. The climate was wonderfully bracing, but she thought it might strain the nerves to the breaking point. She had been struck by the number of huge asylums she had seen.

Lady Byng referred to her service at home on a Board of Guardians for three years, and said that every illegitimate child passing through their hands had a mentally defective mother. Segregation of those below mental par was advocated as the remedy for a condition which might be remedied if taken in time.

Mrs. Hanington spoke of the Welfare work done in England by Lady Byng in connection with the Poor Law, and described the fine welfare work of the nursing services in the city of Ottawa, the nurses at the milk stations, the school nurses, those fighting tuberculosis, and the nurses of the Victorian Order, which combined all phases of public health work, and had for its foundation curative, educational, and preventive work in the homes of the people. She referred to England, "the grey mother," as the home of sound principles of good nursing, and said that Canada must go to England for its standards, instead of to the United States, on account of propinquity.

THE REASONS FOR THE RULES.

THE NURSES' REGISTRATION ACT FOR ENGLAND AND WALES, 1919.

In response to an invitation from the East Lancashire Branch of the College of Nursing, Ltd., and as the representative of the General Nursing Council for England and Wales, Mrs. Bedford Fenwick paid a visit to Manchester last week, as a guest of the Royal Infirmary, and by the kind permission of the Board of Management, spoke to a crowded meeting of nurses and others in the large Out-Patients' Department of the Infirmary on the afternoon of Friday, October 21st, on the Rules framed by the General Nursing Council for England and Wales to carry out the provisions of the Nurses' Registration Act, 1919.

Sir William Cobbett (Chairman of the Royal Infirmary) presided, and was supported on the small platform by Miss M. E. Sparshott, C.B.E., R.R.C., Lady Superintendent, Miss M. Earl, Matron of the Ancoats Hospital, Manchester, and Miss M. Breay, a specially invited guest.

An exquisite bouquet of "Madame Abel Chatenay" roses offered to Mrs. Bedford Fenwick, from a Manchester Member of the Royal British Nurses' Association, "with loving thoughts," decorated the table.

Amongst the large and sympathetic audience the following Matrons were present:—Miss Marley, St. John's Hospital for the Ear, Manchester; Miss Neville, Manchester Children's Hospital, Pendlebury; Miss Jones, Beech Mount, Harpurhey; Miss Burgess, Crumpsall Infirmary, Manchester; Miss Smith, Withington Hospital, Manchester; Miss Goodwin, District Nurses' Home, Ardwick, Manchester; Miss Goodacre, The General Infirmary, Stockport; Miss Reid Dobie, Bolton Infirmary; Miss Bevan, Fever Hospital, Monsall, Manchester; Miss Woodhouse, Grangethorpe Hospital, Manchester; Miss Baines, Denison House, Victoria Park, Manchester; Miss James, Ear Hospital, All Saints, Manchester; Miss Earl, Ancoats Hospital, Manchester; Miss Walker, The Christie Hospital, Manchester, Miss Duffill, Baguley Sanatorium; Miss Draper, Swinton House (Crippled Children's Home), Swinton, Manchester; Miss Mackintosh, The Royal Infirmary, Oldham; Mrs. Rowan, Ladywell Sanatorium, Eccles; Miss Barrow, The Northern Hospital, Manchester; Miss Nodal, Salford Royal Infirmary; Miss Marks, The Royal Infirmary, Preston; Miss Newman, 9, Northumberland Street, Higher Broughton; Miss Jeffrey, Stepping Hill Hospital, Stockport; Miss Burtchill, Beckett Hospital, Barnsley; Miss Bridges, District Hospital, Ashton-under-Lyne; Miss Drewitt, General Infirmary, Macclesfield; and Miss Barter, Royal Eye Hospital, Manchester.

Sir William Cobbett, in his opening remarks, said that it was an honour, and a very great pleasure, to preside on this occasion. Not to know Mrs. Bedford Fenwick would be an ad-

mission that few would be prepared to make, for it would demonstrate their ignorance of the affairs of the Nursing World. Mrs. Fenwick would speak to them on the Regulations framed under the Nurses' Registration Act, 1919. In the course of his professional work he had to read many Acts, and he found that many of them required a great deal of explanation. Mrs. Bedford Fenwick was an authority second to none on the subject on which she would speak to them.

It was an additional pleasure to welcome her, as he was given to understand that she was initiated into the duties of a nurse at the Old Infirmary in Manchester 43 years ago. He had seen it in print, and so it must be true, in which case it was a testimony to the healthfulness and pleasures of nursing.

He then invited Mrs. Fenwick to address the meeting.

THE ADDRESS.

Before addressing the meeting on the somewhat academic subject of the Rules for Registration, Mrs. Bedford Fenwick endorsed the statement of the Chairman, and said it was just 43 years since she entered the splendid old M.R.I. as a special probationer for a year's training, every day of which was full of vital interest and happiness for which she was still grateful. An atmosphere of goodwill permeated the whole hospital, she never received a reprimand, and kindness was showered upon her.

A KEY VOCATION OF NATIONAL EFFICIENCY AND HUMAN HAPPINESS.

It was in the wards of that wonderful old hospital that she first realised the potential power of nursing, not merely as a remedial agent, but as one of the key vocations of national efficiency and human happiness, interdependently responsible with medical science in guarding the sacred flame of human life—a noble vocation indeed—to be approached with a searching of heart and conscience upon the part of every woman seeking so high an altitude of public duty. To qualify for such responsibility altruism was not enough. We had learned that from the insufficiency of the "religious" in relation to progressive medical practice. The first duty of those who guard the people in health and tend them in sickness was to seek accurate knowledge, to acquire and apply it.

Without the firm pressure of the Law it was very difficult for any group of professional workers to define, acquire, maintain and apply standards of knowledge and skill, to qualify them to do their duty to the very best of their ability.

Thus, in petitioning for a Nurses' Registration Act, granting power to define and enforce standards of Nursing Education, and to frame Rules to protect high ethical and moral standards of conduct, the Nurses of the United Kingdom were not inspired by selfish and ignoble aims, but with a generous love of their kind, and commendable self-respect, and a determination to induce the State, of which they form so worthy a part, to recognise their right to organise their work, so that

it might be of the very highest value to their fellow citizens, and their skill might receive the respectful recognition which was long overdue. It had taken the pioneers of that policy thirty years to convince Parliament and the people—to say nothing of the nurses themselves—that without legal status it was impossible to procure for the benefit of the community those high standards of organisation, skill and efficiency in the Nursing Profession which should be at its disposal.

The history of that economic struggle had still to be written. For the moment she would touch on the result.

On the 23rd December, 1919, the Royal Assent was given to three Bills for the Registration of Nurses, and it was the provisions of the Act for England and Wales which they were there to discuss. Mrs. Fenwick spoke of the gratitude due from the Nursing Profession to Dr. Addison, at that time Minister of Health, for the great energy and persistence with which he had piloted the Bill through Parliament in a few weeks.

THE GOVERNMENT ACT.

Mrs. Fenwick then stated that, as far back as 1904, the Nurses drafted a Registration Bill—it was a fine liberal measure—asking for much more than they expected to get. The Government Act was largely framed upon it and incorporated many of its most important provisions.

PRIVILEGES SECURED.

The Government Act granted the following privileges incorporated in the original Bill:—

(1) It established a General Nursing Council on which trained nurses had a substantial majority, and provided that the Registered Nurses of the future should elect sixteen nurses to nine lay and medical nominated members on the Council. Thus, the nurses were professionally enfranchised. This Council had power to frame Rules for the conduct of business; also

(2) To form and keep the Register.

(3) To prescribe the training and define the standards of education, and regulate the conduct of examinations to qualify for admission to the Register.

(4) To award Certificates granting the protected title of "Registered Nurse."

(5) To make provision for a protected Uniform and Badge.

(6) To prescribe fees for registration and examination.

(7) To maintain discipline by protecting the privileges granted to Registered Nurses, by removing from the Register persons convicted of felony, misdemeanour, or guilty of any misconduct. Aggrieved persons had an appeal to the High Court.

The Minister of Health was the ultimate authority in certain particulars and had to approve the Rules framed to carry out the provisions of the Act. He also had power to nominate five persons on to the General Nursing Council.

The General Nursing Council, since it came into office in May, 1920, had worked strenuously and

had framed the Rules for the conduct of business and for the Registration of Existing and Intermediate Nurses, which received the approval of the Minister on the 14th July last, when the Register was opened.

The main object of the Act was the Organisation of the Nursing Profession under Statutory Authority. The Council set the good example to other women's statutory bodies of appointing a professional Nurse-Registrar, instead of a layman. Standing Committees were appointed to deal with Finance, Registration, Education and Examinations, Discipline and Penal Cases, Mental Nursing, and General Purposes.

Mrs. Fenwick emphasised the fact that the Act grants the Registered Nurses the privilege of financing their own Governing Body, thus they maintained their independence. She pointed out, however, that a guinea fee was very inadequate for this purpose in these times of huge taxation, and in consequence costly administration, and in the future no doubt the fee would be raised.

She then turned to the printed Rules and touched on some of the points of most importance to the Nursing Profession. She asked her audience, however, not to forget that though a General Nursing Council might work strenuously, and with devotion, the success of the Register and the consolidation of the profession, its usefulness and ultimate power for good, were in the hands of the individual well-trained nurses themselves. United, they had a splendid opportunity of raising their profession to front rank, and she had not the slightest doubt but that they would do it.

THE RULES.

The little brown book which she held in her hand appeared a simple object, said Mrs. Fenwick, but it contained very important information—the standards laid down for the registration of Existing and Intermediate Nurses and the provisions for maintaining high ethical standards in their ranks—to which Registered Nurses would have to conform. She considered, therefore, it was the duty of every nurse to study them. Existing nurses were those trained and in practice before November 1st, 1919, Intermediate Nurses those with not less than three years' hospital training, completed subsequent to that date and who held a certificate to this effect.

The Rules were in eight Parts and comprised fifty-two Clauses, and she could assure them that those responsible for drafting them had weighed the effect of every word and every sentence, as it affected the welfare of the Nursing Profession.

The Composition of the Register.—The Register was composed of five Parts. A General Part for general medical and surgical nurses, and Supplementary Parts for the registration of Male Nurses, Mental Nurses, Sick Children's Nurses, and Fever Nurses.

Mrs. Fenwick explained why it was necessary that during a period of grace for the first two years after the opening of the Register nurses who did not possess the highest qualifications—a

Certificate of not less than three years' training—a qualification to be enforced later—would be admitted to the Register if they had been trained for one year and in practice before November 1st, 1919.

In framing new legislation, Parliament seldom made it retrospective. It was careful not to deprive workers of their power of self-support by establishing standards to which they had not been obliged to conform. There was justice in this, but in all cases evidence of one year's general training and two years' subsequent experience would be required as a minimum, under conditions which appeared to the Council to be satisfactory and that applicants had adequate knowledge and experience of the nursing of the sick.

During the period of long delay in enacting legislation, thousands of highly efficient women had entered the Nursing Profession. They had submitted themselves to a lengthy and arduous term of three or four years' systematic training, to examination, and had been awarded highly-valued Certificates testifying to their proficiency; to these nurses it might appear superfluous to register side by side with those less qualified, and everything should be done to record their high qualifications on the Register. Justice should also be done in this particular.

Mrs. Fenwick said we must go back to the history of the passing of the first Medical Act, in 1858, for an analogous position, when it was said that anyone who could draw a tooth was placed on the Register. But the Act provided that all medical titles, diplomas, and qualifications conferred by any Corporation or University (not omitting the Archbishop of Canterbury) should be entered of all persons appearing on the Register, so that the professional status of each person registered was seen at a glance.

EXISTING NURSES.

In the case of Existing Nurses, therefore, the qualifications for admission to the General Register were (1) a Certificate of not less than three years' general training obtained before November 1st, 1919, and (2) Evidence of one year's general training and two years' subsequent practice.

INTERMEDIATE NURSES.

An Intermediate Nurse was a nurse who completed her three years' training, and had been awarded a Certificate subsequent to November 1st, 1919, and before July, 1924, on which date the training and examination rules would come into operation.

FEEES.

The fee for Existing Nurses in the first instance was £1 1s. and 10s. 6d. on any subsequent part of the Register. For Intermediate Nurses, £2 2s. and £1 1s. on any subsequent part, with an annual fee of 2s. 6d., principally with the object of keeping addresses corrected up to date for publication in the Register.

THE SUPPLEMENTARY REGISTERS.

Mrs. Fenwick next discussed the question of Supplementary Registers. During the enormous

advances of medical science in the treatment of the sick all classes of disease had had to be nursed. Infectious diseases had been removed from general to special hospitals. Mental nursing had been a separate section—thus nurses trained in special classes had arisen. In the future it was probable that a general nurse would not be considered thoroughly trained unless she had experience in the nursing of children and of infectious diseases. But in framing the Rules present conditions had to be considered; thus in addition to the General Part of the Register, provision had to be made for the following Supplementary Parts: (1) A Register of Male Nurses who were specialists, inasmuch as they only nursed one sex; (2) a Register of Mental Nurses (in the future, no doubt, cases of diseases of the brain would be treated more and more as those suffering from other diseased organs); (3) a Register of Sick Children's Nurses, who preferred this branch of nursing; and a Register of Nurses trained in hospitals for Infectious Diseases. What was required was a sound basis of general knowledge for all classes of nurses, so that in the future they would be eligible for a General Register, and specialise later as they preferred.

TITLE OF "REGISTERED NURSE."

The Council had selected a very beautiful Seal, and also a beautiful Certificate, on which the Seal would be stamped, granting the title of "Registered Nurse."

RECIPROCITY WITH SCOTLAND AND IRELAND.

Mrs. Fenwick explained that, as the Minister for Health in England had no jurisdiction over the Health Departments in Scotland and Ireland, consequently Acts for the Registration of Nurses in Scotland and Ireland had been passed, establishing General Nursing Councils on the same lines as the English Act. These Acts provided that Rules should be made with respect to the conditions of admission to the Registers between the nurses of the United Kingdom. These had not yet been drafted, owing to the fact that the Scottish Board of Health had failed for months to approve of the Scottish Rules. Upon the decision of the Secretary for Scotland untenable demands had been disallowed, so that it was hoped that the three Councils could now arrive at agreement.

RECIPROCITY WITH THE OVERSEAS DOMINIONS.

The Nurses Acts were Imperial Acts and provided for reciprocity between the United Kingdom and the Overseas Dominions where equivalent standards of State Registration were in force. This should be a great link between the nurses of the Empire and draw them together in closer association and friendship.

REMOVAL FROM AND RESTORATION TO THE REGISTER.

The Rules governing the removal and restoration of nurses from the Register had been very carefully drafted, and provided for every measure

of justice to the respondent. No nurse could be removed from the Register without the charges being sent to her under registered letter by the Registrar, as printed in a Special Schedule. Every facility was provided for her defence, and if aggrieved by the removal of her name from the Register a nurse had power of appeal to the High Court. After proof of good conduct, rules had been framed to consider the restoration of a nurse's name to the Register.

THE FIRST REGISTER.

It was decided to publish the first Register in July, 1922, so that those nurses who wished to have their names placed on it would do well to apply as soon as possible. Like the Medical Register, no doubt the Nursing Register would be regarded as evidence in Courts of Law. Moreover, the nominated Council must, at the latest date, go out of office in December, 1922, to be replaced by the elected Council, which holds office for five years. Thus those nurses who desired to vote for the sixteen Registered Nurse representatives must be on the Register before that date. It was most necessary that there should be a wide and representative electorate so that the best candidates should be placed in office.

HOW TO REGISTER.

The Second Schedule provided for the Application Forms. These could be obtained from the Registrar 12, York Gate, Regent's Park, London, and if carefully filled in would save the Registrar an enormous amount of unnecessary correspondence and work. This Form made it obligatory that original Certificates should be submitted for inspection. The Council had been entrusted by Parliament to compile a correct Register, and to do this it was its duty to verify documents. This duty could not be deputed to unauthorised persons.

UNIFORM AND BADGE.

Trained Nurses had long agitated for a protected Uniform and Badge. The Act granted this privilege. It was a difficult question, requiring much considering. The Council had invited expressions of opinion from the nursing profession on this question and an enormous correspondence was the result. At an early date it was hoped to find time to consider the matter, and arrive at a popular conclusion. Once agreed upon, such uniform should be worn with circumspection, so that it would command public respect.

RULES FOR FUTURE NURSES.

The Education and Examination Committee of which Miss Lloyd-Still, the Superintendent of the Nightingale Training School for Nurses, was Chairman—and all would agree such an appointment was eminently suitable—had devoted great care and consideration to drafting the Syllabus of Lectures and Demonstrations for Education and Training in General Nursing, for the Nursing of Sick Children, and for Fever Nurses, they were now

in print. The Committee had under consideration the Syllabus for the training of Male Nurses, and of Mental Nurses.

THE ONE PORTAL EXAMINATION.

The question of affiliated and reciprocal schemes of training was also under consideration for a one portal examination. The Act provided that the Council should have power to regulate the conduct of examinations; to be, in fact, the one examining body for English and Welsh nurses in the future to qualify for admission to the Register, and thus avoid the competition of numerous examining bodies which had proved so undesirable in the medical profession.

It was hoped to hold the first State Examination in July, 1924. No doubt it would not be of too exacting a nature, after which it was probable there would be a preliminary examination after the first year's training; and a final examination at the termination of the three years' course.

THE PRESCRIBED SCHEME FOR THE ELECTED COUNCIL.

The Act provided that there should be a prescribed scheme for the constitution of the elected and nominated Council. It would appear that the principle adopted by the Minister of Health in forming the first Council might stand as a precedent; and provision be made for the representation of classes of nurses on the Council. Thus, general trained nurses and those on the Supplementary Parts of the Register would have expert representation. It would appear that such representatives should be influentially nominated. The Registration Committee had this scheme under serious consideration, and hoped to recommend one which would be approved by the Council and the future electorate.

Mrs. Fenwick resumed her seat amidst appreciative applause.

VOTES OF THANKS.

Mr. Howson Ray said it was a privilege to propose a vote of thanks to Mrs. Bedford Fenwick, who had explained the mode and origin of a great movement, putting it before them with unusual clearness. Mrs. Fenwick had devoted many years to the furtherance of this cause, in support of which she had displayed energy, persuasiveness and charm.

The battle for State Registration of Nurses had been a very severe and arduous one, and it needed people with the knowledge and determination of Mrs. Bedford Fenwick to bring it to a successful issue. Now the Nurses' Registration Bill had become an Act, and she had placed its scope before them very clearly, and the way in which members of the Council would be elected by the nurses themselves.

In connection with the protected uniform and badge the speaker suggested that prizes might be offered for a design for the best, trimmest and most suitable uniform, as well as for that of a

badge. He had much pleasure in proposing a most cordial vote of thanks to Mrs. Bedford Fenwick for her address, coupled with the hope that she would be spared for a long time to exercise her very persuasive powers.

Dr. Coates expressed his pleasure in seconding the Resolution. Their very hearty thanks were due to Mrs. Fenwick for coming down to Manchester and explaining this important subject. It was also a great pleasure to bear testimony to her professional work. He had had the pleasure of knowing her as Sister Charlotte at the London Hospital, when her wards were the best, and the patients the happiest, in the hospital, and everything was extremely well done. In most hospitals men who were coming on for house appointments tried to be put down for one under a distinguished surgeon or physician, but at the London Hospital, in Mrs. Fenwick's time, everyone tried to be put down for whoever was the visiting physician in Sister Charlotte's ward. She was a great loss to the London when she left to do excellent work as Matron at St. Bartholomew's Hospital. He quite agreed that if they were to raise the Nursing Profession they must organize and they must register. There was no great gulf between aspiration and achievement, but they needed organisation, loyalty to their Council and to one another, courage—and not only physical courage but spiritual faith—then through their Registration they would reach that goal for which Mrs. Bedford Fenwick and others had been working.

The Chairman said that they all realised they owed a debt of gratitude to Mrs. Bedford Fenwick, and Mrs. Fenwick, in thanking those present for her kind reception, said that she hoped the General Nursing Council would have the support of all the nurses present, and that, with their valuable Certificates, they would come on to the State Register and help to build it up. They should remember also that the first election for the Council would be in 1922, and the nurses then on the Register would have the privilege of exercising the vote for the sixteen nurse-representatives.

A WARM VOTE OF THANKS TO THE CHAIRMAN.

A warm vote of thanks to Sir William Cobbett for so kindly presiding was then moved by Miss Milne, of the Withington Hospital, and seconded by Miss Welfitt Nicholls, who emphasised the value of the support given to the nurses by their Chairman, in coming to their meeting and acquainting himself with their problems.

The Chairman in reply expressed his great pleasure in presiding, and invited those present to tea in the dining hall, and an adjournment was made and further informal discussion took place as friends foregathered round attractive little tea-tables.

The supply of the Rules were eagerly bought up, and Forms for Registration in great demand.

ITEMS OF INTEREST.

It is reported at Brighton that Princess Mary will visit the town next month to open the new home for nurses at the Royal Sussex County Hospital.

Princess Louise, Duchess of Argyll, has kindly consented to open (on the first day), a Grand Bazaar and Pound Day, in aid of the Great Northern Hospital, which will be held in the Northern Polytechnic, Holloway Road, on Thursday and Friday, December 1st and 2nd.

H.R.H. the Duke of Connaught opened the extensions to the Forest Hospital, Buckhurst Hill, on Monday, October 24th. An X-ray room, new nurses' quarters, three private wards, and an extension to the women's ward have been added.

Mrs. Paterson, of 7A, Manchester Square, W., is giving a concert in the Great Hall, St. Bartholomew's Hospital in support of the hospital on November 17th, at 8.30 p.m. Nikitina (the Russian prima donna) has the arrangements in hand, so the music should be of a high standard. Tickets cost one guinea; 10s. 6d., and 6s.

Lambeth Board of Guardians have sanctioned the purchase of a new skeleton and half a set of bones for the instruction of the nurses at their infirmary at a cost of £6.

At the Western District Conference of Branches of the National Council for Combating Venereal Diseases held in Bristol last week, one of the main points of discussion was the difficulty referred to by the Medical Officers of Health present of securing the attendance of patients suffering from venereal disease at treatment centres until non-infective.

At this Conference a growing desire on the part of those responsible for the public health of the district was shown for some form of public health administration which would secure the continuous treatment of infective persons. From 40 to 60 per cent. of cases are said to discontinue treatment while still infective.

PRESENTATION.

Before her departure from the Victoria Hospital, Guernsey, after four-and-a-half years' residence, Miss Forsdick, the Matron, was presented with a handbag containing "Bradburys" to the value of £55 10s. In making the presentation, Dr. E. L. Robinson, who presided at the ceremony, said that, in wishing Miss Forsdick good-bye, they wished to express their great admiration for her work and all she had done in Guernsey. Others present also said kind things, and Miss Forsdick expressed thanks.

DEPUTATION FROM THE GENERAL NURSING COUNCIL FOR SCOTLAND TO THE SECRETARY FOR SCOTLAND.

NURSES TRAINED IN INFECTIOUS HOSPITALS AND THE GENERAL REGISTER.

On October 19th, the Secretary for Scotland, the Rt. Hon. Robert Munro, K.C., M.P., received, at the Scottish Office, Dover House, Whitehall, London, a deputation from the General Nursing Council for Scotland, on the burning question of the enrolment of nurses trained only in the nursing of infectious cases on the general part of the Register of the Council. On September 15th, the Secretary for Scotland received a deputation in Edinburgh of representatives of Scottish Local Authorities, who strongly urged upon him the necessity for such enrolment. The deputation on October 19th was in answer to the representations of the Local Authorities. The deputation strongly opposed any departure from the existing Rules of the Council, which provide for the establishment of a Supplementary Part of the Register containing the names of nurses trained in the nursing of persons suffering from infectious diseases.

Col. D. J. Mackintosh, C.B., M.V.O., LL.D., Medical Superintendent of the Western Infirmary, Glasgow, introduced the deputation, the other members of which were Miss A. W. Gill, R.R.C., Lady Superintendent of the Royal Infirmary, Edinburgh; Miss M. M. White, Superintendent of the Queen Victoria Jubilee Institute for Nurses Edinburgh; and Mr. Farmer, Secretary of the General Nursing Council for Scotland.

THE CASE PRESENTED.

Col. Mackintosh, in opening the case of the nurses, referred to the great loss the Nursing Council had sustained by the recent death of Capt. C. B. Balfour, their Chairman. He briefly reviewed the history of the movement for the registration of nurses, and pointed out that if the proposal made by the Local Authorities were adopted, general trained nurses in Scotland would decline to be enrolled in the Scottish register, and would register in England, in which case they would be in a worse position than they would be if the Bill of 1908—which proposed a General Council for the whole of the United Kingdom—had become law. The most important point in the minds of the Scottish nurses was that of reciprocity. That was to say that if they were enrolled on the Scottish register and went to work in England they would be put automatically on the English Council's register. What was suggested was that the position of the Scottish nurses should be in no way inferior to that of those trained in England.

RECIPROCITY ESSENTIAL.

Unless there was reciprocity not only between Scotland and England, but between Scotland and other countries, Scottish nurses would be placed at

a disadvantage. Their intention was to raise the standard of nurses all round.

In reply to a question from Mr. Munro, Col. Mackintosh expressed the opinion that it would be quite possible to secure a better working arrangement in regard to training between the general hospitals and the fever hospitals. The Council really thought the standard of nurses should be raised, and unless this were accomplished they could not get the best class of nurses. They did not want the Scottish nurses to be inferior in any way to the English nurses.

CONJOINT TRAINING ADVOCATED.

Miss Gill strongly advocated the importance of reciprocity as between Scotland and England, also it was of the utmost importance that the Scottish standard should be recognised by the English Council. She dealt with any scarcity there might have been of fever hospital probationers and criticised the figures supplied by the Local Authorities, pointing out that many of the nurses included in these figures had both general and fever training. She also dealt with the possibility of combining general and fever training in the future, pointing out that two years' training in a Poor-Law hospital and two years' training in a fever hospital might suffice.

THE VIEWS OF THE NURSES THEMSELVES.

Miss White also held that the question of reciprocity was a vital one for Scotland. She gave the views of the nurses themselves on the question of registration, and explained how they, particularly those who had received a fever and general training, felt on the subject.

THE REPLY OF THE SECRETARY FOR SCOTLAND.

Mr. Munro, in replying to the deputation, endorsed the views expressed by Colonel Mackintosh in regard to the late Captain Balfour. The history of the matter they were discussing was well known. They need not go further back than September 15, when he met a deputation in Edinburgh of representatives of Local Authorities, who impressed upon him the desirability of a General Register which would include fever nurses, and the abolition of the Supplementary Register. The nurses, on the other hand, desired the retention of a separate register for fever-trained nurses.

THE LOCAL AUTHORITIES AND THE NURSES.

Judging by an enquiry held by the Scottish Board of Health, there did not appear to be any strong general opinion among fever nurses in Scotland in favour of a general register. He had had an opportunity of hearing both sides—the Local Authorities and the nurses. Having regard to the definite attitude taken up by the Council, and the absence of any strong feeling among fever-trained nurses against the existing rules, he proposed to adhere to them, and that the Scottish Register should, like the English one, have a Supplementary Register for fever nurses. It was

quite clear that some method should be adopted whereby the training in fever hospitals and in general hospitals should be made a matter of arrangement and reciprocity. It might be arranged that general trained nurses with four years' general training should be qualified for admission to the fever part of the register by one year's training in a fever hospital, and, on the other hand, nurses in the fever part of the register who had three years' training in fever should secure admission to the general register by two years' training in a general hospital. Some kind of arrangement like this was really necessary, and he hoped that that avenue would be fully explored by those interested in the future of the profession. They had to regard the question from the point of view of the future.

The deputation then withdrew.

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh.

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

NATIONAL BABY WEEK COUNCIL.

The National Baby Week Council held its annual meeting at the Armitage Hall, Great Portland Street, W., on October 25th, Viscount Astor presiding. He said that it was false economy to cut down the expenditure on child welfare. From a cold-blooded point of view children could be regarded as the future producers of wealth, and the prosperity of the nation depended on a good crop of healthy adults. It should be the aim of the nation to prevent children from becoming C 3 citizens.

Dr. Eric Pritchard, in moving the adoption of the report, made sympathetic reference to the loss to the Society by the deaths of Lady Henry Somerset and Dr. Murray Leslie.

The Hon. Treasurer, Mr. James Marsden, while deploring the state of the finances, alluded gratefully to the gift of £200 from the Virol Company, which had enabled them to close the year on the right side. He also announced that Messrs. Allen & Hanburys had drawn up a splendid appeal which was to be sent to every one with any money, if, indeed, anyone had any.

An address full of interesting statistics was given by Dr. W. Allen Daley, Medical Officer of Health for Blackburn, who emphasised the point that infantile diseases not only caused a high mortality, but resulted in many children remaining unfit.

He considered that day nurseries should be closed and that mothers should be subsidised to stay at home and look after their children.

This opinion was warmly challenged by the Chairman of the Day Nurseries Association.

Mrs. H. B. Irving also objected to the idea that milk allowance was needed for the expectant mother. People had the idea that it went in milk and came out milk. What the expectant mother really required was chops.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

A Quarterly Meeting of the Matrons' Council was held at Claybury Mental Hospital (L.C.C.), Woodford Bridge, Essex, on Saturday, October 22nd, on the invitation of Miss Helen Lamb, the Matron, and by the kind permission of the Visiting Committee. Many members availed themselves of this excellent opportunity of seeing and learning something of this well-known Institution, situated in many acres of well-kept grounds; an ideal spot for the most unfortunate class of patients. In the absence of Dr. Barham (Superintendent), Dr. Petrie (Assistant Superintendent) kindly escorted the party round some of the Hospital Departments.

The size of the Institution can be imagined from the fact that it shelters 1,068 men, 1,477 women, 245 female nurses, and a large number of male nurses, besides the staff. When viewing the magnificent kitchens with their vast equipment, we were informed that food was cooked in them for 2,800 persons.

The Wards opened off long, wide, airy corridors. The window space and airiness everywhere was noticeable. Various forms of insanity were seen. The melancholy, the cheerful and those suffering from general paralysis of the insane, all looked admirably cared for, and as happy as such pitiable human mental wrecks can look. What struck the visitors very much was the appearance of the nurses, both male and female—their smart neatness, the impression they gave of good training and efficiency, the kind, patient and good tempered faces everywhere. That the work must be a strain upon them goes without saying. Dr. Petrie explained that the new comers—those where there is a hope of recovery—are kept apart from the chronics. The initial treatment for these is rest and an abundance of fresh air; they are, therefore, kept in bed in an open verandah for some days.

Amusement forms an important part of the treatment, and for this purpose a very large and magnificent hall is provided, with a stage for theatrical performances.

The Arms of all the Metropolitan Boroughs whose rates support the Institution are placed all round the hall.

After the very interesting inspection the business meeting took place in the Senior Nurses' Club Room. The chair was taken by Miss Heather-Bigg, R.R.C., the President. In her opening re-

marks she thanked Miss Lamb, on behalf of the Council, for her kind invitation and for the opportunity of viewing the hospital. It was well known, she said, that Claybury held a high position as an Asylum; much important Research Work was carried on there, and she considered that nursing the insane under such auspices was a very important field of work for women; she congratulated Miss Lamb upon the appearance of her Nurses, remarking that what we had seen testified to her excellent administrative work. Miss Lamb was requested to convey the thanks of the Council to the Superintendent for the kind permission to visit the institution so greatly appreciated.

The Hon. Secretary then read the minutes of the last meeting, which were confirmed. The absence of Mrs. Fenwick and Miss Breay was regretted. Many letters of regret had been received from members who were unable to be present; among them was one from Miss Purvis, Superintendent of the Middlesbrough District Nursing Association, who wrote: "All trained Nurses in Middlesbrough are indignant with the Ministry of Labour for compelling them to come under the Unemployment Insurance Act, and a protest is being sent to the Ministry condemning the policy." Another letter was read from Lord Robert Cecil asking for the co-operation of the Matrons' Council in a big Women's Demonstration which the League of Nations Union is arranging for Armistice night. It was proposed by Miss Villiers, seconded by Miss Ross, and carried, that the request be acceded to, and that Miss Heather-Bigg, Miss Georgina Lord and Miss Anderson Parsons represent the Council at the meeting.

The Hon. Secretary made the gratifying announcement that Miss Villiers had been elected a Member of the Executive Committee of the National Council of Women of Great Britain and Ireland.

Applications for membership were then considered and the applicants elected.

At the termination of the meeting a very dainty and generous tea was served to the members in the Junior Nurses' Club Room—a very large and beautifully furnished apartment. This, in addition to a cup of most refreshing tea upon arrival, after our "long journey." Could hospitality go further! So ended a very enjoyable afternoon.

ANNIE E. HULME,

Hon. Secretary.

COLLEGE OF NURSING, LTD.

SHEFFIELD CENTRE.

The attention of members of the Sheffield Local Centre of the College of Nursing, Ltd., is drawn to the Scholarship offered of the value of £60, for which members of the centre only are eligible. Further particulars will be found in our advertisement columns. The Committee hope to receive many applications.

THE HOSPITAL WORLD.

CHARING CROSS HOSPITAL

"WARD II SURGICAL" CHANGES ITS NAME.

A brief, but very interesting ceremony took place at Charing Cross Hospital on Friday, October 21st.

The Shanghai Race Club has made a munificent gift of £12,000 to the hospital, just at a time when, in common with other less fortunate institutions, it most needed help. It was decided to use the money to endow the above women's ward of fourteen beds, and that it should henceforth bear the name of the "Shanghai Race Club Ward," in honour of the generous donors. H.R.H. Princess Louise, Duchess of Argyll, President of the hospital, graciously consented to preside at the ceremony and re-dedicate the ward. She was received by the Chairman, Mr. George Verity, the Secretary, Mr. Philip Inman, and the Matron, Miss Tice, and conducted to the ward.

Mr. Verity explained that the gift had been contributed by our fellow countrymen in China, to be used for whatever purpose might be deemed most desirable. A letter was read from Lord Lonsdale, Hon. Treasurer, who was unable to be present, who, in acknowledging the splendid gift, referred to the great generosity of the Club throughout the war, which had sent thousands of pounds to the Red Cross Funds, besides maintaining the Union Jack Club for Petty Officers in Shanghai.

Princess Louise said it gave her great pleasure as President of the Hospital to receive on its behalf the munificent gift, for the endowment of the ward. It was the result, she explained, of Lord Lonsdale's kind and thoughtful exertions in making Mr. Verity's appeal widely known. It was not only among those who may directly benefit by the work of the hospital in healing the sick, but among all those who recognise the value of the training and experience in the wards by the medical and nursing professions, for the whole community, that such a gift is sincerely appreciated. Her Royal Highness requested that the sincere thanks of the hospital authorities be conveyed to the donors. The Princess concluded by saying: "It gives me much pleasure to name this the Shanghai Ward." She then unveiled the dedicatory plate, upon which are inscribed the words:

"This Ward is endowed by the generosity of the members of the Shanghai Race Club, showing how our countrymen thousands of miles away, support an institution such as this, in the centre of the homeland. The patients will always remember this generosity when they have been brought back to health, strength and life."

Mr. A. W. Birkhill, on behalf of the Club, said that when the war broke out, it was decided not to discontinue racing but to raise all entrance fees, and place taxes on winnings and sweepstakes, and use the money for such purposes as that now applied; he also added that a further sum of £500 had been sent. After a very hearty and loyal

vote of thanks had been proposed to the Princess, the meeting terminated. The ceremony was preceded by a prayer, said by the Assistant Chaplain, in the place of the Chaplain (Rev. H. L. R. Sheppard), who was unable to be present. Tea was most hospitably provided for the guests afterwards.

Queen Alexandra has allocated £500 from the Alexandra Day Fund to the British Home and Hospital for Incurables, at Streatham, of which she is patroness.

The Mayor of Exeter has given his support to the inauguration of a campaign on behalf of the Royal Devon and Exeter Hospital, and as part of this effort a Grand Bazaar and Auction Sale is being held on the 27th and 28th October, in the New Wing of the Hospital, which, though approaching completion, will not be ready for reception of patients until the beginning of 1922.

THE "ECLIPSE" HOT-WATER BOTTLE.

It is only a few weeks ago since we were sending our muslins to be laundered, and now the cold weather, which has put off its appearance for so long, is suddenly upon us. Forewarned is forearmed, and many people no doubt have provided themselves with hot-water bottles against this contingency. But for many more the urgent necessity of securing them is apparent.

We commend to the attention of those about to purchase hot-water bottles the special merits of the "Eclipse" made by "Ingram's, London," at the London India Rubber Works. The Patent Constructed Neck here illustrated is a great



The Patent Rubber Covered Screw Stopper, No. 107940, in section.



The Patent Constructed Neck (No. 118022) shows the brass socket embedded in rubber, rendering it impossible for water leakage to occur.

improvement on the old style, and prevents the often recurring trouble of leaky necks. The Patent Washer (Patent Rubber Covered Screw Stopper) is also an immense advantage. There is no loose washer to get lost, as the Stopper itself is covered with rubber, and our above illustration shows the Patent Washer in section (1) gripping the brass flange, making it a fixture; (2) presenting a broad solid rubber seating, which, when screwed down, renders the bottle absolutely watertight. These hot-water bottles, branded with the Registered Trade Mark, Ingram's "Eclipse," can be purchased from any high-class chemists or stores.

THE PROFESSIONAL UNION OF TRAINED NURSES.

We congratulate the new Secretary, Miss Nora Macdonald, of the Glasgow and District Branch, who has lost no time in getting to work.

Through the kindness of the Manager of "The Corporation Saturday Afternoon Concerts," she has been able to get for the members the promise of a certain number of tickets every week during the season. They are exceedingly good performances and most popular, so that members are fortunate in this respect?

Will any Glasgow and District member, wishing to take advantage of this privilege, please notify the Central Office, 17, Evelyn House, 62, Oxford Street, W. 1, when a voucher will be sent enabling her to obtain a ticket which will admit two persons to the Concerts.

Only those whose subscriptions are paid up to date are entitled to any benefits from the P.U.T.N.

MAUDE MACCALLUM,

Hon. Secretary.

EXAMINATIONS AND PRIZES.

At the October Examinations of Nurses at St-Bartholomew's Hospital, E.C., 36 candidates were successful in passing the Final Examination, and 24 in the First Year Examination.

The following is the list of successful candidates:—

FINAL EXAMINATION.

Gold Medallist: Miss D. M. Bennett; Misses E. H. Nelson, E. I. Bartlett, B. V. Stare, M. Stephenson, W. I. Partridge, S. A. Davies, L. D. Phillips, L. Parsons, O. A. Kinman, J. M. Gaunt, M. I. Ruben, M. D.E. Cart de Lafontaine, E. E. I. Townley, N. Hamblin and A. S. Payne (bracketted equal), H. A. Lowman, P. T. Evans, F. E. Lucas and G. B. Matthews (bracketted equal), D. A. James, R. Wortley, A. R. Taylor, J. M. Morison, E. L. Forbes, S. Bottomley, A. M. Hilditch, H. Peate, M. A. Eaton, R. Matthew, A. T. Moore, M. Sladden R. M. Blaikie, M. J. Boulger, M. Hinde, I. Naylor.

FIRST YEAR EXAMINATION.

Awarded Clothworkers' Prize of Books: Miss Tracy; Misses A. Robertson, Pugh, Ping, Willey, Roulstone, G. Thomas, J. Porter, Hopkins, Ward, Herbert, Bailey, Mallins, E. Dalton, Cloke, G. Hoyle, Staveley and Watkins (bracketted equal), Gamble, Lightfoot, May, Calvert-Jones, Parker, Kendall.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Florence L. Butler is appointed to Tunbridge Wells; Miss Gertrude Carpenter, to Newhaven; Miss Annie Carr, to Exmouth; Miss Hetty M. Cochrane, to Hazel Grove; Miss Mary E. Conroy, to Heckmondwike; Miss Gladys Copelin, to Scunthorpe; Miss Mary C. Costello, to Kensington; Miss Mary A. Halligan, to Torquay; Miss Lilius W. Noble, to St. Austell; Miss Gladys N. Wide, to Somerset C.N.A.; Miss Grace Wormwell, to Exmouth.

APPOINTMENTS.

COUNTY SUPERINTENDENT.

Fife County Nursing Association, Kirkcaldy Fife-shire.—Miss J. Watt has been appointed Superintendent of Nurses in connection with the Fife County Nursing Association. Miss Watt, in addition to being an experienced trained nurse, holds certificates as a health visitor, and a maternity and child welfare worker, and for the last seven years has held the post of Superintendent of Queen's Nurses, and of Health Visitors, at Motherwell. She is a Vice-Chairman of the Scottish Midwives Association, and acts on the Women's House Planning Committee (Scotland), 1918.

MATRON.

Uppertoun Sanatorium, Lanarkshire.—Miss E. C. Stewart has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and the Grove Hospital (M.A.B.) Tooting, and has been Sister and Assistant Matron at the County Hospital, Motherwell, and has done War Nursing both in France and Belgium.

SISTER.

Residential Dispensary, Hinckley, Leicestershire.—Miss M. J. McGoldrich has been appointed Sister. She was trained at the Great Yarmouth Infirmary, and has held an appointment at the Croydon Borough Sanatorium, and been Sister at the Ministry of Pensions Hospital, Portrush, Co-Antrim.

Mowsley Sanatorium, Leicestershire.—Miss A. M. Richards has been appointed Sister. She was trained at the Great Northern Central Hospital, Holloway Road, N., and has been Sister at the Watford Road Hospital, Kingsthorpe, Northampton, and Out-Patient Staff Nurse at the City of London Hospital for Diseases of the Chest.

Maternity Hospital, Crewe.—Miss L. Deal has been appointed Sister. She was trained at the Essex County Hospital, Colchester, and has been Staff Nurse at the South London Hospital for Women, Clapham Common. She is a certified midwife.

Miss M. Lloyd has also been appointed Sister in the same hospital. She was trained at the General Hospital, Northampton, and has been Night Sister at the Hounslow Hospital. She has also done War Nursing as a member of Queen Alexandra's Imperial Military Nursing Service Reserve. She is a certified midwife.

NIGHT SISTER.

County Hospital, York.—Miss Rosa Cobb has been appointed Night Sister. She was trained at the Royal Infirmary, Edinburgh, and held the position of Sister in the Territorial Force Nursing Service for three and a half years. She has also been Sister at the Royal Hospital for Sick Children, Aberdeen, and has held a temporary post at the Radcliffe Infirmary, Oxford.

SCHOOL NURSE AND HEALTH VISITOR.

County Council, Brecon.—Miss Hilda King has been appointed School Nurse and Health Visitor. She was trained at the West Middlesex Hospital, and at Bradford Municipal Maternity Hospital.

THE PASSING BELL.

We greatly regret to record the death of Nurse Elizabeth Sarah Webb, one of the health visitors of Worcester County Council. While motor-cycling, she was thrown, run over by a lorry, and killed.

THE GREEK NURSING UNIT.

Sister Alice G. Browne writes from Eski Chehir, Asia Minor:—

"It is some time since I wrote you, and really there are many things to tell you.

"We enjoyed being at Smyrna very much; but, as you know, the hospital where we were closed, so we four came on here.

"It was a most interesting journey from there here, taking six days in all—three days' sea voyage, the rest of the journey we did by motor.

"We left Smyrna Friday, 5 p.m., arrived at a small sea port called Aethy on Saturday morning about 8 a.m., and as we were staying there a few hours we all went ashore; it was most interesting exploring, as it was a very quaint place. However, we spent most of our time in picking figs and eating water melons. By the way, are not the figs good to eat when just picked off the tree? About 11 a.m. we returned to our ship, when we set sail; on Sunday morning, we all got up at 5 a.m. because we were entering the Dardanelles at 5.30, and, as you know, that is a sight none of us would miss; it was a sad, sad sight, seeing the graves on the hill side, also the little church on the hill top; it was just at sunrise as we sailed through, but little wonder our heroic troops could not take it, for it is so narrow and no landing place; we also saw Gallipoli; on Monday morning we arrived at Hordania, we were really very sorry, as we had been a very jolly party on board, as amongst the passengers there were several who spoke a little English.

"We were met there by a motor, also two English gentlemen from the League of Nations; they heard of our expected arrival, and thought they would like to see us and have a chat; after a while we had to say 'good-bye,' and proceed on our journey from Hordania to Brusa, which was really glorious; imagine spinning up mountains—the scenery was lovely, with the blue, blue sea and sky around, and the green, green trees—and dotted here and there picturesque houses. After some time we arrived at a vineyard, when we all jumped out and picked as many grapes as we could carry. We arrived at Brusa about 1 p.m., just in time for lunch, which we were all ready for; afterwards we rested, and then went out to have a look around, as it is supposed to be a wonderful old place, being once upon a time the capital of Turkey; next morning we got up about 5 a.m. because we were starting about 6 a.m. for our motor trip of 165 miles to Eski Chehir. It was lovely going through the various villages. About 11 a.m., we stopped for lunch, and the good lady produced serviettes made of bright red material. We started off again about 12.30 and motored about eighteen miles, the road is really terrible. We passed many peasants returning to their various villages, all their belongings being hauled along by oxen; we also passed two villages totally burnt. About 9 p.m. we arrived here, sorry our motor trip was over, although it

was in a large motor and we had such bumps.

"We are housed in a Turkish harem; very clean. The old Turkish women downstairs were rather afraid of us at first, but now they are getting rather fond of us; but their costumes are quaint, consisting of very baggy trousers and very bright coloured shawls swathed around them.

"We have been very busy; these poor men have dreadful wounds, and are such good patients. We are all in the same hospital, which was before a Turkish school, so is very nice on the whole.

"It is very different from England. For instance, all the patients are taken to a dressing room to be dressed; no patient is dressed in the ward, only under very important circumstances. No lotions are used, only pure alcohol, iodine, and benzine, and in Smyrna the Carrel-Dakin solution was used a lot, but not here.

"The surgeons we have come across are really very smart.

"We are very happy here, and everyone is very good to us, they try their very best to give us anything we want.

"Yesterday we were taken to see the Turkish tapestry being made; it was wonderful watching the girls work; they are beautiful; the colouring is wonderful. We have not been out very much because there has been plenty of work, but now we are slacker we hope to explore a little.

"It is very much colder here, and to-day it has rained, so I suppose we have said good-bye to the sunshine for a while. They tell us in the winter they have snow several feet deep. However, this is an experience we shall always remember.

"Do you know, while we were at Smyrna we were taken to see a mosque. When we arrived the priest was not there, but after waiting a while he came, and when he knew we had come to see the mosque, he asked if we would like to mount the minaret. We were delighted, but at the same time surprised, because we were under the impression only he was allowed up there. However, up we mounted 148 steps, but when we arrived at the top it was worth it, the view was great, and imagine us Christians up there with the priest while he called his people to pray. When we arrived down they were worshipping, so afterwards we went in, and you can imagine how beautiful the carpets were!

"One morning while we were at Smyrna we got up early and went to explore Mount Pagus; near there St. Paul was supposed to have preached a sermon. It was wonderful, and more wonderful still when one realises that these places existed B.C.

"We are evacuating our patients to other places, so we do not know how long we shall be here. Everyone is most kind to us; I am afraid we are rather spoilt; we are the only women folk here.

"Again I feel I must thank you again, and again, for sending me here."

[Travel is the great educator which furnishes the cabinet of Memory. Would that more of our nurses had opportunities for such a delightful experience as our little Greek Nursing Unit.—ED.]

COMING EVENTS.

October 27th.—Royal British Nurses' Association. "At Home" in honour of Miss Kathleen Smith, R.R.C., new Matron of the London Temperance Hospital. 194, Queen's Gate, S.W. 4 to 6 p.m.

October 28th.—General Nursing Council for England and Wales. Meeting, Ministry of Health, Whitehall, S.W. 2.30 p.m.

October 29th.—Royal British Nurses' Association. Lecture on "Napoleon," by Mr. Woodrow, Hon. Secretary to the Napoleon Coterie. 194, Queen's Gate, S.W. 3 p.m. Admission free. Tea, 1s.

November 3rd.—Memorial to Scottish Nurses who gave their lives in the Great War. To be unveiled and dedicated. St. Giles' Cathedral, Edinburgh. 2.30 p.m.

November 5th.—Royal British Nurses' Association. Concert. 194, Queen's Gate, S.W. Admission free. 8 p.m.

November 6th.—Memorial to Irish Nurses who gave their lives in the Great War. To be unveiled and dedicated. Garrison Church, Dublin. 11 a.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.

INDIAN WOMEN AND NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I read with much interest the report of the Lady Hardinge Medical College Hospital, Delhi, in your issue of the 15th inst., but I feel I cannot let it pass without commenting upon one passage in it.

I refer to the statement that "Indian nurses, generally speaking, are lacking in reliability, thoroughness and energy."

To my mind this is a very unfortunate statement to make at the present time in a nursing journal which circulates in India, where the problem of nursing as a profession for Indian women is a very vexed one, and the supply is unequal to the demand.

Many efforts have been made from time to time by various people to bring home to Indians the great need for skilled nurses for their sick. This is not entirely a matter of caste prejudice, since large numbers of well-educated women yearly enter the medical profession, while practically none from the same class consider nursing as a profession.

One of the most active workers in this cause at the moment is Lady Rogers, herself a trained nurse, who founded in 1917 a hostel for Indian nurses in Calcutta, with a view to rousing public spirit.

But in spite of all the efforts that have been made, it still remains a fact that the need for skilled Indian nurses for the Indians is not being met, many small hospitals in the country districts

having no nursing staff at all, while few patients in their own homes have the benefit of trained hands and minds.

It seems to me, therefore, a matter for regret that the statement referred to should appear in a nursing paper. It is not calculated to encourage anyone, and will certainly be hurtful to the feelings of many capable conscientious women who have struggled hard against difficulties unknown to Western minds in order to obtain their training. From personal knowledge of Indian nurses I can speak very highly of their gentleness, kindness and unobtrusive devotion to the sick, and their eagerness and painstaking efforts to acquire knowledge.

Reliability and thoroughness are largely the outcome of early training and environment, and may call for more than an ordinary amount of patience on the part of a sister to develop during training; while "energy," being largely the effect of climatic influence, can at best be guided, a fact which the energetic English Sister will do well to bear in mind, lest in her ignorance she should peradventure attempt to turn the East into the West.

It certainly remains without doubt the duty of every British nurse in India to do all in her power to encourage—and not discourage—Indian women to come forward and take up their share of the burden of Empire.

The following questions might well be borne in mind by all interested in the matter of the inadequate supply of skilled Indian nurses, with a view to solving the problem:—

Is it caste prejudice?

Is it lack of ideals?

Is it ignorance of the necessity for skilled nursing for the sick?

Is it entirely a matter of economics?

And do the large hospitals offer every facility for training to well-educated high caste Indian women?

Yours &c.,

EMILY C. SWISS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have to thank you for your courtesy in printing the note on the Lady Hardinge Medical College and Hospital for Women, Delhi, India.

Yours truly,

L. E. MACKENZIE,

Superintendent of

Training School for Nurses.

Lady Hardinge Medical College

Hospital, Delhi.

POOR LAW GUARDIANS AND THE G.N.C.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice in your "Nursing Echoes" an allusion to some remarks which I am alleged to have made at Cambridge. I am in general agreement with what you say, but the point on which I was speaking was that some nurses are trained in Voluntary Hospitals and some in Poor Law Institutions, that the conditions of training differ, that while heartily approving of the idea of improving the education and standing

of all nurses, Guardians could wish for more representation of Poor Law Institutions on the General Nursing Council, in order that their needs and difficulties might receive consideration. You refer to Miss Todd's "excellent paper," which shows that you agree with me that Poor Law nurses can say things that are well worthy of attention.

Yours faithfully,

G. H. P. GLOSSOP.

Romeland House, St. Albans.

[We heartily agree with Canon Glossop that Poor Law Nurses can say things that are well worth attention. That is the reason we consider that the representatives of Poor Law Infirmaries on the General Nursing Council should be highly trained and efficient nurses, and not Poor Law Guardians, as the former alone are able to offer expert advice on nursing education and discipline.—ED.]

RE UNEMPLOYMENT INSURANCE ACT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—With great interest I read in your ever helpful *B.J.N.* that the Hospital and Q.V.J.I. Nurses were going to have the opportunity of protesting against the Unemployment Insurance Act.

As a factory nurse (fully-trained), I, too, should like to have the same opportunity. Would it be possible for those nurses holding isolated posts to send their protest through you? Thanking you for all you have done for our profession,

I remain,

Fore Street,

Edmonton, N. 9.

Yours truly,

ALICE HUNT.

[THE BRITISH JOURNAL OF NURSING will gladly receive the names of nurses who wish to protest against their unjust inclusion in the Unemployment Insurance Act. Names in full and address must be forwarded to the Editor's Office, *B.J.N.*, 431, Oxford Street, London, W. 1. The Editor will then forward the names to the Minister of Labour, who insisted in including nurses trained and in training, although he had evidence before him of their very strong objection to being taxed for this purpose, which was useless to them as a class.—ED.]

A QUESTION OF THE CONSTITUTION OF THE P.U.T.N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In last week's issue of THE BRITISH JOURNAL OF NURSING there appears a notice to members of the Glasgow and District Branch of the Professional Union of Trained Nurses. May I be allowed to point out that I was present at a meeting of above branch, held on June 28th, 1921, when it was unanimously resolved that the Branch be dissolved.

Moreover, I understood that a copy of this very important resolution had been forwarded to you for publication in these columns.

So far as I am aware there is no Glasgow and District branch of the P.U.T.N., and I will be

obliged if you will insert this letter in your next week's issue, together with the address of the new branch if it does exist.

I am, yours truly,

M. MACÉWAN.

576, Paisley Road West, Glasgow.

[We have referred this letter to Miss MacCallum, the Hon. Secretary of the P.U.T.N., and we are informed by her that the Council of the Union alone can close down a Branch. They have not done so in Glasgow, and the name of the new Secretary is Miss Nora Macdonald, of Dunoon.—ED.]

THE EXPECTANT MOTHER AND BABY'S FIRST MONTH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—Referring to the Report of the Royal New Zealand Society for the Health of Women and Children on the 15th inst., you mention the resolution which was passed at the Sixth General Conference, asking the Government to have the above book forwarded to every married woman in the Dominion under 35 years of age. You rightly suggest that the education of mothers should be begun long before marriage, and commend the suggestion to the Society.

That the Society is alive to this need is seen from the concluding remarks of Dr. Truby King, contained in the same report. Dr. King said "that in America he had been greatly impressed by the sensible and practical training in all branches of cookery, &c., given in the Domestic Science Schools, and its application to ordinary everyday life; but another aspect of domestic science, which ought to be properly provided for was real practical experience and training in regard to the intimate everyday needs of mother and child. If young women spent three years at a University in obtaining their degree in Domestic Science, surely they should devote two or three months of that time to the care and tending of mother and child in an institution such as the Karitane Hospital." I think New Zealand is, perhaps, more alive to the necessity of training girls in mothercraft than the people in this country. It was largely New Zealand influence which brought Dr. King to this country in 1917, to found the Earl's Court Centre, where classes for potential mothers are included in the curriculum.

I am, yours, &c.,

J. B. N. PATERSON.

PRIZE COMPETITION QUESTIONS.

November 5th—What is Psychology? Why is a knowledge of it necessary to the nurse (1) for the patient's sake, (2) for her own sake?

November 12th—What do you understand by blood transfusion? Describe the process and the precautions to be observed.

We regret that we have been unable to award a prize this week, no paper of sufficient merit having been received.

The Midwife.

THE EVOLUTION OF THE RACE.

Sir James Barr, in his presidential address to the Liverpool Heredity Society at their annual meeting at the Royal Institution in that city on October 21st, and reported in the *Liverpool Mercury*, laid down the principle that to raise a nation morally, intellectually, and physically, selective breeding was the only way, and that those who depended solely on environment were resting on a broken reed.

A PARADOX OF BREEDING.

The laws of Mendel, he said, were revolutionising many of our previous ideas of heredity, and had upset many of the Darwinian hypotheses concerning the origin of species. They showed that the evolution of the race did not arise from any fortuitous concatenation of circumstances, but followed definite laws. The great law of Mendel consisted in the dissociation of the ultimate factors which gave rise to the characters of the individual, in the germ, and their segregation in the union gametes of the parents, which went to form the zygote or offspring. It was highly probable that the determination of sex itself might eventually be found to be due to such segregation. From the fact that the development of characters in animals or plants depended on the presence of definite units or factors in their germ cells, there followed the paradox that an organism might be pure-bred in respect of a given character, though its parents were cross-bred in the same respect.

PROBLEMS OF BLOOD TRANSFUSION.

Human families were small compared with many of the lower animals; and the period covered by each generation so long that no observer could examine many, but, so far as observation had been carried out, inheritance followed Mendelian lines. Once a character was formed it could be perpetuated on Mendelian lines. It had been discovered that human blood could be arranged into four broad groups, according to the serum and red cells. In the war there were plenty of opportunities of transfusing blood, but it was soon found that the blood of some donors destroyed that of the recipients, and, therefore, it became necessary to find out the group to which each belonged.

In Liverpool, Professor Glynn had a list of

willing donors who were ready to part with their blood when required, so when any case occurred requiring blood transfusion he found out the group to which the individual belonged and then he called upon the corresponding donor. These groups occurred in all races, so that the blood of the most exclusive blue-blooded aristocrats might be renovated by the blood of a negro. Perhaps a little greater discrimination could be desired. In America it had been found that these types of blood were transmitted in accordance with the Mendelian laws of inheritance. Hence these tests had been accepted in the law courts in cases of disputed paternity.

MATERNITY AND CHILD WELFARE.

MILK GRANT.

In the House of Commons on October 20th questions were addressed to the Minister of Health concerning his decision to reduce the Government financial aid to Local Authorities for the provision of milk to infants and mothers. Viscountess Astor, M.P., enquired whether he could reconsider the matter so as to give once again half the cost in cases where the Medical Officer to the Local Authority issues a certificate of need, or where some other suitable safeguard against unnecessary expenditure is provided. Mr. Myers, M.P., asked the Minister whether, having regard to the good work which has been and is being done by the service, and the reduction of the infantile death rate which it has effected, he would withdraw the circular reducing the State Grant for milk for necessitous cases, under maternity and infant welfare regulations, from 50 to 5 per cent., and Captain Coote, M.P., after pointing out that the reduction coincides with the beginning of winter, when milk is dearest, and with widespread distress owing to unemployment, whether the economy to be effected can be secured in a less disastrous way.

Sir A. Mond said in reply: "The very great increase in this service by local authorities has caused the estimate of the Government grant during the financial year already to be exceeded, and on strictly financial grounds severe reduction is entirely justified. But in view of the commitments of local authorities during this financial year and the distress existing from the extent of unemployment I have decided that the 50 per cent. grant for milk supplied free or at less than cost price under the conditions laid down in Circular 185 will be continued until the end of the financial year."

This decision of the Minister of Health will be received with a feeling of widespread relief.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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EDITORIAL.

NURSING IN PRISONS.

It is not often that the light of publicity is shed upon the internal management of our prison system, but two important written questions addressed to the Home Secretary on this subject, and his replies, were published in the Official Report of the Parliamentary Debates of October 27th.

The first related to the time for the closing of cells in Holloway and Brixton prisons.

QUESTION I.

MR. MILLS asked the Home Secretary the number of persons under 21 confined in Holloway and Brixton prisons respectively; whether the cells are closed for the night at the hour of four o'clock in the afternoon; and, if the answer is in the affirmative, for what reason has such a rule been made?

THE REPLY.

MR. SHORTT: There are 43 prisoners under 21 at Brixton and 35 at Holloway. At Brixton the cells are locked up at 4.30. At Holloway the cells are locked at 4.35, except on Saturdays, when they are opened again from 5.30 to 7 p.m. The early hours for closing are made necessary by the reduction in the number of hours of duty for the staff.

We have far to go yet in humane administration if prisoners of all ages and grades are locked in their cells at 4.30 (or 4.35) p.m. until the next morning. The effect of this solitary confinement on young girls and lads, mentally unstable and without resources, is an extremely severe punishment. The hygienic aspect is also important.

The reason given for this incomprehensible and cruel system—*i.e.*, that the early hours for closing are made necessary by the reduction in the number of hours of duty for the staff—is inadequate. Why not increase the staff, and arrange for their hours off duty by a system of relief?

QUESTION II.

SIR S. HOARE asked the Home Secretary

whether a wardress with no nursing experience has recently been placed in charge of the convicted hospital at Holloway over the heads of five trained nurses; whether this appointment was made on the advice of the Voluntary Advisory Nursing Board; and who are the ladies and gentlemen who constitute that board?

THE REPLY.

MR. SHORTT: It is not the case that a wardress with no nursing experience has been placed in charge of the convicted hospital at Holloway. The officer selected has had much nursing experience, as she has been engaged on hospital duties for 17 years, and was selected to be a hospital officer in 1913, since when she has been wholly employed on hospital work. She is reported by the medical officers to be fully qualified and very capable. The Voluntary Nursing Board was not consulted as to the appointment, nor have they made any representation on the matter. It consists of:—The Medical Commissioner (Chairman); Dame Sarah Swift; Miss Hogg, Matron of Guy's Hospital; Miss McIntosh, Matron of St. Bartholomew's Hospital; Jessie, Lady Camoys; Dr. Mary Scharlieb; Miss Edith Blunt; the Governor of Holloway Prison; and the Hospital Lady Superintendent of Holloway Prison.

We surmise from the reply of the Home Secretary that a wardress at Holloway Prison, who has gained her nursing experience in the Prison, has been placed over the heads of five trained nurses. The Voluntary Nursing Board would appear to be somewhat ornamental, as they have not been consulted as to the appointment. But, if they have not made any representations on the matter, we suggest that they do so forthwith, and represent to the Home Secretary that now that a Nurses' Registration Act has been passed, Government Departments should employ only those nurses who conform to the State requirements.

Registered nurses should also make it a *sine quâ non*, in accepting appointments, that those they work under are also registered.

NURSING ECHOES.

We are not going to apologise to our readers for the amount of information on State Registration which appears in this issue, but to ask them to realise the enormous amount of work such a record implies, and to ask them to read every word of it.

Two important matters stand out :

1. That at last—thanks largely to the good offices of the Secretary for Scotland, and the vote in the House of Commons refusing certificated Fever Nurses admission to the General Part of the Register—the long-debated matter of framing a Rule for the admission of nurses registered in Scotland and Ireland to the English Register was agreed to at the meeting of the General Nursing Council for England and Wales, on Friday, October 28th, and

2. A new matter of vital importance to the nurses of the United Kingdom arose at the Council's Meeting on the 28th ult., when Miss Cox-Davies proposed a Resolution—later withdrawn upon the question being referred to the Registration Committee—that the qualification of a Certificate should *not* be recorded in the Qualification column of the Nursing Register when published—an unprecedented proposal indignantly opposed by Mrs. Bedford Fenwick, Chairman of the Registration Committee, who considered such injustice would wreck the Register.

This matter having been referred for consideration and report, we must leave it at that for the present.

Princess Christian has consented to become the President of the Homes of Giles, in Essex, where a devoted Sisterhood of Nurses has dedicated itself to the care of lepers in this country, and a brotherhood, also of the Church of England, performs the heavy work of the colony. The Homes are in great need of financial assistance, and Her Royal Highness will preside at a drawing-room meeting at 52, Portland Place, convened by Lady St. Helier, on Thursday, November 10th, at 4 p.m.

When Princess Mary visits Brighton on the 22nd inst. to open the extension to the Nurses' Home at the Royal Sussex County Hospital, an addition of 45 bedrooms for the nursing staff will be made, making a total of 88. The addition is badly needed. For some time past the nurses have been dependent first upon the hospitality of residents, and then on accommodation in three houses, not built for the purpose. The new Home is a finely proportioned building three floors high, and the

Sisters' and nurses' sitting-rooms are pleasant places with big bay windows, cosy armchairs, and soft carpets. There is also a room in which nurses can receive their friends—a much-needed addition to the Nurses' Homes of the present day. The bedrooms are 15 on each floor; the majority are already comfortably furnished, and donations to enable the committee to furnish the remainder will be very welcome.

A number of new appointments have been made by the Overseas Nursing Association since May last. These include 11 nurses appointed to private posts in Japan, South Africa, Ceylon, Mauritius, Oporto, Guatemala, and Madrid; 3 to hospitals not under Government in Penang, British North Borneo, and the Gold Coast; and 43 to Government Hospitals in Ceylon, Hongkong, the Gold Coast, Nigeria, Gibraltar, the Federated Malay States, the Seychelles, Uganda (Venereal Disease work), the Straits Settlements, Tanganyika Territory, and Bermuda. It is difficult to estimate the good work that this bald statement represents, but those who have lived in the Overseas Dominions know that the care of a good nurse in acute illness often makes the difference between life and death. For this reason, amongst others, the Association deserves the support of those who have relatives Overseas. All information can be obtained from the Secretary, Miss C. M. Adams, Imperial Institute, South Kensington, S.W.7. The Hon. Secretary of the Scottish Branch is Mrs. Douglas Dawson, 23, Regent Terrace, Edinburgh.

The weekly board of the Royal Free Hospital has received a freewill offering from the Nursing Staff of the Hospital amounting to £52 as a thank-offering for the restoration to health of the Matron, Miss Cox-Davies.

A charming picture appears of a group of Westminster nurses and of Nurse Williams' Basket Appeal in the *Daily Graphic*. Nurse Williams did good business for the hospital on Pound Day by letting a basket down from the balcony, in which passers-by were invited to place gifts in kind.

"Bart's" has had a great success with its Fleet Street Week. Some thousands have been collected. We hope the student dressed as a nurse who took a street organ around was not too realistic. The mendicant nurse now so familiar in the streets is not to our taste.

Miss Grace H. Vaughan, Hon. Secretary of the Queen's Nurses' Benevolent Fund, informs us that we were misinformed as to the announcement that three Sheffield nurses were receiving pensions from the Fund. Two pensions only are being given at present, but in neither case has the applicant been a Sheffield nurse, and no requests for help have been received from that city, nor has the Committee any knowledge of nurses there needing help from the Fund.

A new St. Helena's Holiday Hostel for nurses and V.A.D. members was opened at Folkestone on November 1st. The hostel has been given and equipped by the Joint Council of the British Red Cross and Order of St. John for the benefit of those who have worked in the nursing services. The domestic staff will be composed of V.A.D. members recently returned from France, and the Warden is an ex-Army matron. Very reasonable prices are charged, and guests will remain for a month, or longer if necessary.

Four women political prisoners made a daring escape from Mountjoy Prison, Dublin, on Sunday night.

Amongst them was Nurse Linda Kearns, of Sligo, sentenced by court-martial at Belfast on March 11th to ten years' imprisonment for being in possession of arms. She was incarcerated in Armagh Jail.

They were in the women's yard about 7.30 p.m., when a motor-car drove up outside the wall and rope ladders were thrown over.

After a perilous climb in the darkness, the four prisoners reached the waiting car and disappeared.

The successful applicant for the scholarship given this year by the Canadian National Association of Trained Nurses, which is of the value of \$500.00, and which is only given if the applicant wishes to take the course at McGill University, Montreal, is Miss Jean Wilson, R.N. Miss Wilson is known to many nurses throughout Canada, is a graduate of the Lady Stanley Training School in connection with the County of Carlton General Protestant Hospital, Ottawa, and was one of the charter members of the Registered Nurses' Association of Saskatchewan, in which association she was secretary for several years.

McGill University was selected by the C.N.A.T.N., at their Convention in Fort William, 1920, because it was the first university to give a full year's post-graduate course to nurses.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Eighteenth Meeting of the General Nursing Council for England and Wales was held on Friday, October 28th, at the Ministry of Health, Mr. J. C. Priestley, K.C., Chairman, presiding.

The minutes of the last meeting of the Council, held on September 30th, were discussed, and, with four amendments, signed by the Chairman.

Arising out of the Minutes, MRS. BEDFORD FENWICK reported that, as the representative of the Council, she had last week visited Manchester and Liverpool and addressed large and interested meetings of nurses and others at the Royal Infirmary, Manchester, and in the Physics Theatre, Liverpool University, on the subject of the Rules framed by the Council under the Nurses' Registration Act. She thought it would be wise if in the future the Council appointed some person who could go round the country to explain the Nurses' Registration Act, and the Rules, as the nurses were eager to understand them. She handed to the Chairman a copy of THE BRITISH JOURNAL OF NURSING containing a report of her address.

Correspondence.

The correspondence presented included the following letters:—(1) A letter from Dr. Dyer, Prison Commission, Home Office, asking the Council to let the Commissioners of Prisons know whether the Prison Nurses after three years would be eligible for registration. They were continually in attendance on the sick and received instruction from the Prison doctors. The Chairman stated that the letter had been brought before the Education and Examination Committee, who were of opinion that the experience indicated would not be looked upon as qualifying a prison infirmary for approval as a training school. He invited the opinion of the Council, which unanimously endorsed this view. (2) A letter from Sir Duncombe Mann, Clerk to the Metropolitan Asylums Board, in reply to an enquiry from the Education Committee as to the class of cases received at Queen Mary's Hospital for Children, Carshalton. It was agreed to recognise it as an approved hospital for training. (3) A letter from Mr. W. Banks, Hon. Secretary, East Midland Branch of the British Hospitals' Association, from the Derbyshire Royal Infirmary, expressing the opinion that the Syllabus could not be carried out in the smaller hospitals. The Chairman said that, on the other hand, they had had dozens of letters expressing the opinion that the Syllabus was acceptable and would be adopted for the training of the nurses.

THE REV. G. B. CRONSHAW said that he knew something of the Association; through it they were trying to inform the hospitals what the Council was trying to do. The hospitals wanted a good deal of information.

(4) A letter from the Ministry of Health stating that the Minister understood that the General

Nursing Council had now received the Scottish Rules. If, as Sir Alfred Mond hoped, the difficulties had now been adjusted with Scotland, he would be glad if the Council would draft the Rule for the admission of Scottish and Irish Nurses to the Register.

THE CHAIRMAN reminded the Council that in view of the attitude of the Scottish Board of Health in regard to placing fever nurses on the General Part of the Register and the omission of Scotland in the reciprocity Rule agreed by the Council, before signing the English Rules the Minister for Health had required that Rule 16, dealing with reciprocity, should be omitted. In finally revising their Rules the Scottish Board of Health had fallen into line with the Scottish and English Councils. He asked if the Council was now prepared to re-insert the Rule, as Mr. Jeffrey had written that no nurse would be registered on the General Part of the Scottish Register on the ground that she held a certificate in fever nursing only. He thought that they might authorise the Registration Committee to examine the Rule in regard to Scotland and Ireland.

MRS. BEDFORD FENWICK asked if the matter could not be dealt with by the Council at once, as it had approved of the reciprocity Rule 16 in connection with Ireland. As Chairman of the Registration Committee she was not clear that it was necessary to refer this matter back to the Committee if the Rule was framed to include Scotland. The Chairman read the Rule rescinded on July 14th.

MRS. FENWICK then proposed in two parts the following Rule as drafted by the Chairman :

Nurses Registered in Scotland and Ireland.

"Any person whose name is included in any part or parts of the Register kept by the General Nursing Councils for Scotland and for Ireland, under their Rules now in force in those countries and sanctioned by the Secretary for Scotland and the Chief Secretary for Ireland respectively (which rules, together with the rules of the General Nursing Council for England and Wales have, after a consultation as provided by the Statutes, arrived at a uniform standard of qualification), desiring to have her name placed on the Register of the General Nursing Council for England and Wales, shall make application to the Registrar on Form 1 set out in the Second Schedule of these Rules, and upon production of a certificate under the Seal of the said Councils for Scotland and for Ireland, certifying that her name is so included, shall be admitted to the appropriate part or parts of the Register.

"The fee payable in such case shall be the same as that payable in the case of an application under Rule 4 of these Rules."

MRS. FENWICK said she was not prepared to propose that Rule 4 should apply to Intermediate Scottish and Irish nurses. She did not consider it fair to make English nurses pay £2 2s. to come on their own Register and grant Scottish and Irish Nurses the economic advantage of Registration in England for half the price.

She proposed that the Registration fee for Existing Scottish and Irish nurses to the English Register be £1 1s., and for Intermediate nurses £2 2s.

This was seconded by MISS CATTELL.

MISS PETERKIN said that Queen's Nurses moved from one part of the United Kingdom to the other, and might require to register in all three kingdoms. £6 6s. seemed rather much.

THE REV. G. B. CRONSHAW enquired whether an Intermediate nurse could come on the English Register without registering in Scotland?

THE CHAIRMAN replied that she could, but was not likely to do so.

MISS MACCALLUM enquired why Scottish nurses should be encouraged to come to England and take the work of the English nurses?

MRS. FENWICK said the cost of administering the Registration Act in England could not be done on a guinea fee. The Chartered Society of Massage charged £3 3s. for registration, and Leeds University charged £10 for its Diploma in Nursing.

MRS. FENWICK then moved the adoption of the new Rule, together with the amended fee. This was agreed.

New Member of the Board.

THE CHAIRMAN reported that the Board of Education had notified the appointment, in the place of Miss Tuke, of Miss A. T. Steele, M.A., Head Mistress of the Grey Coat Hospital School, Westminster, to a seat on the Council.

Miss Steele was appointed a member of the Education and Examination, and Mental Nursing Committees.

The Council and Lay Nursing Press.

MISS SPARSHOTT then moved, in connection with Minute VI of the Report of the Finance Committee, presented to and passed by the Council on, and dated, September 30th, 1921, that the same be rescinded, and that para. 2 (2) of the Report of the Finance Committee presented to and approved by the Council on November 12th, 1920, which refers to a flat rate of 7s. 6d. per inch for advertisements, be rescinded, and moved the following resolution:—

Resolution.

"That the advertisements of the General Nursing Council be inserted from time to time in all the nursing papers, notwithstanding their charge for advertisements may not be the same."

THE CHAIRMAN asked whether the Council would like this discussion to be *in camera*. The vote being taken, three were for this procedure and 11 against. The discussion accordingly proceeded.

THE CHAIRMAN then briefly reviewed the circumstances which had led up to this Resolution and explained that the Council had adopted a flat rate of 7s. 6d. an inch for their advertisements in all the Nursing Papers. On November 8th last year a letter had been received from the Manager of the *Nursing Mirror* in respect to a higher rate and the Registrar was instructed to reply that if advertisements could not be inserted at the flat rate they could not be sent. On September 30th Miss Sparshott gave notice of the Resolution which she had just moved. The Chairman then invited Miss Sparshott to speak to the Resolution.

MISS SPARSHOTT said she had moved it because she thought it was the desire of the Council that all their announcements should reach all nurses.

MISS MACCALLUM enquired whether the Resolution implied that if one of the other papers claimed £1 per inch the Council would be bound to insert it, and pay that amount, if the Resolution was carried. The Council had a good deal to do, and she deprecated wasting time rescinding and discussing resolutions in regard to the Press.

THE CHAIRMAN thought the language of the Resolution was such that it was open to that construction.

MISS LLOYD STILL seconded the Resolution; she thought the *Nursing Mirror* was more widely circulated than other nursing papers.

MISS COX DAVIES supported the Resolution and stated that that paper had the larger circulation.

MISS WORSLEY expressed the opinion that the majority of nurses liked THE BRITISH JOURNAL OF NURSING best, but the *Nursing Mirror* had more advertisements.

THE CHAIRMAN said the manager of that paper had told him over the telephone that the rate paid was not a sufficiently good bargain. He was sure that, whether they advertised or not, that paper would not be so mean as to do them a bad turn.—(Laughter.)—It was not likely that they would insert many advertisements; was it worth while considering an occasional extra 2s. 6d.?

MRS. BEDFORD FENWICK said that since the passing of the Nurses' Registration Acts this Statutory Council had been appointed to organize the Nursing Profession.

If the Resolution under discussion were carried the Council would have to subsidise "in all" 30 or more nursing journals, or papers posing as such. As a Registered professional nurse she strongly objected to be dictated to by trade journals for nurses, owned and controlled and edited by the laity, and to be exploited by them; it was ethically unsound and dangerous. She was sure the Chairman would take his legal views from a responsible journal edited by a member of his own profession, and Sir Jenner Verrall would only class as a medical journal one edited by a member of the medical profession. Why, therefore, should the Nursing Council be jumped into paying excessive prices to unprofessional journals posing as such? The Central Midwives Board paid a flat rate of 7s. 6d. an inch to the nursing journals and considered the price might be decreased rather than increased. She specially objected to the General Nursing Council being exploited by the *Nursing Mirror*, for thirty years a rabid anti-Registration organ.

Also professional loyalty demanded that a journal which this year was found guilty in the High Court of a cruel and injurious libel on a nurse member of the Council should not receive preferential treatment at its hands. Such expediency was calculated to bring contempt upon the ethical standards of the Council, and distrust in the minds of the nurses in its methods of maintaining professional discip-

line and equity. If circulation was the only standard to be considered by the Council in patronising the Press, *John Bull*, *Tit-Bits* and the *Daily Mail* might be preferred.

MISS LLOYD STILL said the *Nursing Mirror* was not the only nursing paper which had been in the Courts.

"Not for libelling a colleague," replied Mrs. Fenwick.

DR. BOSTOCK HILL said he objected altogether to the suggestion contained in the Resolution. If the Council wanted to issue advertisements it knew where to put them. According to the terms of the Resolution it might be charged any price. He had heard nothing which led him to support the Resolution.

SIR JENNER VERRALL said he would like to propose that the cost of an advertisement should not in itself be a bar, and that the Council should decide where the advertisement should go.

MISS MACCALLUM said it was a mistake to permit business firms to dictate to the Council and interfere with its decisions. Of course, if they raised the price paid to the *Nursing Mirror* the other papers would raise their prices. Any self-respecting paper must do so. It was wasting the nurses' money. The *Nursing Mirror* had refused the flat rate. The Council had refused to pay its high price in May; she objected to rescinding this decision.

An amendment to Miss Sparshott's Resolution, "that cost alone should not be a bar to the insertion of an advertisement in any paper," was then put and carried. The Resolution falling to the ground, the amendment was then carried as a substantive motion.

Proposal to Deprive Existing and Intermediate Nurses of the Record of their Certificates as a Qualification on the published Register.

The next item on the Agenda was a Resolution as follows, standing in the name of Miss Cox Davies, which she proposed.

Resolution.

"That nurses whose applications for registration comply with the Rules of the Council be registered simply as 'Existing' or 'Intermediate' Nurses, and that the word 'trained' be used for all alike, and that the word 'certificated' be reserved until such time as the future nurses are admitted to the Register as a result of State Examination."

THE CHAIRMAN stated that the legal position as to the Particulars to be entered in the Register was defined in the Rules in the First Schedule printed on page 30. These were: Registered Number in Register, Name and (if married) Maiden Name, Permanent Address, Date of Registration, and Qualification, with a footnote to the Qualification stating, "It will be indicated under this heading whether the nurse is qualified as an 'existing nurse,' a 'nurse with intermediate qualification,' or a 'nurse by examination,' and in which hospital or other institution she has received her training, and dates."

In rising to move the above Resolution, Miss COX DAVIES said she was sorry her rather long absence had prevented her bringing this matter up at an earlier date. It was proposed to define two classes of Existing Nurses, "trained" and "certificated." Existing Nurses simply came on the Register as complying with the requirements of the Council, and all that the Council was concerned with was to see that they did comply with these requirements. The General Nursing Council was only concerned with certificates when nurses had satisfied the State, by submitting themselves to its examination, of their efficiency.

THE CHAIRMAN pointed out that the prescribed definition to be entered on the Register in that case was "nurse by examination," not certificated.

MISS COX DAVIES, continuing, said that the matter concerned women who in days gone by had obtained the best training they could. They came on side by side with those who had got a three years' certificate. They would be doing grave injustice to "Existing Nurses" by emphasising these distinctions. She would like to see all registered with no further description than that of "Existing Nurse."

The question affected one, and perhaps more than one, of the large hospitals. Why was there a difference between "trained" and "certificated" nurses?

THE CHAIRMAN enquired whether there were many.

MISS COX-DAVIES said that many hospitals in the past had given a one and two years' certificate, and some gave evidence of training in the shape of writing.

THE CHAIRMAN enquired whether they could not get this evidence in a form which they could present to the Council.

MISS DOWBIGGIN seconded the Resolution and said that the effect of entering certificates on the Register would be to place nurses trained in the Nursing School at St. Thomas's Hospital—the pioneer training school of modern nursing—on a lower scale on the Register. She understood that old nurses trained in that hospital were anxious to maintain the system founded by Florence Nightingale. They were dealing with the State Register, and she supported Miss Cox-Davies in her contention that this invidious distinction should not be made.

SIR JENNER VERRALL said that according to the Rules, on page 8, nurses were required to hold a three years' certificate of training as one of the qualifications for admission to the Register. He then referred to the definitions on page 30.

THE CHAIRMAN said it was not specially provided that the word certificate should be entered, it would have to be an instruction.

MISS COX-DAVIES said that on the list before them that day the words "trained" and "certificated" appeared.

THE CHAIRMAN said the list was for the Council's private information and had nothing to do with the entries on the Register.

MRS. BEDFORD FENWICK proposed the following Amendment:—

That as Section 3 (1) (a) "for regulating the formation, maintenance and publication of the Register" was referred by the Council to the Registration Committee—now that the Rules are signed and the Register open—the Registration Committee proceed at the earliest date possible to consider this reference and report to the Council at its next meeting.

Mrs. Fenwick said that, as Chairman of the Registration Committee, she took strong exception to this Resolution having been placed on the Agenda. If, when the Council referred matters to a Committee, individual members of the Committee were to go over its head to the Council, before such matters had been considered by it, she considered it an act of grave discourtesy to the Committee and a proceeding which she, as Chairman, was not prepared to accept. Section 3 (1) (a) was still before the Registration Committee, and it had a right to discuss and report to the Council as to how best it could be carried into effect.

The Resolution contained an unprecedented proposal, of a most disastrous nature, calculated to wreck the Register. No medical or nursing Register had ever been compiled depriving—she would not use the word defrauding—the persons admitted of their professional qualifications. When the Medical Register was established—although unqualified persons were admitted—medical titles, diplomas and qualifications were credited to those who possessed them; on the Register of the Royal British Nurses' Association, certificates were recorded—and on the Register of the College of Nursing, Ltd., they had been recorded most carefully in a special column for the purpose. If this nominated Council were going to deprive the nurses of this country of the evidence of proficiency afforded by certificates awarded to them, then naturally no well-trained and certificated nurse would apply for registration. It would be a distinct disadvantage to her.

MRS. FENWICK continued that she had been interested, in examining certificates sent to the Council for verification of qualifications, to observe that those awarded by the Royal Free Hospital, for thirty years back, notified the right of the holder "to practice as a Certificated Nurse." The Royal Free Hospital nurses would, therefore, have a special grievance if their certificates were eliminated. At St. Bartholomew's Hospital a three years' certificate had been awarded after examination since 1884. Many other hospitals did likewise. Much as it was to be regretted that the authorities of St. Thomas' Hospital continued to withhold them for so long, the Council would not be dealing justly with the nurses of England and Wales if they failed to record the qualifications of their certificates for this reason. If the Council thought that after working so hard for three years and upwards, in order to qualify as a "Certificated Nurse," the Existing and Intermediate nurses would submit to be deprived of them on the State Register—it was mistaken. She would stump

the country to prevent such injustice being done.

THE CHAIRMAN said Mrs. Fenwick was threatening the Council.

MRS. FENWICK replied she was not threatening the Council—she was warning it.

THE CHAIRMAN said the certificate was not mentioned in the First Schedule.

MRS. FENWICK considered its insertion was provided for in the Rules. She referred the Council to the definition of qualifications in Rule 12 (3): "A certificate that the applicant has had training in a Hospital, Poor Law Infirmary or other Institution shall not be evidence of qualification for the purposes of this part of the Rules unless it is signed by the Matron, Medical Superintendent, or other responsible officer of the Institution." The inference was that a certificate so signed was a qualification for admission to the Register, and should be entered thereon. Just as a qualification for the Supplementary Part containing the names of Mental Nurses was "The Certificate of the Medico-Psychological Association" for those who possessed it.

The amendment was seconded by MISS VILLIERS, who said, as a Matron under the Metropolitan Asylums Board, she had never been allowed to engage a nurse for a position of responsibility for the past twenty years without a three years' certificate.

MR. CHRISTIAN said that if the Certificate of the Medico-Psychological Association were left out the mental nurses would have something to say about it. Was it intended to apply the method suggested in the Resolution to the Mental Nurses?

THE CHAIRMAN said the certificates could be omitted if desired by the Council. Also, by an instruction of the Council, anything could be put in that it thought fit.

MISS LLOYD STILL said this storm had arisen because of the method of certification at St. Thomas' Hospital. They were proud to know that this method had been arranged by Miss Nightingale. Up to 1893 the nurses in training had a certificate every year for the first three years, after that date Miss Nightingale permitted a certificate at the end of three years. Records of these were kept at St. Thomas' Hospital. They considered these records were certificates.

THE CHAIRMAN asked whether St. Thomas' Hospital would not give a certificate? Could not Miss Lloyd Still get these?

MISS LLOYD STILL said she could not do so. It was for the School to decide.

THE CHAIRMAN asked her to use her good offices to induce it to do so.

MISS MACCALLUM said that for the majority of nurses the certificate of their training school was the only diploma they could obtain. What, she asked, would have been the feelings of medical men if none of their qualifications had been recorded on their Register? If nurses were deprived of the record of their Certificates, it was going to wreck the Register. To suggest that no certificates should be recorded now, but only

after State Examination was in force, would be to degrade all nurses now trained to Gamps.

MRS. FENWICK repeated that the matter had already been referred to the Registration Committee for consideration and report.

The information on the lists of applicants for Registration for the approval of the Council had nothing to do with the question of the publication of the Register. The Registration Committee in this particular had followed the Rules, and informed the Council which nurses conformed to Rule 9 (1) (a) and which to Rule 9 (1) (b). It was a private document for the information of the Council.

DR. GOODALL said he wished to support Mrs. Fenwick as to the reason for the form in which the lists of applications were drawn up. The Registration Committee could put whatever information they chose before the Council.

MISS COX-DAVIES said that if the Resolution was entirely out of order she was willing to waive the point.

Resolution Withdrawn.

MISS COX-DAVIES then withdrew the Resolution.

SIR JENNER VERRALL said that Section 3 (1) (a) had been referred to the Registration Committee before the Rules were adopted, but he thought that at any stage it was competent to the Council to refer the matter to the Registration Committee to advise as to what the Register should include. Schedule A defined what should be put in the Register, and by inference nothing should be put down which was not in Schedule A. In the old days a nurse could only substantiate her position by reference to her certificate. If there was the least feeling that a nurse was deprived of something of value to her if her certificate was not included in the Register, he thought it should be done.

THE CHAIRMAN said that this could be done by an Instruction or by a fresh Rule.

It was then agreed to refer the matter to the Registration Committee for consideration and report.

Report of the Registration Committee.

MRS. BEDFORD FENWICK (Chairman) presented the Report from the Registration Committee, which had met once on October 14th.

Draft letters to nurses whose applications have been accepted by the Council, and to those who are not eligible under the Statutory Rules, were agreed; also a leaflet for the use of nurses to facilitate the work of Registration.

To recommend that action be taken to rectify the ineligibility for registration of nurses trained and certificated partly in a hospital for men and partly in a hospital for women.

This matter was referred to the Registration Committee.

To report that from October 1st to October 22nd 530 applications for registration had been received.

This part of the report was adopted.

The List of Applicants recommended for registration was to be considered *in camera*.

Report of the Mental Nursing Committee.

The Report of the Mental Nursing Committee, which had met once on October 19th, was presented by DR. GOODALL, in the absence of the Chairman, Dr. Bedford Pierce, with the exception of item one.

A Syllabus and Schedule had been considered. Before presenting the Syllabus and Schedule to the Council it was resolved that they be considered at an informal conference to be held on November 16th, at which Mr. Priestley had consented to preside. Five Medical men and eight Matrons, Senior Nurses and others with special experience in the training of nurses was considered a suitable number.

MR. CHRISTIAN, speaking in reference to the selection of names, considered that there should not be a majority of any particular body or association.

THE CHAIRMAN said it was considered that each member of the Committee should invite one guest.

The Report was approved.

The Report of the Education and Examination Committee.

MISS LLOYD-STILL (the Chairman) presented the Report of the Education and Examination Committee. On October 13th the following resolutions had been passed and recommended:—

“That Queen Mary’s Hospital for Children, Carshalton, be an approved hospital for Existing and Intermediate Nurses for the Supplementary Part of the Register for Sick Children’s Nurses.”

“That 50 beds be the minimum for an approved general hospital, with a daily average of not less than 35 occupied beds.

THE REV. G. B. CRONSHAW said that some of the larger hospitals were trying to get the smaller ones to come into line through affiliation but if they were recognised as independent units he was sure they would not do so.

MISS LLOYD STILL explained that the standard of fifty beds only referred to hospitals in which Existing nurses were trained. They were to consider affiliation schemes.

Conference with the Scottish and Irish Councils on the Examination Syllabus.

MRS. BEDFORD FENWICK stated that at the last meeting of the Committee, on the previous day, she had proposed and Miss Cox-Davies had seconded an emergency resolution that before finally drafting the Examination Syllabus the English Council should confer with representatives of the Scottish and Irish Nursing Councils. It was a matter of great urgency if uniformity was to be obtained in the future between the three Councils in the teaching and examination of nurses. The resolution was unanimously agreed to. Including the emergency resolution the Report was adopted.

The Report of the Finance Committee.

The Report of the Finance Committee was presented by the Chairman, SIR JENNER VERRALL. The usual statement of Income and Expenditure

was presented. There had been received Registration Fees to October 21st, £2,397 4s. 9d.; Sale of Syllabus, £30 11s. 3d.; Sale of Rules, £37 12s. 2d.; Balance to October 19th, £3,483 2s. 5d.

The Report was adopted.

General Purposes Committee.

MISS VILLIERS, who had been elected Chairman, presented the Report of the General Purposes Committee. The following posts had been filled: Certificate Clerk: Miss Ellinor Bowman; two Temporary Clerks: Miss Rose Hodgson and Miss Gladys Upton. The length of holidays for the office staff, and improved lighting in Registration Room and in offices on second floor were recommended and agreed.

The Report was adopted.

Power was given to the Committee to engage occasional additional clerical help if required and the dates of meetings agreed.

The meeting then terminated.

GENERAL NURSING COUNCIL FOR IRELAND.

The half-yearly meeting of the General Nursing Council for Ireland was held on Friday, the 21st ult., at 33, St. Stephen’s Green.

Sir Edward Coey Bigger presided, and there were also present: Miss Huxley, Miss Reeves, Miss Curtin, Miss Walsh, Mrs. Blunden, Miss Michie, Miss Matheson, Miss Bostock, Miss O’Flynn.

The Reports of the Rules, Finance and Registration Committees were submitted to the Council and formally adopted.

Arising out of the Report of the Registration Committee, it was pointed out that Nurses desirous of being admitted to the Register should make application at once. The fee for admission of Interim Nurses will be raised from £1 1s. to £2 2s. as from January 1st, 1922.

RULES COME INTO OPERATION.

It will be remembered that the Rules framed by the General Nursing Councils under Section 3 of the Nurses’ Registration Acts have first to be approved by the Minister of Health in England and Wales, the Scottish Board of Health, and the Chief Secretary for Ireland respectively. They must then be laid before each House of Parliament forthwith for the next subsequent twenty-one days on which each House has sat, during which time either House can present an Address to His Majesty, praying that any Rule may be annulled or modified. This, as will be seen from our report on page 294, Scottish members desired the House of Commons to do, without success, in relation to the Supplementary Register for Fever Nurses in Scotland.

By the time this Journal is in the hands of our readers the Rules framed by the General Nursing Council for England and Wales will have been laid before both Houses for the prescribed period, and will therefore have come into full operation.

Thus another page of nursing history is turned.

POOR LAW INFIRMARY MATRONS' ASSOCIATION.

On October 29th the Annual Meeting of the Poor Law Infirmary Matrons' Association took place at Kensington Infirmary. There was a very large attendance of Matrons. Before the meeting a short service, conducted by the Rev. J. Lombardini, was held in the chapel, the nursing staff singing an anthem very beautifully. There was a very interesting discussion in connection with the Nursing Syllabus issued by the General Nursing Council, and other matters. A certain number of guests were invited to an excellent tea, which was much appreciated. Miss Mowat, who had scrutinised the returns of the postal ballot for the hon. officers, explained that a very large proportion of the members had voted. The result was as follows:—

President—Miss Barton (Chelsea); *Hon. Secretary*—Miss Alsop (Kensington); *Hon. Treasurer*—Miss Inglis (Shoreditch); *Executive Committee*—(alphabetically)—Miss Bodley (Selly Oak), Miss Clark (West Ham), Miss Cockrell (St. Marylebone), Miss Copeman (Paddington), Miss Dowbiggin (Edmonton), Miss Dodds (Bethnal Green), Miss Hannaford (Poplar and Stepney), Miss Masters (Leicester), Miss Myles (Brighton), Mrs. Roberts (West Derby), Miss Todd (St. James's, Wandsworth), and Miss Yapp (Ashton-under-Lyne).

LEAGUE NEWS.

LEICESTER ROYAL INFIRMARY NURSES' LEAGUE.

Miss Margaret Breay has been invited to speak at the autumn meeting of the Leicester Royal Infirmary Nurses' League which will take place at the Infirmary on November 17th at 3.15 p.m. The subject will be "The Importance of Trained Nurses being Registered." Miss Vincent, R.R.C., President of the League, will preside.

GLASGOW ROYAL INFIRMARY.

NURSES' REUNION DINNER.

A Dinner will be held in the Athenæum Hall, 179, Buchanan Street, Glasgow, on Monday, December 5th, 1921.

All past and present trained nurses wishing to be present, apply to Miss Williamson, the Royal Infirmary; or Miss Bryce, the Scottish Nurses' Club, 205, Bath Street.

Applications for tickets must be made not later than Nov. 23rd. Tickets, 7s. 6d. Uniform optional.

THE PROFESSIONAL UNION OF TRAINED NURSES.

Amongst the objects proposed by the Professional Union of Trained Nurses at its inaugural meetings, was one to provide medical and dental advice for its members, at special fee. The desire of the Union is, while eliminating charity, to obtain, by co-operation, benefits at special terms.

We have now a list of oculists, aurists, pathologists, general practitioners, and a dentist, who will give professional services to our members at a fixed nominal charge. The dentist has undertaken to charge the members half fees.

This week we are able to add to the list, a firm of first-rate opticians, who have expressed themselves as willing to act as official opticians to the Union, giving a reduction of fifteen per cent. on their ordinary prices to accredited members of the P.U.T.N.

MAUDE MACCALLUM, *Hon. Secretary.*

APPOINTMENTS.

MATRONS.

St. Chad's Hospital, Birmingham.—Miss Dorothy Jones has been appointed Matron. She was trained at the Queen's Hospital, Birmingham, where she was Casualty Sister and Theatre Sister. She was Charge Sister T.F.N.S. during the War and awarded the R.R.C. Miss Jones was Assistant Matron at St. Chad's Hospital when promoted to be Matron.

Dean's Isolation Hospital, South Shields.—Miss H. Powell Evans has been appointed Matron. She was trained at the Manchester Royal Infirmary, and the Belvidere Hospital, Glasgow, in which hospital she also held the position of Sister. She has been Night Superintendent at the Borough Hospital, Darlington, Sister at the West Bromwich Hospital, Sister in Field Hospitals, and Matron of Norman's Riding Hospital, Blydon-on-Tyne.

Hospital for Sick Children, Newcastle-upon-Tyne.—Miss Isabel Mary Middleton has been appointed Matron. She was trained at the Dewsbury and District General Infirmary, and is at present Assistant Matron at the Children's Hospital, Birmingham.

Borough Isolation Hospital, Gillingham.—Miss F. J. Taylor has been appointed Matron. She was trained at Whipps Cross Infirmary, Leytonstone, and has since held appointments at Winchester, at the South Stokeham Isolation Hospital, and at Hilsted Isolation Hospital.

HEALTH VISITOR.

Metropolitan Borough of Battersea.—Miss Mona Carr has been appointed Health Visitor. She was trained at the Borough Hospital, Birkenhead, and is a certified midwife and certificated Sanitary Inspector. She has held the position of Health Visitor to the Metropolitan Borough of Islington.

SISTER.

Cancer Hospital, Fulham Road, S.W.—Miss M. E. Drake has been appointed Theatre Sister. She was trained at the General Infirmary, Leeds, and has been Theatre Sister at a private hospital in that city; at the Norfolk War Hospital; and at King Edward VII's Hospital, Windsor. She has also had experience of private nursing.

TUBERCULOSIS HEALTH VISITOR.

Lancashire County Council.—Miss Florence G. Smith has been appointed Tuberculosis Health Visitor. She was trained at the Salford Royal Hospital, where she subsequently held the position of Sister in a Surgical Ward, and of Night Sister. She has also been Health Visitor under the Manchester Corporation.

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:—Miss D. Cooper, Miss K. M. East, Miss J. A. Kellythorne, Miss A. Le Bihan.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

AN EVENING WITH KIPLING.

Seldom have we enjoyed a more delightful literary treat than that of Saturday, 15th ult., when Miss Anderson Parsons gave us "An Evening with Kipling." Miss Parsons is an enthusiastic student of Kipling; she is steeped in his writings, and all through the evening one felt that she had somehow managed to actually live inside the mind of this great writer. Whether by her own enthusiasm, or by the way in which she brought out the all-pervading humanity of Kipling, she certainly managed to bring "the Kipling atmosphere" about us all. First, we had a short reference to Kipling's parentage. His father was a great authority on mythological sculpture, and also he was a zoologist, author and educationalist of no mean reputation. Kipling's mother came of a distinguished Wesleyan stock and has several books of poems to her credit. Miss Parsons next led us through his schoolboy days, never losing the thread of how the influence of the vicissitudes of those days helped to mould the man of letters. Next came the early days of journalistic career; and following on those, the experiences of the South African War and the effect of this upon his writing. Speaking of his personality, Miss Parsons said:—

"These phenomena in regard to Kipling are remarkable—the suddenness of his appearance, the decisiveness of it, and the great speed of his publicity. The earliest efforts from his pen appeared in the school magazine, in June, 1881, and from then onwards he was never idle. He was never a brilliant scholar. He did not shine in athletics, and the evidence of his old drill sergeant goes to show that he was not a favourite with other boys. His personality is a factor that counts for much. There are flaws in his finished works and certain defects in his genius, but such defects are not fatal, and the thirst of the true Kiplingite is not slaked.

"The fact that Kipling is not academical is a rock upon which many of his critics, friendly and otherwise, have split and foundered. It has been said of his prose that he has no style, no majesty, no complexity, no balance, no rhythm. But if the matter fits the manner, surely here is the supreme feat of style, and who can truthfully deny that Kipling has achieved this feat? With

the exception, maybe, of Defoe and Balzac, no writer of any age exhibits such a wide knowledge as does Kipling of the circumstance of life among different ranks and conditions of men, of the many and varied ways in which they can earn their living or squander their existence, of the patter of their pastimes, the slang of their sports, the technicalities of their trades, and of the thousand-and-one manners in which they speak, move, think, feel, love, and have their being. Admitted he is no scholar, there is no question that he is a great artist. His work is sometimes brutal, but never base; sometimes unduly compressed, but never contorted; it is the result of an observation most faithful, and an insight most keen. His 'secret' is very simple—he embodies an 'idea' in every sentence. He suggests more than he describes, infers more than he tells, insinuates more than he declares. Often boisterous, he is never in repose, and although he may irritate, he will never bore. Not once in all his works, either as novelist or poet, does he commit that sin, unpardonable in a writer, of being dull.

"Apart from his merits as a teller of tales, Kipling has other and greater values. He is a Friend, a Force, a Future. He has praised us to a greater self-reliance, has inspired us to efforts yet more potent, has Pisgah-sighted us to lands of our desire; but, as a friend, he has also warned us against overweening confidence."

Miss Parsons proceeded to deal with many of the works of Kipling and recited several of his poems. "We could have listened all night" said one member of her audience; and, indeed, request followed request for "just one more."

At the close of the address, Miss Marsters thanked Miss Parsons very warmly on behalf of the audience for an entertainment which everyone had enjoyed. It was difficult to say whether the lecture or the recitations had been most delightful.

MISS AUGHTON'S CONCERT.

A concert, organised by Miss Aughton, M.R.B.N.A., was given at the Club on Thursday, 20th ult., and she certainly managed to introduce into her entertainment a wonderful versatility of talent, so that not only members in residence but many from outside went off feeling that they owed to her and to her friends a perfectly delightful evening. Miss Verina Cumbers' vivacious singing

was altogether charming and she received many an enthusiastic encore. Miss Erica Greene is a born actress and her imitative powers are beyond criticism. She was at her best in her sketches of children, and her account of the manner in which a group of urchins in the park solved (or rather did not solve) the problem of how to divide an apple in five was indeed a most choice portrayal of young cockney character, its gestures, its dialect, its worldly wisdom and its innocence. Miss Martin and her violin added in no small measure to the evening's enjoyment, and Mr. Hamilton's singing, and especially his "train song," called forth peal after peal of laughter. After the concert we heard many remarks of appreciation of the accompaniments played by Mrs. Cumbers. Our fine piano indeed found a player worthy of it.

THE NAPOLEON COTERIE.

Just a few days before the date upon which we had arranged for the lecture on Napoleon to be given at 194, Queen's Gate, we received, with deep regret, the news that Mr. Woodrow, who had undertaken to give this lecture, had become seriously ill. Major Rigg kindly offered to give instead an address on the Napoleon Coterie. At the last moment Dr. Percival White was prevented, by illness in his family, from taking the chair, and Mr. Adams, a member of the Coterie, who chanced to be present, took the chair and introduced Major Rigg.

The lecturer gave an account of the activities of the Napoleon Coterie, the principal object of which is to carry on research work in connection with the greatest military genius after Julius Cæsar, and to clear away many misapprehensions which exist in regard to his character. More than eight thousand books on Napoleon have been published, and yet much remains to be told. Napoleon, said Major Rigg, was not only a great man but a great benefactor. He was the child of the Revolution, but when the Revolution began to get on wrong lines, to proceed to inordinate excesses, Napoleon set before him the task of bringing back good government, religion, law and security of life and property. Major Rigg gave a very interesting account of the rapidity with which event followed event in Napoleon's life and administration. He was a man of peace, he was passionately anxious for peace, and had Charles James Fox lived but a few years longer to influence affairs in England, Napoleon's career and subsequent reputation would have been very different. Touching references were made to the captivity in St. Helena, and Major Rigg gave several dates, connected with events in Napoleon's life, upon which the Coterie proposes to have meetings within the forthcoming twelve months at the houses of members of the Coterie. Some one in the audience asked whether one of those meetings might take place at the R.B.N.A. Club, and Major Rigg kindly undertook to ask Dr. Arnold Chaplin to give his lecture on the Autopsy of Napoleon, at 194, Queen's Gate, in January. If Dr. Chaplin is able to do this we expect to have a large attend-

ance, as the subject is one of peculiar interest to medical men and nurses. Mr. Woodrow has promised to give his lecture at some later date. A Resolution was passed expressing the sympathy of the members with him in his illness and their hopes for his recovery, and Major Rigg promised to convey this message to him.

FIXTURES AT THE CLUB.

For Saturday (November 5th) Mr. Paterson, Medical Hon. Secretary, is arranging a concert which promises to be very delightful and in certain of its features highly amusing. The concert will commence at 8 p.m., but we realise that it is difficult for nurses in Hospitals and Nursing Homes to get over so early, and will be pleased if they will come along as soon after 8 p.m. as their duties permit them to. Refreshments will be served for those who wish for them after the concert at the cost of one shilling.

On Saturday, November 12th, the Astronomer Royal, Sir Frank Dyson, will lecture.

THE TRAINED NURSES' ANNUITY FUND.

It is proposed that there should be a Doll Stall at the Sale of Work for the Annuity Fund, which takes place about the end of November, and we have got several dolls which require dressing. We shall be glad to hear from those Members who will be willing to dress one for us, and will be glad, if, when they write, they will let us know whether they would like us to send on material for the dresses also.

DONATIONS.

The Hon. Treasurer acknowledges with thanks the following donations to the General Fund: Miss Perro, 10s. 6d.; Miss L. Cheetham, 10s. To the Club Fund: Mrs. Hoadley, 10s.; Miss Morgan, 6s. 10d.; and Miss Garstang, 2s. 9d.

ENGAGEMENT.

Miss Mai Cowley will be married to Captain Black at Holy Trinity Church, Kensington, on Tuesday, 15th inst. A reception will be held afterwards at the Association's Club, 194, Queen's Gate.

OBITUARY.

It is with very deep regret that we report the death of Mrs. Myatt, a member of the R.B.N.A., who kept in very close touch with the Association. Her charming personality made her exceedingly popular, and we were very proud to number her among our members. Mrs. Myatt had been ailing for some time, but the news of her death came with startling suddenness, and we would express to Mr. Myatt and his little daughter our deep sympathy with them in their irreparable loss. Mr. Myatt has been a very kind friend to the nurses, and probably his interest in them was inspired to no small extent by his affection for his wife, who was an ideal nurse in every sense of the word.

ISABEL MACDONALD,
Secretary to the Corporation.

**THE REASONS FOR THE RULES.
THE NURSES REGISTRATION ACT FOR
ENGLAND AND WALES, 1919.
MEETING AT LIVERPOOL.**

The meeting at Liverpool, organised by Miss Constance Worsley, Member of the General Nursing Council for England and Wales—to hear an address from Mrs. Bedford Fenwick on the Rules framed by the General Nursing Council for England and Wales to carry out the provisions of the Nurses Registration Act, 1919—was an immense success. In spite of the downpour of rain, the Physics Theatre at the University of Liverpool, where the meeting, which was representative of every branch of nursing, was held, was full to overflowing, many nurses sitting on the steps of the gangway.

Before the meeting, Mrs. Bedford Fenwick was presented with some beautiful chrysanthemums by Miss Rose Conway, M.R.B.N.A., for many years a staunch supporter of the movement for State Registration of Nurses.

The Chair was taken by Dr. Alfred Holt, D.Sc., Chairman of the Council of the Amalgamated Children's Hospitals, and amongst those present were:—G. P. Newbolt, Esq., F.R.C.S., Hon. Surgeon at the Royal Southern Hospital; S. J. Lunt, Esq., Chairman of Walton Institution, and Dr. MacWilliam, Medical Superintendent; Miss Drysdale, Matron, Liverpool Queen Victoria District Nursing Association; Miss Bagnall, Matron, Royal Southern Hospital; Miss Rénaut, Matron, David Lewis Northern Hospital; Miss Aspinall, Matron, Stanley Hospital; Miss Bramwall, Matron, Eye and Ear Hospital; Miss Purves (Principal Matron of the First Western General Hospital); Miss Harris, Matron of the City Hospital, Netherfield Road; Miss Fraser, Matron of the City Hospital, Grafton Street; Mrs. Roberts, Matron, Walton Institution; Miss Blayney, Matron, Royal General Hospital, Chester; Miss Lockwood, Matron, Children's Convalescent Home, West Kirby; Miss Fletcher, Matron of the Runcorn Hospital; Miss Golding, Miss Haswell, and other Matrons of the principal Nursing Homes, as well as Health Officers, Miss Searle, a great social worker in Liverpool, and others.

Mr. Wade Deacon, Chairman of the Royal Infirmary, Liverpool, wrote from London expressing his regret that absence from Liverpool prevented his attending the meeting.

Dr. Holt said it was the proper thing for a Chairman simply to introduce the chief speaker, but he must say rather more than the customary two or three words. Nursing was essentially a feminine occupation, and it would have been appropriate for a lady to take the chair.

The Register of Nurses was now a *fait accompli*, and in carrying out its provisions lay committees were obliged to take cognisance of what was going on. As a Liverpool Hospital Chairman it was a great pleasure to him to get a comprehensive survey from one who knew the whole question so well, who had devoted her life to it, and who, he

thought, would dare, if occasion so indicated, to correct even His Majesty's Ministers. In asking Mrs. Bedford Fenwick to address the meeting he was asking the one person most qualified to do so. With unity of purpose and object she had concentrated on these nursing subjects, and brought to them a knowledge that no one else possessed.

Before proceeding to address those present on the subject for which the meeting had been convened, Mrs. Fenwick expressed her gratification at accepting the kind invitation extended to her to speak to a Liverpool meeting. In coming to Liverpool every nurse found herself in touch with pioneers in nursing work. Every nurse in Poor Law Hospitals looked upon Agnes Jones, who organised the nursing in Brownlow Hill Infirmary, as her Patron Saint, and it was in Liverpool also that Mr. William Rathbone initiated the system of district nursing which had borne such good fruit.

Mrs. Fenwick then delivered an address, practically the same as that given at Manchester on the previous day, which we published in our issue of October 29th.

PRIVILEGES CONFERRED BY THE ACT.

Mrs. Fenwick laid emphasis on the privileges conferred on the Nursing Profession by the passing of the Nurses Registration Act, 1919:

(1) The establishment of the General Nursing Council, on which the Nurse Members had a substantial majority;

(2) Power to compile the State Register;

(3) Power to prescribe the training, standards of education, and the one portal examination for Registered Nurses;

(4) To award a Certificate granting the protected title of "Registered Nurse";

(5) To make provision for a protected uniform and badge;

(6) To maintain discipline by the protection of the privileges granted to Registered Nurses and to remove from the Register persons convicted of felony, misdemeanour, or guilty of any misconduct.

DISCUSSION.

At the conclusion of the address the Chairman said they had heard a most extraordinarily interesting account of a rather dull book. He hoped all present would read the Rules, and see how splendidly the speaker had reviewed the whole subject.

Mrs. Fenwick would kindly answer any questions, if anyone desired further information, sent up in writing, if preferred.

The first remark he would make was that in 1924 the first State Examination was to be held. What would happen to those nurses who, having gone through the requisite training, did not pass the examination?

He pleaded for those nurses who failed.

Then as to finance. They had heard there was to be a guinea Registration Fee to finance the Governing Body, but who would finance the teaching of the nurses in the hospitals? An efficient

training should be at the disposal of every nurse, but training could not be carried on without money, and no hospital nowadays had any money. He thought the General Nursing Council should consider this financial aspect of the question, and get the ear of the Minister of Health, otherwise the nurse would herself have to pay for her training.

He hoped the General Nursing Council would do what it could to help to get a Government Grant. The Municipalities could also put in an application for a grant in their omnibus Bills.

Mrs. Fenwick said she would answer the two questions put by the Chairman at once. First, what could be done about the young woman who had passed through her training but could not get through the State Examination? She thought the whole standard of Nursing Education could not be kept back for a minority who did not attain the required standard. Further, it was the plain duty of the Matrons, if they found that certain nurses in training had not sufficient mentality or education to assimilate instruction, to advise them, after a fair trial, to adopt some other calling. It was not just to keep them working hard for three years if there was no reasonable hope that they would attain the required standard.

But it was probable, following the precedent of other professions, that a nurse who failed once to pass the State Examination would be permitted to enter for it a second time.

The Chairman's second question in regard to finance was opportune. She quite agreed that defraying the cost of the education of nurses was a serious question. It was one which concerned the Education Department, as well as the Ministry of Health, and the former department had already been subsidising some schools. It would therefore be able, and perhaps willing, to subsidise Nursing Education for the benefit of the whole community. Preventive medicine and nursing would be more and more the medicine and nursing of the future, and she considered that both medical and nursing education should be subsidised. She assured the Chairman that the subject had not been overlooked by the General Nursing Council.

Miss Golding, Matron of a private Nursing Home, asked whether many nurses were registering, and expressed the view that many more would do so if they did not have to part with their original and irreplaceable certificates for the purpose of identification.

Mrs. Fenwick replied that the General Nursing Council was a statutory body. The Council had been entrusted by Parliament to compile a correct Register, and to do this it was its duty to verify documents. That duty could not be deputed to unauthorised persons. Original certificates were well taken care of, and registered upon return. So far, no certificate has been reported missing. The Act did not enforce compulsory registration. Nurses were free to register or not, as they chose; but the legal status conferred by the Act and the protected title of "Registered Nurse" would become more and more indispensable as time went on.

The following questions were sent up in writing:

Question.—What is the difference between the College of Nursing and State Registration?

Answer.—Mrs. Fenwick said she was not there to criticise the College. Such questions were best addressed to College officials; but she explained that the General Nursing Council for England and Wales was the body entrusted by Parliament with the duty of forming, maintaining, and publishing the Statutory Register which was legal evidence of the training of a Nurse. The College of Nursing Register was a list of its members, and had no legal status. In her opinion the publication of the College Register was 25 years too late, and it was waste of energy and money to publish it. The Nurses had worked for State Registration for nearly 30 years, and it was treating their intelligence with contempt to offer them anything less. As Nurses' Registration Acts had been passed, it would be wise for voluntary Registers to close down.

Question.—Would it not be possible for the Registrar to go from town to town in England and Wales and interview Nurses and scrutinise their certificates?

Answer.—No. In this instance the mountain could not go to Mahomet. The Registrar was kept exceedingly busy scrutinising certificates at Headquarters in London, and in superintending the various departments there.

VOTES OF THANKS.

Miss Drysdale, Superintendent of Queen's Nurses' Q.V.J.I. Central Home, Liverpool, in proposing a vote of thanks to Mrs. Bedford Fenwick, expressed her pleasure at the opportunity of doing so. It had been a great privilege to listen to her address; no one was better fitted to give them the information they had received, for Mrs. Fenwick had worked at the subject for many years. They might not always have agreed with her, but they had always revered her, for she had worked consistently for the good of the nurses and the public, and had never wavered, never sat on the fence.

She would also like to thank Miss Worsley for organising the meeting, and enabling the nurses of Liverpool to meet Mrs. Bedford Fenwick and hear her inspiring lecture. It had meant a great deal of hard work.

Miss Drysdale concluded by moving a cordial vote of thanks to Mrs. Fenwick for her able, interesting, and instructive address.

Mrs. Roberts, Matron of the Walton Institution, in seconding, said that they would all go home and tell their fellow nurses what State Registration of Nurses really meant.

The vote was carried by acclamation. Mrs. Fenwick, in responding, said she hoped that well-trained Liverpool nurses would encourage the General Nursing Council, and the pioneers who had blazed the trail, by applying for registration at the earliest possible date, and thus help to form a solid and efficient basis upon which to build up the future Profession of Nursing.

The meeting terminated with a very cordial vote of thanks to the Chairman moved by Mr. Newbolt.

NURSING IN THE HOUSE OF COMMONS.

NURSES REGISTRATION (SCOTLAND) ACT
1919 (DRAFT) RULES.

In the House of Commons on the night of Tuesday, October 25th, the following Debate, which we print (abridged) from the Official Report, took place on the Draft Rules framed under the Nurses Registration (Scotland) Act, 1919:—

Lieut.-Col. HENDERSON: I beg to move:

"That an humble Address be presented to His Majesty praying His Majesty to modify the Rules made by the General Nursing Council for Scotland under the Nurses Registration (Scotland) Act, 1919, drafts of which were presented to this House on the 2nd day of August last, in the following respects:—

Rule 16, page 3, delete the words "(1) a supplementary part containing the names of nurses trained in the nursing of persons suffering from infectious diseases and."

Rule 19, page 4, delete the words "supplementary part containing the names of persons trained in the nursing of persons suffering from infectious diseases and a."

Rule 21, page 5, paragraph 3 (a), delete the words "for the general part of the Register."

Rule 21, pages 8 and 9, delete paragraphs 8 (a), (b), (c), and (d).

Rule 22, page 11, delete paragraph (6).

Rule 30, page 17, delete the words "'Registered Fever Nurse' means a nurse who is for the time being registered in the supplementary part containing the names of nurses trained in the nursing of persons suffering from infectious diseases."

In moving this Motion, I would remind hon. Members that the privilege of objecting to Draft Rules and Draft Orders is one of the few privileges which remain to Private Members, and I ask them to bear with me for a few moments. When the Scottish Nurses Registration Bill was passed in 1919, it was laid down that there should be a register for trained nurses consisting of a General Register, but there was no mention of a Supplementary Register for fever nurses in the infectious diseases hospitals under the local authorities. There was also a provision under the Act that nurses who were trained and held a certificate under the Local Government Board and the Scottish Board of Health should be entitled to be placed on the register if they applied. I think it was the general sense of the House at the time the Act was passed that that position entitled not only general nurses, but also fever nurses who held certificates, to be placed on the General Register and not on any Supplementary Register. But the Draft Rules now lying on the table lay down specifically that fever nurses are not to be placed on the General Register, but only on the Supplementary Register.

I maintain that we had a definite promise in this House at the time the Act was passed that they should be placed on the General Register if they held a certificate from either the Local Government Board or the Scottish Board of Health.

Mr. GIDEON MURRAY: I beg to second the Motion.

Mr. Macquisten and I desire to enter a protest against the legality of the Supplementary Register. The nurses do not want to take any hostile action unless they are driven to it; they wish to act in a constitutional way. I would point out to the Parliamentary Secretary for Health that . . . nurses under this system will always be tied to fever hospitals, and will never get away from them. Once a nurse gets that qualification it will be impossible for her to get into the general hospital without beginning her career all over again. She has the same training as the general nurse, the same qualifications, and she has the fever training in addition. She might, after serving for a time in a fever hospital, wish to take up general nursing. This classification excludes such nurses. . . . There is no substance or justification in it, and it is not fair as between the nursing profession as a whole. I therefore cordially support the motion.

Captain ELLIOT: I think one point, and the governing point, has not been mentioned by either of the two previous speakers. It is surely this, that we should have, so far as is possible, reciprocity with England, so as to secure uniformity throughout these islands. . . . It is of far more importance to us that we should get our staff on a basis with England than that we should strive after certain impossible ideals in the country of Scotland itself. It is all very well to say that this is not just and right as regards the fever nurses. After all, we have the position as it stands at present, which is that there is a Scottish Register and an English Register. I deeply deplore that. It is an interesting sidelight on Scottish home rule that when you have secured complete autonomy politically you may find a big economic drag from the southern half of these islands based on this difference. The English market is worth more to the Scottish nurses than the Scottish market is to the English nurses. The English, therefore, can dictate their own terms. They have got the whip hand and they are exercising it just now. We cannot force them, all we can do is to reason with them. If we make separate rules for Scotland from those they have in England they will not recognise our Register. The result of that will be that we may as well have no Scottish Register. We shall not secure any additional advantages for our own nurses if we, at this time, present this Prayer and reject these Rules. There will be for a while no Register in Scotland, and after that an inferior Register, because it will not be recognised by England, and our nurses will go on the English Register, and all our efforts will be of no avail.

The Scottish nurses recognise that. I have here two communications from the Scottish nurses themselves. The first is from the nurses at the Glasgow Royal Infirmary. . . . These 237 nurses passed this Resolution:

"That we, nurses trained and in training in Glasgow Royal Infirmary, approve of the regulations drawn up by the General Nursing Council for Scotland for the admission of existing nurses to the Register, as already

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laid before Parliament, and we beg the Secretary for Scotland to resist any alterations in these regulations or delay in their sanction by Parliament."

Major HENDERSON: They are a privileged party.

Captain ELLIOT: These are 230 nurses. The Scottish Nurses' Association also, at its annual meeting passed a similar resolution.

The fever nurses will be helped and not hindered by admitting for the moment this temporary disqualification or being placed on a subordinate part of the register, and then starting to improve it from there, so as to get the advantage of the big English market, which Scotland, since she runs her professional training for an export trade, must always consider as of paramount importance in any rules and regulations.

Mr. MACCALLUM SCOTT: I am surprised at the attitude adopted by my hon. and gallant friend on this matter. . . . The Regulations as they stand at present single out one class of nurses, who are put in a subordinate and inferior position. The effect of this with regard to the position of the infectious diseases hospitals, which are run by the local authorities, will be that they will not be able to secure a similar class of nurses as those who are secured for the other hospitals. The nurses will all want to be placed on the General Register, and there will be a preference for the other hospitals, and the infectious diseases hospitals will only secure inferior persons. That puts a serious burden not only upon the nurses but upon the local authorities which run the infectious diseases hospitals.

Sir C. BARRIE: I wish to give general support to what the hon. and gallant Member for Lanark (Captain Elliot) has said. . . . I am a past chairman of one of the largest hospitals in Scotland, and I have personal knowledge of the feelings of the nurses in regard to this matter. There is not the slightest desire on the part of any one nurse that I have seen, or of any matron I have interviewed, to allow the fever nurses to come within the scope of this part of the Bill.

Mr. PRATT (Parliamentary Under-Secretary of Health, Scotland): The question as to whether the fever nurses should be placed on the General part of the Register or on the Supplementary part designated in the Rules now before the House, has been the subject of long consideration and discussion by the responsible authorities, namely, the English, Irish and Scottish General Nursing Councils on the one hand, and the Ministry of Health, the Irish Local Government Board, and the Scottish Board of Health on the other. Under their respective Statutes, the General Nursing Councils of the three countries are required to consult each other with a view to securing a uniform standard of qualification in all parts of the United Kingdom. Further, the Statutes contain special provisions requiring rules to be made for enabling the nurses registered in one country to obtain admission to the Register of the other two countries. This obligation to provide for reciprocal registration is reasonably held to imply that the Registers of the three countries shall, in all essentials, be similar.

It was finally agreed that the three Registers should contain the parts now specified in the Rules lying upon the table of the House, and, in particular, that there should be a Supplementary part for nurses trained in infectious diseases hospitals, known shortly as fever nurses. While it would have been quite competent for the General Nursing Councils to place fever nurses on the General part of the Register, . . . it was found that neither the English Council nor the Irish Council would assent to reciprocal registration, part for part, on those terms.

In these circumstances, it was necessary for the Board to consider whether the advantages of reciprocal registration by the three countries outweighed the disadvantages of establishing a Supplementary part for fever nurses. On the whole, it was concluded that, from all standpoints, the advantages of reciprocity were paramount. The Rules were adjusted accordingly; but in order not to delay the process of registration the Rules as to reciprocity have been omitted. It is, however, understood that as the Scottish Council has accepted, part for part, the same divisions of the Register as the English and Irish Councils, and has done everything in its power to secure uniformity of standard, there is no further obstacle to the establishing of reciprocal registration, part for part, among the three countries.

Meanwhile, my right hon. friend the Secretary for Scotland, as President of the Board, took occasion to ascertain the views alike of the local authorities, of the Scottish Nursing Council, and of the fever nurses themselves. On the 15th September last, he discussed the question with a deputation representing all the Scottish local authorities. A week ago he heard the latest views of the Scottish General Nursing Council. In the interval, he caused inquiries to be made of the fever nurses at the chief Scottish hospitals for infectious disease. Accordingly, in coming to the decision that he would not propose to vary the Rules as now submitted to Parliament, he had before him the views of all the parties concerned. Briefly, the position is that, in the view of the Board, and in the view of my right hon. friend, reciprocity of registration is the ruling consideration in the interests of the whole body of nurses in Scotland.

Mr. MACCALLUM SCOTT: That is not the view of the fever nurses.

Mr. PRATT: The view of the fever nurses is not nearly so unanimous as my hon. friend would have the House believe. Many of the fever nurses have not only a qualification as fever nurses, but a further qualification for general nursing, and among those who hold that double qualification there is certainly a very strong feeling against putting those who only hold one qualification on the same platform with themselves. It is right to point out that the Rules now before the House deal with existing nurses alone. When the Rules for the registration of future nurses are framed the Councils will, no doubt, consider whether they cannot devise a curriculum that will be sufficiently broad to enable every nurse to qualify for admission

to the General part of the Register. . . . The Scottish Board of Health, when the rules for future nurses are submitted for their approval, will keep in view the eminent desirability of securing for all nurses a training sufficiently wide to entitle them to registration on the General part of the Register. . . . The local authorities who are responsible for the immensely important departments of infectious diseases . . . may rest assured that the Board will do everything in their power to secure a comprehensive curriculum of education for all nurses.

Question put, and negatived.

RECIPROCITY SECURED.

We heartily congratulate the 237 Nurses of the Glasgow Royal Infirmary, and the members of the Scottish Nurses' Association, on their spirited action, and in securing so straightforward an advocate in the House of Commons as Captain Elliot, to plead their just cause.

Now that the reciprocity question is satisfactorily settled between England, Scotland, and Ireland, may we invite the Nurses of the United Kingdom to keep an eye on the Qualification column of the Register, and to demand with no uncertain voice that their hard-won Certificates are recorded in the published Register.

COMING EVENTS.

November 4th.—National Union of Trained Nurses. General Meeting of Members. 46, Marsham Street, Westminster. 6 p.m.

November 5th.—Royal British Nurses' Association. Concert. 194, Queen's Gate, S.W. Admission free. 8 p.m.

November 6th.—Memorial to Irish Nurses who gave their lives in the Great War. To be unveiled and dedicated. Garrison Church, Dublin. 11 a.m.

November 11th.—"Remembrance Day." Earl Haig's Appeal for Ex-Service Men of all ranks.

November 12th.—Royal British Nurses' Association. Lecture by Sir Frank Dyson, the Astronomer Royal. 3 p.m.

November 17th.—Central Midwives Board. Monthly Meeting, Queen Anne's Gate Buildings, Westminster, S.W. 1.

November 17th.—Leicester Royal Infirmary Nurses' League. Autumn Meeting. Miss Margaret Breay will speak on "The Importance of Trained Nurses Being Registered." Leicester Royal Infirmary. Chair: Miss Vincent, R.R.C. 3.15 p.m.

November 22nd.—Her Royal Highness Princess Mary visits Brighton, to open the new Nurses' Home, at the Royal Sussex County Hospital.

OUR PRIZE COMPETITION.

We have pleasure in awarding the prize this week to Miss M. M. G. Bielby, Cranford, Middlesex. We regret that owing to great pressure on our space we are compelled to hold over until next week her interesting paper on "Psychology." Miss Ruth White also sent an admirable paper.

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.

INDIAN WOMEN AND NURSING.

To the Editor, THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—On reading Miss Swiss' letter with reference to Indian women and nursing in your issue of October 29th, I felt I could not let the subject pass without further remark. I should like to state that the article Miss Swiss refers to on the Lady Hardinge Medical College Hospital, Delhi, is unofficial, and was sent to your paper without the knowledge or sanction of the present authorities of the Hospital at Delhi. On learning that Sisters were required for the Hospital, the article was the outcome of a conviction on my part that intending applicants should not undertake a venture into such an entirely new field of work, viewing the prospect through only rose-coloured glasses. It is not fair to either side. In India we want women who count the cost, and are willing to undertake the work with that spirit as part of their mental equipment.

If, as Miss Swiss says, the statement referred to is likely to be hurtful to the feelings of many conscientious, capable Indian women, to them I tender a sincere apology. The statement was not made in a spirit of critical superiority. I have devoted many years to training Indian women, and hope to devote many more. I sympathise thoroughly with their circumstances and difficulties in nursing, and have a sincere personal regard for many; but the fact must be faced that the Indian nursing profession is still to win its place of honour.

There are some cases of unworthy British nurses, but when British nursing is referred to in general terms it is always an honourable reference due to the profession as a whole.

The questions put by Miss Swiss at the conclusion of her letter are pregnant with matter for thought and discussion, and I would ask you to allow me to trespass further on your space by venturing on a reference to the last question. Do the large hospitals offer every facility for training to well-educated high-caste Indian women? The Lady Hardinge Medical College Hospital, Delhi, has special facilities for the reception of every caste of Indian woman. It is the aim of the Hospital authorities to specialise in the training of only Indian women. I think I am right in stating that it is the only non-missionary Hospital in India that trains only Indian women.

Miss Swiss' name is well known and respected in the Indian nursing world, and her letter gave me a feeling of pleasure and gratitude. If all British women engaged, or to be engaged, in the cause of training Indian nurses were imbued with a similar spirit of sympathy and understanding, Indian nursing would sooner be on the honoured footing one longs for it.

Yours truly,

London, October 30th, 1921. L. E. MACKENZIE.

PRIZE COMPETITION QUESTIONS.

November 12th.—What do you understand by blood transfusion? Describe the process and the precautions to be observed.

November 19th.—What are the principal complications of pregnancy met with in patients attending ante-natal centres and what treatment have you seen prescribed?

The Midwife.

CENTRAL MIDWIVES BOARD.

The Eighty-ninth Examination of the Central Midwives Board was held in London and the Provinces on October 4th. 634 candidates were examined, and 507 passed the examiners. The percentage of failures was 20.

APPLICATION FOR RESTORATION OF NAME TO THE ROLL.

On the recommendation of the Penal Cases Committee, the application of Midwife Rosa Hollings (late No. 17945) for the restoration of her name to the Roll has been granted.

CENTRAL MIDWIVES BOARD FOR IRELAND.

The Central Midwives Board for Ireland held a meeting on Thursday, 20th ult., at the Offices of the Minister of Health, 33, St. Stephen's Green, Dublin. There were present: Sir E. Coey Bigger (in the Chair), Sir A. J. Horne, Professor Corby, Dr. H. J. Warnock, Mrs. Blunden, Miss Michie, Miss J. H. Kelly, and Miss O'Carroll. The Secretary, Mr. J. E. Devlin, was in attendance.

The Secretary reported that at the recent examination for Midwives the answering of the candidates showed a distinct improvement on previous examinations, several scoring as much as 95 per cent. of the total marks. It was decided to hold the next examination on February 7th and 8th, 1922.

The Board made some further amendments in the Rules and directed that they be submitted to the Privy Council for approval.

THE TECHNIQUE OF BREAST FEEDING.

One of the most hopeful aspects of preaching the gospel of correct infant feeding is that the taught become teachers in their turn. Miss Jentie Paterson writes:—

"Each mother convinced forms a new circle, whether in the East or the West End. The West End mother lacks the continuous expert advice offered free to her East End sister. Just lately I have come across the results of some terrible dietetic errors in the West End of Glasgow, errors and results which could have been entirely obviated if the children's attendants had had a working knowledge of breast-feeding and realised its importance, and known how to modify supplementary food to the human standard."

Mothers who have proved the value for themselves, and their infants, of the instruction they have received, are the most convincing missionaries.

THE HARVEIAN ORATION.

Dr. Herbert Spencer, F.R.C.P. (Lond.), who delivered the Harveian Oration at the Royal College of Physicians last month, gave some interesting quotations from the writings of Harvey. He tells us that: "Harvey was the first to describe accurately the foetal circulation and the great development of vessels in the pregnant uterus. He also had observed, as Ambroise Paré had done before him, the softening and loosening of the sacro-iliac and pubic articulations before labour. He gives a careful description of the lie and posture of the foetus in utero, states that it executes the somersault ('dives down') a little before labour and that it sometimes changes its presentation from time to time. 'For he swimmeth in a water and moveth himself to and fro, he stretcheth himself now this way and now that, and so is variously inflected and tumbled up and down, in so much that sometimes, being entangled in his own navel-string, he is strangely ensnared'; and the Great-bellied women know full well that he doth sometimes acquire a different scituation when they find the Child kick sometimes above, sometimes below, and now on this side and at other times on that.' . . . 'It must not be denied that there are many crafty and fraudulent women which for lucre sake, or for fear of punishment or infamy will feign and swear they are with child. And likewise it is well known that others are easily deceived and do conceive themselves to be with child when it is no such thing.' He alludes to cases in which the foetus is born completely enclosed in the unruptured membranes, and cases of adherent placenta 'oftentimes hardly divided from the uterus which doth induce evil symptoms, noisome smells, and sometimes gangreen whereby the mother is brought into imminent danger.'

"Fortunately we are able to judge of the high esteem in which Harvey was held as an obstetric physician by the writings of his contemporary Percivall Willughby (1596-1685), who was the son of Sir Percival Willughby, of Wollaton Hall, Nottinghamshire. . . . Willughby quotes his honoured friend Dr. Harvey on no less than sixteen occasions, attributes all his knowledge to him and recommends his work in the following words, with which I will conclude: 'I know none but Dr. Harvey's directions and method, the which I wish all midwives to observe and follow, and oft to read over and over again; and, in so doing, they will better observe, understand and remember the sayings and doings of that most worthy, good and learned Dr., whose memory ought to be had for ever in great esteem with midwives and child-bearing women.'"

Midwives and nurses will find the whole of this Oration published in the *Lancet* of October 22nd, of great interest and profit.

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SATURDAY, NOVEMBER 12, 1921.

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EDITORIAL.

EAST AND WEST.

The correspondence which has been taking place in this Journal on the subject of "Indian Women and Nursing" is of considerable interest, because it is certain that if effective provision is to be made for the nursing of the sick in our great Overseas Dominions, it must be by an indigenous, not an exotic, Nursing Service. The provision of the latter to an adequate extent is far too costly, and, further, it is unsuited to the needs of the great native population outside the hospitals. The aim of those who have the welfare of these countries at heart must therefore be to develop, and utilise to their fullest extent, the good qualities to be found in native women; to turn the attention of these women to the possibilities offered by nursing as a means of livelihood, and to build up the nursing profession on a sound and solid foundation, on lines suited to the country, be it India, Ceylon, Africa, or elsewhere. In all these countries the training of native nurses is in its infancy, although hopeful progress has been made, foreshadowing future developments.

All pioneer work of this kind is difficult, demanding exceptional qualities on the part of those who undertake it—first, of course, sound knowledge, and then tact, patience, sympathy and kindness. The most desirable material is slow to present itself; the best must be made of that which is available. Certain qualities in the Oriental probationer are characteristic of good nursing—gentleness, quietness, deftness, kindness, lovability; these are good qualities with which to work. On the other hand, she is apt to be very pliable; to take the line of least resistance (a characteristic not unknown in Western countries); to say the thing which

she thinks will be pleasing to her superiors, irrespective of the merits of the case. Therefore her moral backbone needs stiffening, reliability and thoroughness must be inculcated, and a frequent tendency to inertia combated.

It is by such methods, and not by indiscriminate praise, probationers in Indian and other Eastern hospitals will best be fitted for their high and responsible work. "Precept upon precept, line upon line, here a little and there a little," the moulding process goes on, and those who are carrying it out have no easy task. There is the difficulty of language, the difficulty of climate, the essential difference of outlook in East and West. They will succeed, just as British officers succeed, by leading, not driving their subordinates, and they will find that strictness, even sternness, will not be resented, provided decisions are just.

It is true that both Indian and African women are quicker to respond to the appeal of affection to a person than to that of loyalty to an abstract principle. But is not that true of all undeveloped peoples, including the children of our own race? Wise teachers utilise that quality in the early stages of education, and lead on, through and from it, to a higher and more self-reliant level.

But the Western woman must bring to her task, if she is to succeed, large sympathies and a wide outlook. Everything is not necessarily best because it is a Western custom, and a newcomer in the Orient should divest herself of any insular cocksureness, and study the problems which present themselves to her with an unprejudiced and open mind. There is much that she can teach the East. It is conceivable, also, that there are things which the East can teach the West. After all, it was in the East that British people learnt the habit of taking baths. Who shall say it is not a good one?

OUR PRIZE COMPETITION.

WHAT IS PSYCHOLOGY? WHY IS A KNOWLEDGE OF IT NECESSARY TO THE NURSE (1) FOR THE PATIENT'S SAKE, (2) FOR HER OWN SAKE?

We have pleasure in awarding the prize for last week to Miss M. M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

Psychology is the science which explains the laws governing the mind, and the relation of thought to the other two departments of human nature—feeling and action. It enables the student to obey the behest, Know Thyself; to see how all thoughts tend to become actions, and to understand the influences in operation between mind and body.

A knowledge of psychology is necessary for the patient's sake, because without it a nurse may well spend half a lifetime in acquiring empirically that skill in the art of nursing for lack of which her earlier professional work may yield only a tenth of its maximum contribution to the patient's health and comfort. With this knowledge, eyes and hands become the dexterous servants of the trained mind; it makes for physical and mental *efficiency*, which has been happily defined as 100 per cent. Psychology ensures the training of the senses, the ground work of efficiency. A nurse with this knowledge spares the patient mental and physical effort; his facial expression will to her make questions unnecessary. His mind, which may be weakened by his malady, will respond to her conscious, positive suggestion. Her interest power will have been developed with the imagination, thus placing at the patient's disposal increased resistance to depression. Her harmonious mentality will ensure for him that psychic atmosphere fortifying to his recuperative powers. Her facility of expression, especially in manual tasks, will obviate for him the strain which the proximity of effort always imposes on a sensitive patient. She will have acquired that serenity and loveliness of mind which result from replacing worrying and unprofitable thoughts with the positive, helpful, benevolent thought which imparts sweetness to the face, and acts as a comfort and tonic to the patient.

A nurse requires a knowledge of psychology for her own sake, because without it she is, to a great extent, working in the dark, and is hampered in a proportionate degree. Psychology illuminates obscure mental processes and enables the life to be guided from within, instead of being bolstered up by outside pressure. It is the basis of all education in the true sense of that word, namely, to draw out the latent abilities. Great psychologists assert

that the average of ability is far higher than is commonly believed. Lack of cultivation is responsible for this belief.

An important step in evolution is taken when the nurse grasps the fact that every action is primarily due to right or wrong thought; that the thoughts can and must be trained to obey the Will; the immortal Self in command of its servants—thought, feeling and action. A parallel case to a practical psychologist is that of an orchestra, the Will being analogous to the conductor, the instrumentalists corresponding to thought, feeling, faculties and voluntary physical actions. Just as a consummate orchestral conductor with perfectly trained musicians evolves effortless harmony, so does the practical nurse-psychologist bring harmonious and effortless services to the sick. Most of us have had experience of an untrained, amateur orchestra with a poor conductor. The analogy still holds good; it resembles the well-meaning but inefficient nurse.

On its mental side psychology enables the nurse to become aware of all her potentialities; to systematise her thinking; to cut out all superfluous effort; to secure the working together of the physical and mental factors, and the harmonising of the feelings and emotions, which are the governing power of the mind; it increases her intellectual riches.

On its physical side psychology teaches the importance of a perfectly trained body as an instrument of service; it leads her to discard all habits, all faults and follies of fashion, which prevent the normal balance of the body or the development and use of every muscle, to which so much avoidable fatigue may be traced.

In brief, the purpose of psychology is to educate the Will. Right thinking and right feeling result in right action and a "completely fashioned Will."

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ruth White, Miss M. James, Miss B. Duncan.

Miss Ruth White writes:—"Some knowledge of psychology is necessary to the present-day nurse, who is expected to nurse her patients with intelligence and sympathy, not merely obediently (though the last named is most essential), in order that she may work hand in hand with the doctor, and not, by sheer ignorance, frustrate his efforts to effect a cure."

QUESTION FOR NEXT WEEK.

What are the principal complications of pregnancy met with in patients attending antenatal centres, and what treatment have you seen prescribed?

NURSING ECHOES.

From the partisan reports issued by certain journals represented at the meeting of the General Nursing Council on October 28th, and the suppression of the arguments against the resolution proposed by Miss Cox-Davies to omit from the published Register the record of the nurses' Certificates, no doubt it is hoped to keep the profession generally in the dark on this matter of vital professional importance to every thoroughly trained and certificated nurse. Let Nurses therefore take note.

The principle at issue is—Shall nurses holding Certificates of three years' training and upwards be degraded in the published Register for all time to an uncertificated class?

Many Training Schools have awarded Certificates of proficiency to their nurses after examination for upwards of thirty years. There are thousands of women whose professional status is thus at stake, and we have no doubt they will take means to protect their own interests. This professional Journal will be at their disposal for the purpose.

The historic Lord Mayor's Show, loved of Londoners, taking place as we go to press, has a special interest for nurses this year, as London's new Lady Mayoress is a certificated Bart.'s nurse. It is suitable, therefore, that St. Bartholomew's Hospital should take part in the Show, and it is, we learn, providing two tableaux, one car showing Henry VIII presenting the Charter of the Hospital to the Lord Mayor of London in 1546, and another showing a nurse opening the door of a hospital ward, with the appeal: "Help to keep this door open."

Among the cars illustrating London charities will be a St. Dunstan's car, containing blinded soldiers engaged in mat and basket making.

The Concert being organised by Mrs. W. B. Paterson, in the Great Hall, St. Bartholomew's Hospital, in aid of the Rebuilding Fund of Queen Mary's Nurses' Home, on November 17th, promises to be thoroughly delightful, and is under a wonderful list of patrons.

The following artists have kindly given their services:—Madame Nikitina (soprano from the Grand Opera of Petrograd), Maharani of Tikari (recitation), Mr. Gordon Cleather (baritone), Mr. Mark Hambourg (piano), Mr. Felix Salmond ('cello), the Russian Vocal Quartette (Messrs. Strelsky, Vydra, Aloff and Donskoy). At the piano, Mr. O'Connor Morris. Tickets, one guinea, 10s. 6d., and 6s., from Mrs. W. B.

Paterson, c/o The Matron, St. Bartholomew's Hospital, Smithfield, E.C., and Mr. Alfred Hays, 26, Old Bond Street, W.

The opening of the Nurses' Recreation Room at the Beckett Hospital, Barnsley, on a recent date, was an occasion of all-round rejoicing for the hospital. Lady Sutherland performed the ceremony, and was presented with a charming bouquet upon her arrival by Sister Newhouse, and a key from Mr. Whitman, Chairman of the Management Committee, with which she opened the door of the room. The furnishing of the room, the dimensions of which are 50 by 25 feet, is very tasteful, and gives it an inviting air of comfort, and is after the style of the Manchester Royal Infirmary. The whole scheme has been under the direction of the Matron and the House Committee, and the room was beautifully beflowered on the opening day. Mr. Whitman spoke of the good work of the nurses during the war, and the need for helping the social side of their lives. Lady Sutherland, in expressing thanks for her cordial reception, said "healthy recreation leads to healthy minds; it benefits all people, and enables those who work to do their work better. It is no good having shorter hours if the leisure time is not profitably employed."

A sign of the times is the announcement by the Asylums and Mental Deficiency Committee of the London County Council that a female charge-nurse has been granted two years' leave of absence, without pay, for general hospital training. It is a wise move, and, we hope, indicates the considered policy of the Council. It also demonstrates that mental nurses are becoming alert to the desirability of obtaining general training.

The following item in a Report of its Education Committee to the L.C.C. is also of interest:—"We have received from the General Purposes Committee for consideration and report to the Council, under Standing Order No. 192, a copy of the final report of the Committee appointed by the Minister of Health on voluntary hospitals. There is a reference in the report of the Committee to the training of nurses in hospitals, and the Committee have recommended that the question of making grants from technical education funds for the training of nurses should be considered. This appears to be a matter on which the Board of Education should frame regulations, if considered desirable. For the information of the Council, it may be stated that classes in cookery for

nurses employed by various hospitals in London have been conducted by the Council in connection with its evening institutes, and the Board of Education have recognised such instruction for the payment of grant."

A tennis court is to be constructed at Bermondsey Infirmary, Rotherhithe, at a cost to the guardians of £240, for the use of the nursing staff. The nurses have one court already, but so many have taken up the game that it has been decided to provide another.

It is to be hoped that this will give work to unemployed, otherwise this expenditure appears hardly defensible in these exceedingly hard times, with their burden of excessive rates.

Parents appear to be getting less diffident about health talks to their schoolgirl daughters. We are glad to learn that Dr. Rose, medical officer to the Aberdeen Education Authority, reports that about 240 senior girls attending the housewifery departments of the schools heard the health talks by nurses. Not a parent had raised the slightest objection to what was said to the girls, and there was reason for believing that only good had followed from the teaching. It was better to have the information on that subject given by those who had special qualifications for this work than to leave it to prurient companions.

A Conference of nearly 200 representatives of the Nursing Associations affiliated to the Queen Victoria's Jubilee Institute for Nurses was held in the Council Chamber at Caxton Hall on Wednesday, November 2nd. The progress of the scheme for obtaining payment from the Approved Societies for the nursing of their members was reported, and a regulation passed authorising the Institute to proceed with the negotiations. The position of nurses under the Unemployment Insurance Act, and the unsatisfactory state of the finances of the Institute were also considered.

ARMISTICE DAY.

Once again Armistice Day bids us "Remember" with solemnity, prayer, and praise the gallant dead of the world's war. Well it is that for a short space the Great Silence should be felt throughout the land while we "salute the sacred dead."

But self-sacrifice, and incredible courage, are not the monopoly of the dead. Many men standing in our streets to-day, trying to make a living, are heroes all. To them, also, in some small part, let us pay our debts of honour.

RULES FOR THE REGISTRATION OF MENTAL NURSES.

ENGLAND.

QUALIFICATIONS FOR ADMISSION TO THE SUPPLEMENTARY PART OF THE REGISTER CONTAINING THE NAMES OF MENTAL NURSES.

(a) A certificate that the applicant has had before 1st November, 1919, not less than three years' training or evidence of experience for a similar period, or in the case of an applicant who has been, or is qualified to be, admitted to the general part of the Register or to the separate section of this part of the Register for Nurses for mental defectives, not less than two years' training or experience before that date, in the nursing of persons suffering from mental diseases in a Mental Hospital or Institution for the treatment of mental diseases approved by the Council for the training of mental nurses; or

(b) The certificate of the Medico-Psychological Association certifying that the applicant has completed her training and passed her examination before the 1st November, 1919.

IN THE CASE OF AN APPLICATION FOR ADMISSION TO THE SEPARATE SECTION FOR REGISTERED NURSES FOR MENTAL DEFECTIVES.

Evidence that the applicant has, before the 1st November, 1919, been *bona fide* engaged for not less than three years, or in the case of an applicant who has been, or is qualified to be, admitted to the general part of the Register or the supplementary part of the Register for mental nurses not less than two years, in the nursing and training of feeble-minded and mentally deficient persons;

Provided that for not less than two years before that date, or in the case of an applicant who has been, or is qualified to be, admitted to the general part of the Register, or to the supplementary part of the Register for mental nurses, at least one year before that date the applicant has been trained in an Institution for mental defectives approved by the Council for the training of nurses for mental defectives.

SCOTLAND.

FOR ADMISSION TO THE SUPPLEMENTARY PART OF THE REGISTER CONTAINING THE NAMES OF MENTAL NURSES.

A certificate of not less than three years' training from a hospital or institution recognised by the Council for training for the purposes of the Register containing the names of mental nurses, or in the case of an applicant who is qualified for admission to the general part of the Register a certificate of not less than two years' training in an asylum or other institution recognised by the Council for training for the purposes of the Register of Mental Nurses which has terminated at any period after the 1st day of November, 1919, but before the Rules to be made by the Council

for the examination and training of nurses shall become operative.

FOR ADMISSION TO THE SUPPLEMENTARY PART OF THE REGISTER CONTAINING THE NAMES OF NURSES FOR MENTAL DEFECTIVES.

A certificate of not less than three years' training from an institution recognised by the Council for training for the purposes of the Register containing the names of nurses for mental defectives, or in the case of an applicant who is qualified for admission to the general part of the Register, a certificate of not less than two years' training in an institution recognised by the Council for training for the purposes of the Register of nurses for mental defectives, which has terminated at any period after the 1st day of November, 1919, but before the Rules to be made by the Council for the examination and training of nurses shall become operative.

IRELAND.

CONDITIONS OF ADMISSION AS MENTAL NURSES.

(1) Applicants who satisfy the conditions prescribed in Rule XXII will be admitted to the Supplementary Part of the Register containing the names of nurses trained in the nursing and care of persons suffering from mental diseases, provided that they can produce satisfactory evidence of having obtained the certificate of the Medico-Psychological Association certifying that they have completed their training and passed the examination prior to the 1st November, 1919, or of having carried out prior to that date:—

- (a) not less than three years' approved training in a Hospital or Institution for the treatment of mental diseases; or
- (b) not less than two years' approved training in such Hospital or Institution, with one year's subsequent *bona fide* practice in the nursing and care of persons suffering from mental diseases.

(2) Applicants who are experienced only in the nursing and care of feeble-minded or mentally defective persons shall be admitted to this Supplementary Part of the Register, but in a separate division thereof, provided they can satisfy the Council that they have been engaged for three years prior to the 1st November, 1919, in the nursing and care of feeble-minded and mentally defective persons, and that for at least two years of that period they have been employed as nurses in an institution for mental defectives.

DIFFERENCES IN THE RULES.

The Scottish Rules do not recognise the certificate of the Medico-Psychological Association as qualifying for registration, as the English and Irish Councils do.

Owing to lack of support and grave financial difficulties, the committee of the Central London Ophthalmic Hospital, Judd Street, St. Pancras, has been compelled to close half the beds in that institution.

A VISIT TO THE ROYAL INFIRMARY, MANCHESTER.

On the occasion of our recent visit to Manchester, to address the meeting of nurses at the Royal Infirmary, we accepted the hospitable invitation of Miss Sparshott to travel down on the previous evening. This gave us the opportunity, while enjoying, in her charming flat, the cup of tea so welcome after a journey, of hearing from her and from Mr. Frank G. Hazell, the General Superintendent and Secretary, something of the scope of the work of this great hospital with its 671 beds.

On the morning of Friday, October 21st, we had the pleasure of visiting some of the departments under Miss Sparshott's guidance, and received our first insight into the methods of administration of the Nursing Department at the meeting of the "Cabinet" at 10.45 a.m., when Miss Sparshott, Miss Mundy (the Assistant Matron), Miss Abram (the Sister Tutor), and other heads of departments meet for coffee in the Assistant Matron's room, and discuss matters of importance which may have arisen since the early report given in the Matron's Office.

We much admired the colouring of the lower part of the corridors, both in the hospital and in the Nurses' Home, a warm Pompeian red, which, with the fine proportions of the arches, makes them very attractive. A distinctive feature also is the wide open spaces between the blocks which are connected with covered ways, open, however, on each side.

THE WARDS.

The surgical blocks are self-contained units, each visiting surgeon having both male and female wards and his own operating theatre with annexes, and (on the team system) the members of the nursing staff allotted to his wards fit into the scheme and have their own special duties.

The wards are beautifully bright, airy, and spotless, the floor covering being linoleum; and when we saw them were beautified by a wealth of lovely chrysanthemums. In the short corridors leading to the main wards are small single rooms as well as the ward kitchen, linen room, and other service rooms.

THE KITCHEN.

The great kitchen is a hive of industry—huge steamers, ovens, pans of boiling fat for frying fish, and all the paraphernalia inseparable from cooking for a family of over 1,000 persons are in evidence. We were glad to see the potatoes which had been boiled in their jackets being peeled by busy maids—the most nutritious, tasty, and economical method of preparing them. The patients' food is served from the kitchen and placed in hot tins coming to their destination on trolleys. The probationers during their training receive instruction in the art of sick room cooking in nine demonstrations and nine practical classes.

In the large out-patients' Hall we noticed a stand where tea at 1½d. a cup and light refresh-

ments are served—a boon to many while waiting.

The mortuary, pathological department, and post-mortem rooms are very well arranged. There is a waiting room for the relatives, and a body can be brought out from the ice chamber in which all are placed, on to a table in the centre of the adjoining room for their inspection.

THE MESSAGE DEPARTMENT.

Adjoining the Infirmary is a large Massage Department, superintended by Miss E. O. B. Peile, a Registered Masseuse, holding the Teachers' Certificate of the Chartered Society in both Medical Gymnastics and Medical Electricity. This includes class rooms where instruction is given to the massage students by Miss Peile and her assistants, and a large Gymnasium as well as the rooms for the medical staff, and treatment rooms. At present there are 21 students in the school.

CLINICAL MATERIAL.

The clinical material, for the education of students and the training of nurses at the Royal Infirmary, Manchester, is, of course, of a most varied nature, and very little alteration is required in the present Syllabus to meet the requirements of the General Nursing Council.

The members of the nursing staff are fortunate in receiving lectures from members of the Medical Staff, the Matron, and the Sister Tutor (who has received training in teaching methods at King's College for Women, London), and who gives systematic instruction to the probationers in training.

THE NURSES' HOME.

The Nursing Staff are fortunate in their Home, with attractive sitting rooms for Sisters, Staff Nurses, and probationers, a small room where they can receive visitors, a silence room where they can study and write letters in peace, and a professional and general library supported by a small monthly contribution from each of the staff. The large Dining Hall is very attractive with tables for six, well appointed and decorated with flowers. It has its own scullery close at hand.

Each nurse has a separate bedroom, with a hanging cupboard and full-length mirror, with long drawers below and smaller drawers and trays inside—a most desirable piece of furniture for anyone's use. There is also a convenient combination dressing and wash-stand. In the bathrooms is an ample supply of hot water day and night. The lines have indeed fallen in pleasant places to the nursing staff, whose salaries, we may add, are arranged on a very liberal basis.

ANOTHER TALE.

Compare these happy conditions with those of forty years ago. In pouring rain and a pea-soup fog a lonely Pro. drives up to the grim-faced old M.R.I. "James" is in his cubby hole just inside the door, and directs her to a gloomy little room containing two beds. A fixed wash-sink under a window so high up in the wall that nothing can be seen. Below is the *dead house*. But that is another tale!

E. G. F.

MEMORIAL TO SCOTTISH NURSES.

No more fitting shrine could have been found for the Memorial erected by members of the Military Nursing Services in memory of their Scottish colleagues who gave their lives in the Great War than the grand old Cathedral of St. Giles in Edinburgh, where the worn colours of many a brave Scottish regiment decorate the stately edifice. It was unveiled with fitting ceremony on Nov. 3rd, by Lieut.-General Sir Francis Davies, K.C.B., in the presence of a large number of relatives of the nurses commemorated, representatives of various nursing associations, and prominent citizens of Edinburgh. The memorial is a bronze tablet set in green marble on which the names of the nurses are inscribed. During the war 150 nurses lost their lives owing to enemy action or disease. Of that number, forty were Scottish nurses. Their names, which appear on the memorial, are as follows:

QUEEN ALEXANDRA IMPERIAL MILITARY NURSING SERVICE.

Sister.

Joan G. Dalton.

MILITARY FAMILIES NURSING SERVICE.

Matron.

Mary MacGill.

QUEEN ALEXANDRA IMPERIAL MILITARY NURSING SERVICE RESERVE.

Sisters.

Ellen Armstrong.

Ella Maud Bond.

Christina Jack.

Isabella Mackenzie.

Helen Milne.

Jeanie B. Smith.

Christina M. Wilson.

Staff Nurses.

Helena S. Bennet.

Margaret S. Dewar.

Elizabeth Edgar.

Bessie Harkness.

Christina M. F. Kemp.

Margaret A. MacBeth.

Mary B. Marshall.

Agnes G. Mann.

Jessie E. MacRobbie.

Annie C. Reid.

QUEEN ALEXANDRA IMPERIAL MILITARY NURSING SERVICE RESERVE—contd.

Staff Nurses.

Jessie Ritchie.

Elizabeth R. Thomson.

Mary Watson.

Myrtle E. Wilson.

TERRITORIAL FORCE NURSING SERVICE.

Sister.

May Grant.

Helen M. Hastings.

Isabel Meldrum.

Staff Nurses.

Agnes M. Climie.

Beatrice G. F. Forbes.

Jessie S. Jamieson.

Mary T. Kerr.

Mabel Milne.

Mary Mackinnon.

Margaret B. Marnoch.

Jessie J. Paterson.

Edith Simpson.

Wilma B. Stewart.

Assistant Nurses.

Hannah D. Mark.

Elizabeth M'Donald.

Caroline C. C. Miller.

Christian M'Combie.

Of the forty nurses, four were killed by enemy action, three were drowned whilst serving on hospital ships, and 33 died of diseases arising from military service. Only two were members of the regular Military Nursing Service, and the others were members of Queen Alexandra's Imperial Military Nursing Service Reserve, and the Territorial Force Nursing Service who had been called up from civil employment.

The Rev. Dr. Wallace Williamson conducted the memorial service, and the Dowager-Countess of Airlie, President of the Memorial Committee, on behalf of the donors, asked Lieut.-General Sir Francis Davies to perform the unveiling ceremony.

Sir Francis Davies, in unveiling the memorial, said this nurses' Memorial was peculiar, because it was not put up to the fighting forces. It was put up to those wearers of that red and grey uniform which all soldiers knew and loved so well. These ladies had not earned their crown in the day of battle. They earned it in the patient discharge of their duty—some actually killed by the enemy's action, unresisting victims of the malice of our foes. It was only fit and proper that, as representing the Army in Scotland, he should pay tribute to the service these nurses had rendered to the Army, they and their comrades. The Army knew, and would never forget, what the Nursing Service meant to it. They all knew what it was even in peace to have the attentions of a skilled nurse; but only those who had been in a hospital on active service could know what that attention meant to the wounded and the sick soldier. The skill was not the only benefit; there was also the presence of that ministering angel who added to her skill the sympathy and the magic touch of a woman of their own race. This Memorial would serve to remind future generations of those dear ladies of the Scottish nation who laid down their lives in that great Service to which they belonged, and he felt sure it would serve as an inspiration to those who came after.

At the conclusion of the service the "Last Post" was sounded, and after the National Anthem had been sung, the haunting lament, "The Flowers o' the Forest," was played on the pipes.

Amongst the large assembly which filled the Cathedral there were present, the Lord Provost and Mrs. Hutchison, Lady Davies, Colonel Stathan representing Sir John Goodwin, Director-General of the Army Medical Service; Sir Joseph and Lady Fayer, Lady Findlay, Sir James Affleck, Major-General J. C. Culling, C.B.; Miss Beadsmore Smith, C.B.E., Matron-in-Chief of the Q.A.I.M.N.S.; Dame Maud McCarthy, D.B.E., Matron-in-Chief of the T.A.N.S.; Miss Gill, R.R.C.; Miss Gregory Smith, R.R.C.; Miss Milligan, R.R.C.; Miss Palin, Matron-in-Chief of Pensions; Miss Clay and Miss Pagan, R.R.C.

AN IMPRESSION.

BY ONE WHO HAD THE HONOUR TO BE PRESENT.

With solemn pomp and ceremonial, within the precincts of our grand old Cathedral of St. Giles', Edinburgh, there was dedicated, on Thursday last, the Scottish Nurses' War Memorial. Elsewhere the Memorial and the Unveiling Ceremony are described, together with the honoured names of those who gave their lives in Freedom's Cause. We listened in awed silence to the solemn words—"Greater love hath no man than this, that a man lay down his life for his friends."

High in the vaulted roof of the Cathedral hang flags from bye-gone battles, rent and riddled by shot and shell. On tablets and tombs all around one read of those who had given their lives for King and Country; or who, by deeds of philanthropy and of service, had made their names immortal. Surely, 'mid such surroundings,

as the organ pealed forth Chopin's "Funeral March," one felt one's spirit lifted to a higher plane, mingling somewhere, somehow, with the spirits of those brave and noble women whose memory will ever remain green to the Scottish nation who gave them birth. With dauntless courage they ministered, and with splendid heroism "passed on"; for theirs was not death but transition: "Where beyond those voices there is peace." Surely, they, too, joined in those repeated "Hallelujahs" for "All the Saints who from their labours rest":—

From earth's wide bounds, from ocean's furthest coast,

Thro' gates of pearl streams in the countless host;
Singing to Father, Son and Holy Ghost—

Hallelujah!

"Grant us their memory may evermore be precious to us" was the burden of the beautiful dedication prayer offered up by the Rev. Dr. A. Wallace Williamson. "Guide and guard us 'mid all the troubles and perplexities of this life, till we are re-united with those who have gone before. Amen!"

Now with triumphal palms they stand

Before the throne on high;

And serve the God they love, amidst

The glories of the sky.

The trumpet sounding "The Last Post" rang through the vaulted arches of the ancient Cathedral calling us to take up the work that had fallen from their hands, and carry on.

Carry on! Carry on!

Fight the good fight and true,

Believe in your mission, greet life with a cheer;

There's big work to do, that's why you are here.

Carry on! Carry on!

Let the world be the better for you;

And at last when you die,

Let this be your cry,

Carry on! My soul! Carry on!

A. E. M.

THE COLLEGE OF NURSING, LTD.

LECTURES FOR TRAINED NURSES.

A Course of Lectures to Trained Nurses are being given on Tuesdays, at 5.30 p.m., at St. Thomas's Hospital, arranged by the College of Nursing, Ltd.

Miss D. Coode opened the Course with the "History of Nursing," on November 8th, and many interesting subjects have been chosen. Tickets cost 5s. for the Course of nineteen lectures, or 1s. each Lecture.

THE SHEFFIELD CENTRE.

The attention of the members is drawn to the following dates. It is hoped every member will do her best to be present at each function:—

Tuesday, November 15th.—General Meeting at the Royal Hospital, at 7.30 p.m. Members of the local Centre only.

Monday, November 28th.—Lecture at the University at 7.30 p.m. by Mr. A. Peters, F.R.G.S., illustrated by lantern slides, entitled "America

through the Eyes of an Englishman." Open to all Nurses whether members of the College or not. They may also bring a lady friend.

Monday, December 12th.—At the University at 5.30 p.m. Mr. Comyns Berkley will give an Address to Nurses. All Nurses whether College members or not will be welcome.

A STRONG DIFFERENCE OF OPINION.

A recent meeting of the Swansea Hospital Board, according to the *Western Mail*, adopted a resolution of the house committee, recommending that the board withdraw its support from the College of Nursing, Ltd., with whom there is a strong difference of opinion concerning the rules of the College.

Mr. C. Tuckfield said that when the College first asked for support it was understood that the institution was for the benefit of the whole of the nursing profession. They found, however, that the College had left outside a large number of nurses in smaller hospitals, whom they thought should benefit by the institution. The house committee had recommended the withdrawal of support, but he thought a fresh effort should be made to have the rules, which excluded some nurses, altered.

Dr. Lancaster moved an amendment that they again ask the college to modify their rules before severing their connection with the movement.

Dr. F. W. Brooks seconded, but the amendment was lost by fifteen votes to eleven.

Notice of a resolution indicating the position taken up by the hospital in relation to the College, was given by Dr. Brooks. This resolution, whilst expressing approval of the raising of the standard and status of nursing, deplored the cruel and unjustifiable treatment accorded by the College to certain nurses trained at smaller hospitals and others.

THE HOSPITAL WORLD.

The death of Lord Sandhurst, Treasurer of St. Bartholomew's Hospital, who since 1912 has held the office of Lord Chamberlain of the Household removes from our midst a personality more intimately associated with nursing politics than many nurses realise. He presided over the Select Committee of the House of Lords in 1890 and 1891 which was appointed to inquire into the management of the London Hospitals, when the question of State Registration of Nurses) as well as the management of the nursing department of the London Hospital, was investigated at some detail.

He was present when the Petition of the Royal British Nurses' Association praying to be incorporated by Royal Charter was heard by the Privy Council in 1892, and we well remember how when a Bart.'s nurse tripped up to him in the lobby of the House of Lords in 1919, and asked him not to support Lord Goschen's Nurses' Registration Bill he replied "I have voted for State Registration, and I have voted against State Registration, and you will see how I shall vote." Finally on behalf of the Government he skilfully piloted its Bill, which became an Act on December 23rd, 1919, through

its stages in the House of Lords, often after midnight, at those December sittings.

To Lady Sandhurst, who is also interested in nursing questions, and a member of the Standing Committee of No. 1 Hospital, T.A.N.S., nurses will wish to offer their sincere sympathy.

The King and Queen and other members of the Royal Family were represented at the funeral service of Lord Sandhurst, which was held at the Chapel Royal, St. James's Palace, and the interment took place at Aldbury, near Tring.

Lord Stanmore has been appointed Treasurer of St. Bartholomew's Hospital to succeed Lord Sandhurst. He is a Lord-in-Waiting to the King, and the second Baron, and has held a commission in the Gordon Highlanders. Lord Stanmore has accepted office at a difficult time in the history of this grand old hospital, and we wish him all success during his tenure of office.

The Secretary of the Westminster Hospital is anxious to thank, through the Press, the general public and friends of the hospital who, in response to the Westminster Hospital Ladies' Association Pound Day Appeal, gave so generously in money and food. The money collected by nurses and students and donations to the Ladies' Association amounted to over £420. Gifts of food, totalling 2,000 lb. in weight, were received.

It was reported to the Metropolitan Asylums Board on Saturday that between September 4th and November 3rd, 11,500 cases were admitted to the Board's fever hospitals and that the patients now number 9,500. Sufficient accommodation could not be found to meet the requirements, and it had been decided to adopt a system of selection, preference being given to necessitous cases, especially those coming from homes where there is unemployment.

The Nursing Staffs of the four Voluntary Hospitals of Sheffield are anxious to do something towards reducing the large debt which at present is curtailing their work. With this object in view they purpose holding a large bazaar in May, 1922. As a preliminary step a Jumble Sale will be held next Saturday, November 19th, in the Cutlers' Hall. The hospitals concerned are the Royal Hospital, the Royal Infirmary, the Children's Hospital, and the Jessop Hospital.

The Matrons ask old members of their staffs to send a contribution, no matter how small, for one or both of these functions. They should be addressed to the Matron at her hospital. Contributions for the Jumble Sale may be sent on the morning of the 19th inst. direct to the Cutlers' Hall, if more convenient. Nurses, do not let this opportunity pass without doing your bit to prevent beds in your old hospital being closed down for the want of funds.

APPOINTMENTS.

MATRON.

National Children's Hospital, Harcourt Street, Dublin.—Miss Honoria Wilson has been appointed Matron. She was trained at Brownlow Hill Infirmary, Liverpool, and has since been Night Sister and Accident Sister at the Meath Hospital and County Infirmary, Dublin. She is also a Certified Midwife.

SISTER.

Lady Hardinge Medical College, Hospital for Women, Delhi, India.—Miss Gertrude McCready has been appointed Ward Sister. She was trained at the Prince of Wales's Hospital, Tottenham, N., and has worked for two years at the Royal London Ophthalmic Hospital, and for a year at the Wandsworth Borough Council Maternity Home.

The Infirmary, Parkhurst, Newport, Isle of Wight.—Miss D. O'Shea has been appointed Sister. She was trained at the Waterford Infirmary, where she has held the position of Night Charge Nurse.

Victoria Cottage Hospital, Woking.—Miss E. M. Revill-Johnson has been appointed Sister. She was trained at the Royal Hospital, Sheffield, and has done holiday duty at the Wells and Gorleston-on-Sea Cottage Hospital, and been Staff Nurse at the Hendon Cottage Hospital. She has also done private nursing, and is a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

NIGHT SISTER.

The Infirmary, Parkhurst, Newport, Isle of Wight.—Miss S. M. Hick has been appointed Night Sister. She was trained at the Poor Law Infirmary, Dudley, and has been Sister of a Surgical Ward at the County Infirmary, Montgomery, and Sister at the Poor Law Infirmary, Brighton.

THEATRE SISTER.

Royal Infirmary, Preston.—Miss Constance Haworth has been appointed Theatre Sister. She was trained at the Royal Infirmary, Manchester, and subsequently was in charge of an operating theatre there.

NIGHT SUPERINTENDENT.

Union Infirmary, Great Yarmouth.—Miss Eileen H. Walsh has been appointed Night Superintendent. She was trained at the General Hospital, Wolverhampton, and has been Ward Sister at the General Hospital, Great Yarmouth. She is a Certified Midwife.

SISTER-TUTOR.

Royal Hospital, Richmond (Surrey).—Sister Hunter-Lewis has been appointed Sister Tutor. She was trained at University College Hospital, Gower Street, W.C.

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:—

England and Wales.—Agnes M. Morgan, Eveline M. Crothers, Catherine Donnelly, Ethel M. Lamb, Fanny F. Drover, Edith A. Francois, Florence M. Marsh, Maud Smith, Florence J. Field, Agnes Kemp, Betty Hill, Lily L. V. Varnell, Johanna Wilhelm, Kathleen E. Hitchfield, Fanny M. Lainchbury, Frances Miller, Emily Schofield, Ethel M. Lampait, Mary M. L. Johns, A.R.R.C., Mary Flexman, Elizabeth Shannon, Alice M. Harbert, Ethel M. Harbert, Eva Oldroyd, Margaret H. Banks, Margaret McHugh, Nellie Stopard, Hannah Booth, Annie Sweeney, Emily Craven, Florence E.

Ford, Winifred I. Fowler, Alice Anderson, Winifred A. Curzon, Janet Ford, Florence L. Brown, Kathleen S. Moore, Alice M. Stearn, Florence A. Robinson, Florence H. Hermitage, Grace Phillips, Emma L. Cook, Lilian Neal, Ellen Swift, Annie J. Tate, Nellie Jackson, Henrietta Davis, Ann W. Kavanagh, Eva Woodward, Annie Jones, Edith Williams, Helen Lessels, Katherine S. Morgan, Edith H. B. Stewart, Sarah M. Webb.

Ireland.—Mary A. Colohan, Margaret Doherty, Sarah Gallagher, Ellen Lyons, Anna M. McNamara, Hilda L. Taylor.

Scotland.—Mary J. Burnett, Martha F. Clark, Maude E. Cliffe, Elizabeth K. Cockburn, Helen A. Ferguson, Janet H. Jackson, Janet R. Kinghorn, Margaret Lornie, Isabella Maciver, Barbara J. J. Manson, Maggie Moodie, Olga Rasmussen, Christina Sinclair, Annie M. Smith, Margaret L. C. Thomson, Annie S. Wilson, Euphemia Work, Annie Buchan, Eliza Evans, Margaret Bain, Janet Barrie, Margaret R. Bell, Annie H. Cooper, Agnes Craig, Sarah A. G. Lett to Exning; Jessie Procter, Augusta M. O. Wilson, Margaret M. Lynch, Mary M. McKinnon, Jean P. Halliday.

TRANSFERS AND APPOINTMENTS.

Miss Caroline A. Lee is appointed to Northants, as County Superintendent; Miss Alice Meldrum to Derbyshire, as County Superintendent; Miss Bridget M. Walshe to Manchester (Bradford), as Senior Nurse; Miss Joyce Beswick to Redditch; Miss Beatrice M. Booth to Birmingham (Moseley Road); Miss Isabel Campbell to Redenhall; Miss Mary G. Coulson to Croydon; Miss Annie F. Hawes to Clacton; Miss Catherine M. Henniker to Brixton; Miss Milly Jepson to Clacton; Miss Sarah A. G. Lett to Exning; Miss Annie L. Lord to Croydon; Miss Katie M. Moore to Aldeburgh; Miss Charlotte A. Palmer to Freshwater; Miss Annie Richardson to Camb. C.N.A., as Health Visitor; Miss Beatrice Ryder to Stockport; Miss Rose M. Sharpe to Didsbury; Miss Elizabeth A. Smith to Barrow-in-Furness; Miss Gladys N. Wide to Wellington.

WEDDING BELLS.

Many good wishes will be offered to Miss Gertrude Annie Fry, whose marriage to Mr. W. L. Heath takes place at St. John's Church, Cardiff, on November 11th. Miss Fry, who has done excellent work as a member of the staff of the Registered Nurses' Society, 431, Oxford Street, London, W. 1, holds the Certificate of the West London Hospital, Hammersmith, and did active service during the war at the 12th Stationary Hospital, Rouen, and Casualty Clearing Stations 43, 46 and 49. She joined the R.N.S. in 1919.

The engagement is announced of Miss Seddon, Matron of the Tolworth Isolation Hospital, to the Rev. W. Aylwin, curate of St. Matthew's, Surbiton. Mr. Aylwin has recently been operated on for appendicitis at the hospital, but the Vicar of St. Matthew's, writing in its Parish Magazine, says that "the processes which culminated in the engagement were antecedent to Mr. Aylwin's operation. He lost his heart before his appendix." Many good wishes for the happiness of the prospective bride and bridegroom.

Harold Newcomb Hillebrand, Department of English, University of Illinois, has just been declared the winner of the 500 dol. prize that was offered by the Central Council for Nursing Education of Chicago, for the best play of three or four acts written by an American author and based on the life, or incidents in the life of Florence Nightingale.

GENERAL NURSING COUNCIL FOR SCOTLAND.

The General Nursing Council for Scotland at its meeting held at 13 Melville Street, Edinburgh, on Friday, November 4th, dealt with a large number of applications for registration which had already been considered by the Registration Committee. On the recommendation of the Registration Committee it was resolved that in the case of existing nurses, and nurses in training before the issue of the Rules, the Register should contain under the heading "Qualification" the words, "E.N." (Existing Nurse) or "N.T." (Nurse in Training) only, and further that in the case of such nurses with a complete three years' training, the columns "Date of obtaining qualification," and "Hospitals in which qualifying training received" should be filled up, while in the case of such nurses not having a complete three years' training in a recognised hospital, the columns should be left blank.

We do not gather whether Certificates of Training are to appear in the Qualification column or not. Scottish nurses have a right to know exactly what will appear in this column in the published Register before applying for registration.

The Rules framed by the General Nursing Council for Scotland in regard to the admission of existing nurses, &c., to the Register having now lain on the table of both Houses of Parliament for 21 days on which the House has sat, and no Address having been presented to His Majesty by either House of Parliament, the Rules stand as framed. The vexed question of the admission of the Scottish Board of Health's Fever Nurses to the General part of the Register is, therefore, now settled. Such nurses will not be admitted to the General Part of the Register unless they also have the ordinary qualifications for such Register. The standard for admission to the Registers will, therefore, be the same in Scotland and England, and nothing should now stand in the way of arranging reciprocity between the three parts of the Kingdom.

GENERAL NURSING COUNCIL FOR IRELAND.

At a recent meeting of the General Nursing Council for Ireland the question of appointing a permanent Registrar was discussed, and it was decided to make the appointment early in the New Year. In making their selection the Council will give preference to a fully trained nurse with secretarial and office experience.

We learn on reliable authority that "most certainly the possession of a Certificate of Training will in every case be recorded in the Register." We congratulate the General Nursing Council for Ireland, and Irish nurses on this decision.

THE GREEK NURSING UNIT.

The Sisters have had a strenuous time, both in Asia Minor and Athens, but the work is quieting down. Sister Bellamy has been doing Matron's duty, owing to the illness of their Matron, and finds such duty in a Greek hospital is "no joke"; but apparently she has been able to cope with the difficulties. She knows, as an R.N.S. Sister, difficulties are just there to be overcome.

Sister Nunn writes quite pleased to see the group of her patients in the *B.J.N.*, and says the doctor who was in the group was charmed to find himself in the English nurses' paper! Now that Mrs. Endall, who speaks modern Greek fluently, is Matron at the 1st Military Hospital in Athens, the Sisters are very happy to have her. Sister reports she is getting on well with her Greek and has had no interpreter for some time. "The weather is divine," now that the intense heat has passed away.

The Sisters in Asia Minor have had a varied experience, and we are glad to learn very serious medical cases recovered health with skilled nursing—typhoid, scarlet, malaria—all respond, as we know, to nursing, even when of the worst type. Sister Baxter writes: "We have been very comfortably housed and have the upper flat of a clean harem; outside our window we have the Union Jack flying; and of the patience, endurance and gratitude of the Greek soldiers we cannot speak too highly—their powers of recuperation are wonderful."

On their return journey to Smyrna, the Sisters had permission to spend a few days in Constantinople. That, of course, was an immense treat, which apparently they enjoyed to the full. The lovely scenery—the mysticism of the East—Mosques—to say nothing of the Opera! A change, indeed, from Eshi Chehir!

We are always glad to hear of nurses seeing a bit of this magnificent world, because nothing is such a fine antidote to British insularity as travel, and coming into touch with peoples so different from ourselves.

THE TIGER OF ASIA.

Mr. Pember Reeves, Chairman of the Anglo-Hellenic League, has an admirable *résumé* of the rival claims in Anatolia in *The Times*. His last words give the gist of the matter. "Surely," he writes, "the Christians of the Near East are human beings, worthy of a better fate than to be used by politicians as cheap meat for the tiger of Asia! I venture to hope that England will not condemn them to despair."

We are informed that the old-established businesses of Messrs. John Bell & Croyden, Ltd., of Wigmore Street, London, W., and Messrs. Arnold & Sons, of Giltspur Street, London, E.C., have been amalgamated under one directorate.

BOOK OF THE WEEK.

ASHES TO ASHES.*

This book deals with the extraordinary psychology of an apparently normal, healthy and prosperous man, Norman Storm, who, yielding to a sudden and insane fit of unreasonable jealousy, murdered his young and charming wife, to whom he was devoted, and with diabolical cunning and coolness covered up his tracks so that his terrible deed was unsuspected and her death was attributed to accident.

At first his terrible deed overwhelmed him with horror, but by degrees he became infatuated with the idea of his own craftiness and cleverness in its concealment.

His charming house in a New York suburb became impossible to him, and he took a furnished flat from a friend in the city itself, where George Holworthy, his old friend, and a devoted admirer of his wife's, did his rather clumsy best to help him to forget his supposed grief.

Norman had always been given to speculation, and he shortly after fell a victim to a swindler, and lost practically the whole of his capital. He held a lucrative post in the Mammoth Trust Company, but seized as he was with a longing to escape from a life that held such terrible memories, he realised that he was no longer in a position to cut adrift from his position.

It was at this juncture that he accidentally met at a railway station an old school friend, a common, good-natured man, with whom he had not much in common, but who, in the disordered state of his nerves, he welcomed as a distraction, and invited to his rooms.

"Fact is," he said, "I'm paymaster now for one of the biggest coal companies in Pennsylvania."

"There's more Scotch—" Storm began, suggestively.

"Not for me, thanks. I'm at peace with the world. If it weren't for that bag of mine—"

"What's in it, anyway?" Storm asked idly. "Money for your gang out there?"

"You've guessed it, son." Horton placed the bag on the table and opened it. "Have a look."

Storm obeyed. Packets of yellow-backed bills, sheaves on sheaves of them, met his gaze, and cylinders of coins.

"Do you know how much I've got here, old scout? One hundred and twelve thousand five hundred and fifty-two dollars and eight-four cents."

From that moment Storm's brain began to work.

How ridiculously small and flimsy the black bag looked to contain such tremendous potentialities. Storm felt a wave of unaccountable hatred for the other man sweeping over him. What right had Jack Horton to flaunt that money in his face? Heaven! If it were only his!

"Say, look here, old scout. For the love of Pete don't mention it. I told you in confidence, old scout. It would mean my job if the company

heard I had been flashing the pay-roll. They must never know I stopped in town. You're the only living soul who knows where I am this minute."

"The only living soul who knows where I am." The words rang in Storm's ears with the insistence of a tolling bell, and a tremendous sinister idea was born. Nothing stood between him and the money there before his eyes, within reach of his hand, but this cocksure fathead. Jack Horton would guard that bag while he lived. *While he lived.*

Before midnight Jack Horton was done to death by Storm, and his crime covered with the same craftiness as before.

Much of the interest of this story lies in the clever description of the details of concealment, and the extraordinary mentality of the man who absolutely gloated over his diabolical cleverness—the same man who, until a month previously, had been an ordinary, commonplace human being.

His old friend, George, was destined to be the person to denounce him. Storm had viewed with great uneasiness his friend's interest in the details of the murder that he gathered from the Press, as little by little the chain of circumstantial evidence became evident even to George's slow perception.

Storm's distorted mind once more set to work to rid himself of the menace in that direction, and George would undoubtedly have met the same fate as the previous victims, had he not laid information when he did.

Ashes play a part in both crimes, in the necessary destruction of the evidences of his guilt in the case of his wife, and in the remains of the good cigars which poor Jack Horton had so enjoyed just before his tragic death.

We admit that the story is gruesome, but it causes the reader to pause and ask—under the surface of how many apparently careless and pleasant people is hid the brute, which, if once unchained, could transform them into a monster such as Norman Storm.

H. H.

THE CALLOUS ONE.

Death fumbled softly at her door
When the old house was thick with sleep;
"Who's there?" she cried within, and he:
"You weep, I hear you weep."

Startled, she screamed out then: "Last night
I wept; you came not, why come now?
Now, now I weep for joy, for joy,
My lover kissed my brow."

Her first, her last, that plighting kiss,
Unless death kissed her while she spoke:
Her lips were cold, like flowers at dawn,
When the old house awoke.

By Daniel Corkery.

A WORD FOR THE WEEK.

How little can be done under the spirit of fear.

Florence Nightingale.

* By Isabel Ostrander. Hurst & Blackett.

IRISH NURSES' MEMORIAL.

On Sunday, November 6th, a Memorial Tablet to the Irish Nurses who gave their lives in the Great War was unveiled in the Garrison Church, Dublin, by General Sir C. F. N. Macready, Commander-in-Chief of the Forces in Ireland, in the presence of a distinguished congregation, including members of the nursing staffs of nearly every hospital in Dublin and its environs. We hope to give an account of the ceremony in our next issue.

SCOTTISH NURSES' CLUB.

Under the auspices of the Health Visitors' Association and the Scottish Nurses' Club, Dr. W. Herbert Brown will give a lecture on Skin Diseases at the Club, 205, Bath Street, Glasgow, on Tuesday, November 29th, at 7.30 p.m.

A meeting of the Health Visitors' Association was held at the Club on October 29th, when the President, Lady Leslie Mackenzie, was in the chair, and Dr. Garden Blaikie, of Edinburgh, gave a most deeply interesting and instructive lecture on "Pathological Discoveries in Relation to Sexual Crimes." It is a subject upon which nurses should take pains to be well informed.

OUR PRIZE COMPETITION.

We regret we are unable to award a prize this week, no paper of sufficient merit having been received.

We are exceedingly sorry that this should be the case, we should have thought that if there was a question a nurse should be conversant with, and be able to write about, it would be this one of blood transfusion, as at any time she may be required to get the patient ready, and prepare for the surgeon in an emergency case.

COMING EVENTS.

November 11th.—"Remembrance Day." Earl Haig's Appeal for Ex-Service Men of all ranks.

November 12th.—Royal British Nurses' Association. Lecture by Sir Frank Dyson, the Astronomer Royal. 3 p.m.

November 17th.—Central Midwives Board. Monthly Meeting, Queen Anne's Gate Buildings, Westminster, S.W. 1.

November 17th.—Leicester Royal Infirmary Nurses' League. Autumn Meeting. Miss Margaret Breay will speak on "The Importance of Trained Nurses Being Registered." Leicester Royal Infirmary. Chair: Miss Vincent, R.R.C. 3.15 p.m.

November 17th.—St. Bartholomew's Hospital: Concert in aid of the Rebuilding Fund of Queen Mary's Home for Nurses, Great Hall, St. Bartholomew's Hospital. 8.30 p.m.

November 18th.—Monthly Meeting, General Nursing Council for England and Wales, Ministry of Health, Whitehall, S.W. 2.30 p.m.

November 22nd.—Her Royal Highness Princess Mary visits Brighton, to open the new Nurses' Home, at the Royal Sussex County Hospital.

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.

NOT A MISSTATEMENT UPON OUR PART. To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you kindly correct a misstatement in your report of the meeting of the General Nursing Council for England and Wales, held on Friday, October 28th last, with reference to the Nightingale Certificates?

The following is the true statement:—The first of the Gratuity Certificate Papers granted by the Nightingale Training School was issued in November, 1877. This system continued till August, 1904, when the single Certificate was granted, not 1893, as you state in your issue.

Yours faithfully,

A. LLOYD STILL,

Matron and Superintendent of the Nightingale Training School, St. Thomas's Hospital.

St. Thomas's Hospital, S.E.1.

November 5th, 1921.

[The form of the Gratuity Papers granted by the Nightingale Training School is well known, and in no instance are they inscribed as "Certificates." They are letters, signed by the Secretary of the Nightingale Fund, to the probationer as follows:—

To Nurse —

I have the pleasure to inform you that the Committee of the "Nightingale Fund," having received a satisfactory report of the manner in which your duties have been performed during the year ending December 25th, have awarded you, in accordance with the Regulations, a first gratuity of two pounds.

A second and third letter were sent annually to the nurse, with the same gratuity, at the end of the second and third year's service.

This personal letter is in recognition of good conduct, but is not a Certificate of Training, and of professional proficiency, and it is much to be regretted that no such Certificate was given to the successful pupils of the Nightingale Training School until 1904, that is, upwards of forty years after the School was founded.

The date 1893, as recorded by our representative in our report of the meeting of the General Nursing Council on October 28th, as mentioned at that meeting by Miss Lloyd Still (no doubt inadvertently) is corroborated by the report of the meeting which appears in another paper.

It is, of course, well understood in the Nursing world that it is through no fault of their own that nurses trained during this period at St. Thomas' Hospital cannot produce a Certificate of Training. The responsibility rests with the authorities of the Nightingale Training School for Nurses, which, until the year 1904 did not provide them with this documentary evidence of their proficiency.

Is it too late, in justice to these nurses, for this omission to be rectified, and for the Committee to

supply those past pupils of the Nightingale Training School with a Certificate which can be recorded on the published State Nursing Registers of England and Wales, Scotland, and Ireland?

Such a decision would be very acceptable to the nursing profession at large, which realises the debt which it owes to the Mother of Training Schools.—ED.]

PROFESSIONAL INDEPENDENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In spite of protests, &c., and strong feelings expressed by more than half the trained nurses, the National Council of South African Women insisted upon holding a "street collection" last Saturday, and the Matron of the Durban Hospital allowed some of her nurses to go out collecting. It has made us heartily disgusted, and with the desire to leave a profession when such a thing is allowed. What will happen next? I only wish we had a few strong leaders to help us on, to make people see we do not want charity; but out here people are too weak to stand by what they consider right, and say we must go by whatever the majority is.

Yours faithfully,

S. R. RICHNELL, *Matron.*

Convalescent Home,
Krantz Kloof, Natal.

[Miss S. R. Richnell and those nurses who desire professional independence in South Africa have all our sympathy.—ED.]

KERNELS FROM CORRESPONDENCE.

THE PROFESSIONAL STATUS OF CERTIFICATED NURSES ON THE STATE REGISTER.

We have received a batch of letters from thoroughly qualified certificated nurses during the past week which might be grouped under the above heading, but think it best to hold the majority of them over until this question has been carefully considered by the Registration Committee and its recommendations placed before the General Nursing Council—as they are naturally inspired by acute indignation. The following quotation is, however, admissible:—

Certificated St. Bartholomew's Hospital Nurse, Member of its Nurses' League.—"I read the report of the General Nursing Council in the last issue of THE BRITISH JOURNAL OF NURSING with amazement. There is nothing I value more in the world than my Certificate of three years' training from St. Bartholomew's Hospital. And small wonder when I remember all I went through to obtain it. I was a member of a large and poor family, and my education very limited—practical work never came amiss to me, but I had never studied for an examination and knew nothing of the theory of nursing, without which it was impossible to gain the Certificate. With great deprivation (my salary was £8 first year) and the help of a friend, I studied in my hours off duty with an outside tutor, and passed First and Final exams.

with credit. You can imagine, therefore, how I value the parchment of proficiency from my Training School—and to place my name on a Register which deprives me of it seems a farce. But Parliament has granted professional nurses a State Register, and I, for one, do not intend to stand aside while any 'nominated' Council depreciates the privileges it might confer. There is another point. The Act and the Rules, so far as I can gather, provide during the two years' term of grace that one year's training in a general hospital or Poor Law Infirmary with two years' further service before 1919, will qualify a nurse for registration on the General Register. That means that the probationers who remained twelve months at 'Bart.'s, or left after failing to pass their First Exam., can, if their work since has been good, be registered; and it also means that, if our Certificates after three years' training and examination are not recorded in the State Register, the thoroughly qualified women are to be degraded to their unqualified and uncertificated status! A most unjust proposal. I agree with you such a blunder would wreck the Register."

[This matter is entirely in the hands of the Certificated Nurses themselves—now they have been warned.—ED.]

REPLIES TO CORRESPONDENTS.

Miss R. Gowers, R.N., New York.—If you wish to be a "Registered Nurse" in England you will need to produce evidence of training in this country either (1) a certificate of three years' training, or (2) of one year's training and subsequent two years' practice before November 1st, 1919, during term of two years' grace. To qualify for the State Examination you will need to train for three years under the Syllabus of the General Nursing Council for England and Wales.

Miss R. Silcock, Kasauli.—The Territorial Force War Medal is granted to members of the T.F.N.S. who volunteered for service overseas on or before the 30th September, 1914, and who rendered such service during the war of 1914-1919.

Nurses not now serving should submit their claims direct to the Secretary, War Office (A.G. 10), Whitehall, London, S.W.

PRIZE COMPETITION QUESTIONS.

November 19th.—What are the principal complications of pregnancy met with in patients attending ante-natal centres, and what treatment have you seen prescribed?

November 26th.—Describe the process of bladder-washing. What is required for this operation, and what precautions must the nurse observe?

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.

BIRTH-CONTROL.

The Malthusian League, which has been trying for the last forty years to educate public opinion to the necessity for birth-control—both as regards quantity and quality of the population—has now been instrumental in establishing a Pre-maternity, Maternity and Child Welfare Centre, where mothers and infants may obtain medical advice. This will include (whenever the circumstances clearly point that on medical, hygienic, eugenic or economic grounds restriction or spacing of births is necessary) medical advice and instruction on this matter. Two doctors and a doubly-certified nurse will be available at this Centre.

The public will agree with the Malthusian League in asserting as the League has done since first issuing a Practical Leaflet in 1913—a leaflet always sent out under carefully guarded conditions as to its proper destination and use—that birth control knowledge is a matter of vital importance to the health and well-being of the community, and should be a well-recognised department of the medical practitioner's work. But, as its economic importance to the users outweighs all other considerations, the public has found and will find for itself the means of obtaining and using this knowledge, failing other and more skilled advice.

In view of the growing public and Press expressions of approval of quality *versus* mere quantity for our future race, and in view of Lord Dawson's recent pronouncement to the Church Congress, it is urgently desired by the League that Birth Control teaching should become an essential part of all types of Welfare work in which medical aid is given.

To carry its beliefs into practice, and to show how Welfare Centres for Pre-maternity, Maternity and Child Welfare work should be really complete, a Clinic was opened at 153½, East Street (corner of South Street), Walworth, S.E. 17, on Wednesday, November 9th.

The public is asked to support this Clinic by sending the necessary funds.

All enquiries to the Hon. Secretary, 124, Victoria Street, S.W. 1.

THE BANISHMENT OF TWIN SPECTRES.

Mr. Charles Edward Pell gave some interesting information concerning the declining birth-rate, and the question as to whether the decline is due to natural causes, before the National Birth Rate Commission last week. He pointed out that throughout human society it was found that the birth-rate rose and fell with the death-rate with remarkable regularity, if the necessary allowances were made for the varying age and sex composition of the populations concerned, and this was true whether the comparisons were between different countries, different classes, or different periods in the history of the same country. He showed

Dr. Halford Ross had proved that when hygienic measures in the Suez Canal zone had caused a heavy fall in the death-rate the birth-rate fell with it. Fertility bore a direct relation to social status, and social status implied different conditions of life. It was evident that a natural law was at work, and this conclusion obviated the necessity of assuming a state of moral decadence among the ablest and most intelligent classes. If research were vigorously undertaken, there was every hope that we might obtain an insight into the biological laws which govern fertility that would enable us to ensure fertilisation at will. It would thus be possible to obtain a regulated and differentiated birth-rate by means which would offend the religious susceptibilities of none, and which would open up a tremendous prospect of mental, moral, and physical improvement for the race, besides banishing for ever the twin spectres of over-population and de-population.

IDEALS IN THE TEACHING OF MIDWIFERY.

We have received from Miss Olive Haydon, the Editor, a copy of "Ideals in the Teaching of Midwifery," which is a reprint, from *Nursing Notes*, of Lectures given at Teachers' Conferences, 1918-1920, at 12, Buckingham Street, Strand. The booklet includes, amongst others, addresses by Sir Francis Champneys, notes of a lecture on "Methods in the teaching of Midwifery" by Dr. Fairbairn, "Teaching Midwives how to express themselves" by Dr. Russell Andrews, F.R.C.P., and "Is a Special Training for Midwife Teachers Desirable?" by Miss Haydon herself. She answers it plainly in the affirmative.

Miss Haydon, who is well known as an arresting and stimulating teacher of Midwives, writes:—"There are a few gifted persons who, without any special training for teaching, do it inspiringly, originally, and brilliantly; they are not always the most learned in theory, but they are usually people with love and enthusiasm for their work; progressive, and intensely interested in 'leading out' the mental and physical capacities of their fellows. The born teacher loves the pupil to excel in his or her work, and even to excel the teacher himself. . . ."

"There are latent capacities in everyone that only need suitable environment and opportunity to develop, and our problem as practical teachers is how best to deal with each individual. . . . Personally I found Madame Montessori's book a great inspiration and encouragement."

A dance is being held in aid of the City of London Maternity Hospital, City Road, E.C., under the auspices of the Appeal Committee, in the Suffolk Galleries on November 16th. Lady Maurice is acting as hostess, and we hope it will have a great success.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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EDITORIAL.

THE VALUE OF PERSONALITY AND TEMPERAMENT.

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

A word of warning was given recently in the report of a Committee on Medical Service published in an American Journal, which stated that "In his passion for arriving at an exact diagnosis the modern physician too often seems to overlook, or has not been taught to value, the little niceties of medical practice, the simple remedies, attention to details, however trivial, the personal touch, which made the physician of a bygone day such a welcome visitor to the sick room."

Well we remember that physician of a bygone day, the atmosphere of strength and comfort he brought with him, his kindness, his goodness. He knew not only his patients, but the members of their families, and took a kindly interest in one and all. When to that is added the exact knowledge of the man of science we get the perfect physician. If we cannot have both, the physician with a "passion for arriving at an exact diagnosis" is undoubtedly the safest attendant, but nothing can compensate us for the fatherly kindness and the personal interest of the old physician, who treated not only the disease, but realised the human needs of his patient.

And this warning may well be taken to heart by nurses. It is right, it is necessary, that we should follow closely in the wake of medical practice, should equip ourselves as perfectly as may be for the scientific and practical side of

our work. But when a nurse enters a sick room the patient, with whom she is to live for a time in such close touch, and for whom she will perform such intimate offices, looks anxiously to see what manner of woman she is. Can he depend on her, rely on her sympathy and kindness in his hours of pain—is she, in fact, a woman of human sympathies, not just a perfect machine?

We cannot urge too insistently on nurses—many of them we know will agree profoundly with us—that throughout the whole of their nursing career they must study their patients as human beings, as well as nurse their illnesses. It is on this side that nurses are often criticised by the public, who are grateful to them for the care they have taken of them.

To fit oneself to go into a house where illness and mental anxiety are enthroned, as the person on whom not only the patient but the members of the household can rely in their trouble, is a high vocation, demanding unselfishness, sympathy, patience, and a painstaking study of humanity in its many types, so that we may know how best to approach its many varieties of types, and what points of contact we shall find with them. There is a type of nurse to whom patients respond as flowers to the sun. She is always in demand, and indeed could be employed several times over. The very definite influence of that nurse as a healing agent must not be overlooked, for the patient, sensing her sympathy and reliability, and the restful atmosphere with which he is surrounded, is at peace, so far as he can be, and that is to put him in the best condition for recovery. A patient who is antagonised by the personality of his nurse, however skilful she may be, is at a very real disadvantage, and it is well that nurses should recognise this fact.

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL COMPLICATIONS OF PREGNANCY MET WITH IN PATIENTS ATTENDING ANTE-NATAL CENTRES, AND WHAT TREATMENT HAVE YOU SEEN PRESCRIBED?

We have pleasure in awarding the prize this week to Miss M. W. Comer, 8, Wolverton Road, Boscombe.

PRIZE PAPER.

Albuminuria may be discovered on examination of urine, in which albumen will be present. If albumen is found, a catheter specimen should be obtained and a second examination made, as possibly some discharge from the genital passage containing albumen may have contaminated the urine.

The patient has a puffy appearance of face, particularly about the jaws, eyelids, also hands. The legs may be swollen and œdematous. There is a diminished secretion of urine. She may complain of drowsiness.

Treatment.—Usually rest, and light, nourishing diet, with extra milk, water and barley water. No meat, stimulants or condiments.

The bowels should act freely. Calomel should be avoided as a rule.

Warm clothing should be worn, woollen next to the skin.

In severe cases it is necessary for the patient to be kept in bed. All urine should be saved and measured, and a specimen taken from the amount passed during twenty-four hours and tested daily to ascertain the amount of albumen. Esbach's albuminometer is the best apparatus for this test. A diet of milk only will be ordered, and copious drinks of water. Strong purgatives may be prescribed, also hot baths or hot packs to induce sweating. A mixture of chloral hydrate and potassium bromide may be prescribed with a view to lowering the irritability of the nervous system. If the patient does not show a marked improvement in a few days the pregnancy may have to be terminated.

Excessive Vomiting of Pregnancy.—The patient will complain of vomiting at any hour of the day or night on the slightest provocation; also of constipation.

Treatment.—Rest in bed is usually prescribed, visitors prohibited. The doctor may order food to be given in small quantities by mouth or by the rectum. A specimen of urine should be saved for the doctor to examine.

Contracted Pelvis.—On taking the pelvic measurements they will be found to be considerably shorter. Also, on vaginal examination, the promontory of the sacrum will be lower down and nearer the symphysis than is normal,

and the measurement of the internal conjugate shorter.

In cases of slight contraction podalic version may be performed and the presentation changed into a pelvic presentation, the reason being that the head will pass more easily through a flat pelvis when it comes last than first.

In extreme cases Cæsarian section or pubiotomy may be performed. In less extreme cases the doctor may consider it necessary to bring on labour before full term is reached, so that the fœtus, being small, may pass through the pelvis.

Hydramnios.—An excessive amount of Liquor Amnii. The patient should wear an abdominal binder for support. When she comes into labour she should be kept lying down to preserve the membranes; the latter may have to be ruptured by the doctor to allow the Liquor Amnii to drain slowly away and prevent further complications. The nurse must prepare for hæmorrhage and an asphyxiated baby.

Venereal disease.—*Treatment.*—Usually mercury, or possibly salvarsan (or one of its associates), may be prescribed.

Gonorrhœa.—The predominant symptom is a yellow vaginal discharge.

Treatment.—Before the confinement, vaginal douches of biniodide of mercury may be ordered. The chief object is to cure the discharge before the child is born, and to lessen the risk of its eyes becoming affected.

Varicose Veins.—Great enlargement of veins, sometimes varicose veins, which are serious and of great discomfort to the patient.

Treatment.—Firm bandaging with such material as soft flannel or crêpe, beginning at the toes and bandaging upwards. An elastic stocking will give some help. Rest with the feet and legs elevated is very necessary. In rare cases an operation may have to be performed, and the veins removed.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Simpson, Miss B. James, Miss Helen Jones.

Miss Jones mentions cramp in the legs as a tiresome complication of pregnancy. The wearing of garters should be avoided, and raising them on a pillow at night often gives relief. Bad teeth may not only cause much pain, but a septic condition of the mouth, and septic absorption.

QUESTION FOR NEXT WEEK.

Describe the process of bladder washing. What is required for this operation, and what precautions must the nurse observe?

NURSING ECHOES.

When Princess Mary visits Brighton on the 22nd inst. to open the new home for nurses at the Royal Sussex County Hospital, she will present to the nurses who joined the Territorial Army Nursing Service the official badges to which they are entitled.

Miss Suart, R.R.C., Principal Matron in Ireland, and Staff, invited the Members of the Irish Matrons' Association, and other friends in the nursing world, to meet Miss Beadsmore-Smith, C.B.E., R.R.C., Matron-in-Chief Queen Alexandra's Imperial Military Nursing Service, and Dame Maud McCarthy, D.B.E., R.R.C., Matron-in-Chief Territorial Army Nursing Service, on Monday, November 7th. A most luxurious tea was provided, and a very enjoyable afternoon was spent. Several old "war" friends met and talked reminiscences over the teacups. The guests all came away delighted to have had the opportunity of meeting the two Matrons-in-Chief from England, who had come over for the unveiling of the Memorial to Irish Nurses who had fallen in the Great War.

The Nurses' Missionary League is holding a Sale of Work on Friday and Saturday this week, at 135, Ebury Street, S.W., from 10 a.m. to 10 p.m. Gifts of all kind will be gratefully received, and should be sent to Miss Richardson, at the above address. Owing to increase of work in the Provinces, and to the heavy cost of printing and postage, the League is in considerable need of funds, and is looking to all friends to help to make the Sale a great success, as we all know how difficult it is to raise money at this time. This notice reaches us somewhat late in the day to be of much use so far as gifts are concerned, but not too late for those interested in the fine work of the League to attend the Sale and spend according to their means.

Miss Ada Thompson, of the West African Nursing Service, has completed a post-graduate Nursing course at the Great Northern Hospital. During the past five years Miss Thompson, who is now on leave from Nigeria, has carried out two tours on the Gold Coast and one in Nigeria.

The *Poor Law Officers' Journal* has several little paragraphs which show that various Boards of Guardians are fully awake to their duty in their relation to the General Nursing Council and Nursing Education. Local Unions met in Leeds on Tuesday, and amongst the

questions for discussion at the meeting was the consideration of the desirability of appointing Sister-Tutors to train probationers, either separately or for a combination of Unions. A Conference is to be held in London on November 23rd, and in referring to this meeting the Clerk of the York Guardians recently stated that the General Nursing Council would in future set the standard of examinations for nurses. It was very desirable that the Union should take the matter into consideration, having regard to the fact that they were at present training twenty probationers. If they wanted to carry on the present system of training probationers, it was desirable that they should arrange for the training according to the curriculum laid down by the Nursing Council. The meeting decided to send Councillor Wright (Chairman of the House Committee) and the Clerk, to the Conference in London.

Reporting to the Paddington Guardians, the Infirmary Committee stated, at a recent meeting, that they had had under consideration the following matters relating to the training and examination of the probationer nurses at the Infirmary:—

(1) The advisability of appointing a lady examiner to examine the nurses in practical nursing.

(2) The provision of prizes.

(3) The provision of a badge on completion of training.

The Committee stated that they were of opinion that it was very necessary to ascertain, at intervals, the practical nursing knowledge of the probationer nurses, in anticipation of the State examinations. This was a new departure recommended by the Medical Superintendent and Matron to keep a check on the practical work taught in the wards and by the Sister-Tutor. The Committee were also of opinion that prizes should be given as an encouragement for good work, and that a badge, "Paddington Infirmary Training School," should be given to each nurse on completion of training. They therefore submitted the following recommendations:—

(a) That a lady examiner be appointed to conduct the examination of the first, second and third year probationer nurses at a minimum fee of £5 5s. for each examination, an additional fee of 5s. 6d. per nurse to be paid in respect of candidates exceeding sixteen in number.

(b) That two examinations be held each year.

(c) That prizes be given as follows:—(1) On result of Medical Superintendent's and practical examinations; (2) on result of second

year's examination and Sister-Tutor's report of work; (3) a medal presented on result of final examinations and Matron's report; (4) a badge on completion of training and passing final examination.

At a largely attended meeting of members of the Alfred Hospital Nurses' League, Melbourne, held at that institution, it was decided with much enthusiasm to raise funds for a memorial to the late Mrs. Tredgold Strong, who was Matron of the first nurse-training school in Victoria, which was established at the Alfred Hospital. Miss Mann, Matron of the Alfred Hospital, presided. It was unanimously resolved that the memorial take the form of the furnishing of one or more of the sitting-rooms in the new Home for Nurses at the Alfred Hospital, and having an inscribed tablet. It was thought that by this means a link would be established between the past and present pupils.

How necessary that trained nurses should have legal status, which will secure to them respect when called upon to give evidence in courts of law becomes every day more apparent. Doctors and nurses are constantly subpoenaed, and life and death sometimes hang in the balance where their evidence is concerned. In the most horrible "Fatty" Arbuckle case (U.S.A.), in which the accused man is charged with the death of a young film actress—several doctors have been called, and Miss Halston, a nurse, was present at the post-mortem and gave fearless evidence.

With the issue of the first State Register in July next, for the first time in English Courts of Law the Registered Nurse's status will be assured.

A tragic occurrence took place this week at Trinity Nursing Home, Torquay.

Nurse Frances Lee, one of the staff, was ill and in charge of another nurse. In a paroxysm of pain this poor sufferer left her bed and jumped from a window. The nurse in charge endeavoured to save her patient and seized her clothing, but it failed to hold, and Nurse Lee fell upon a stone balcony below, receiving injuries from which she died in a few minutes.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

A meeting of the Central Committee will be held on Saturday, November 26th, at 2.30 p.m., in the Council Chamber of the British Medical Association, 429, Strand, W.C. It is hoped every delegate of the affiliated Societies will make an effort to be present.

MEMORIAL TO IRISH NURSES.

As we last week reported a memorial tablet to the Irish nurses who gave their lives during the Great War was unveiled on Sunday morning, November 6th, in Arbour Hill Garrison Church, Dublin, by General Sir C. F. N. Macready, Commander-in-Chief of the Forces in Ireland.

The officiating clergy were: Rev. C. A. Peacocke, C.B.E., Assistant Chaplain-General, Irish Command; Rev. F. F. S. Smithwick, Senior Chaplain to the Forces, Dublin District; Rev. C. S. Little, C.F.; and Rev. C. P. N. Rowband, C.F.

The tablet bears the following names:—

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse.

Elsie Kelly Donaldson.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE RESERVE.

Matron.

Martha Farley.

Sisters.

Mary Agnes Doherty.
Margaret Eliffe.
Margaret Hessie Johnston.

Rosa McGibbon.

Staff Nurses.

Kathleen Bolger.
Mary Danahar.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE RESERVE (contd.)

Rachel Ferguson.

Emily Gray.

Moyra O'Brien.

Elizabeth Grace Stewart.

Mary Alice Walshe.

Elizabeth Wallace.

Elizabeth Harvey Watson.

TERRITORIAL FORCE NURSING SERVICE.

Sister.

Mary O'Gorman.

Staff Nurses.

Annie Cox.

Hilda Garlock.

The preacher, Rev. C. A. Peacocke, C.B.E., took for his text, "Keep this for ever in the imagination of the thoughts of the heart of thy people" (1st Chronicles xxix, 18). Those words, he said, came from a very interesting chapter in the life of King David. He was building his new city of Jerusalem, and wanted to build a temple for the worship of God, but when he was not allowed by God to do so, he collected materials—a wonderful store of precious stones and metals—to be used in the building. Then he had a service, at which he showed the people the collection, and to rouse them that they might learn to do something better than they had done before he used the words of the text.

They were met now, he went on, to unveil and dedicate a memorial to eighteen Irish nurses, and they learned the lesson of the devotion of those nurses, of what they dared, of what they accomplished, of what they endured, showing the highest qualities of womanhood. He often wondered when they took part in unveiling those memorials how many of them remembered the lessons they taught, and made them helpful to them.

He saw in the memorial a wonderful record of service, of character and fortitude, of the highest and best gifts that God gave to man and woman; and, surely, they ought to go away strengthened, helped and lifted up. They ought to see how

much more possible it was to do something better than they had ever done before.

At the conclusion of the sermon the National Anthem was sung. This was followed by the Benediction and the sounding of the "Last Post."

The collection was in aid of the Dublin Hospital Sunday Fund.

Amongst those who attended the service were: General Sir Nevil Macready and Staff; Miss Beadsmore Smith, C.B.E., R.R.C., Matron-in-Chief, and Staff; Dame McCarthy, D.B.E., R.R.C. Matron-in-Chief, Territorial Army Nursing Service; Major-General J. J. Gerrard, C.B., C.M.G., Deputy Director Medical Services; Major-General C. F. Boyd, C.B., C.M.G., Commanding Dublin District; Colonel-Commandant R. D. F. Oldman, C.M.G., Commanding 24th Provisional Brigade; and members of the nursing staffs of almost every hospital in Dublin and the surrounding district.

The band of the 1st Battalion Lancashire Fusiliers, under Mr. Miles (bandmaster), took part in the service.

NURSING PROGRESS AT THE GENERAL HOSPITAL, NOTTINGHAM.

The Report of the Monthly Board of the General Hospital, Nottingham, to the one hundred and thirty-ninth Anniversary Meeting held on Armistice Day, contained much interesting information, and we note that more work has been done at less cost than last year, and also, what is vital to the standard of the work, that the income considerably exceeds that of last year. This is fine in these hard times.

Under the heading, "Training of the Nursing Staff," the report states;—

"Your Board have recently considered the Syllabus of Training for Nurses as laid down by the Nurses' Registration Act, and prepared by the General Nursing Council of England and Wales under the direction of the Ministry of Health. It has been found that certain subjects are included in the Syllabus which this Hospital is unable to provide, but negotiations are in progress with the Authorities of the University College as to providing such training, and your Board are assured that the Council of the College will be glad to adopt any suggestions which the Hospital desires to make in the interests of the Nursing Profession and the public generally. Your Board have also been in communication with other Hospitals as to Maternity Training, this being one of the subjects of training required by the Syllabus which this Hospital is unable to provide, and arrangements have been made for such training to be given to the Nurses of this Institution at another recognised Hospital. Your Board have consented to the adoption of the Syllabus referred to, which will place this Hospital on the State List of recog-

nised Training Schools for the Nursing Profession. Certain other subjects, such as Fever Experience, Sick-room Cookery, and Housekeeping, have also been provided for, and other subjects are under consideration."

We congratulate the Board of Management of the General Hospital, Nottingham, on its foresight, and would draw the attention of well-educated girls contemplating Nursing as their profession to the advantageous arrangements made for their training and education at this fine hospital—so well known to us for forty years past. With a very able Matron at the head of the Nursing Department and a first-class Sister Tutor in residence, probationers fortunate enough to be admitted may enter for training with confidence.

THE TRAINING OF FUTURE NURSES.

We are quite in sympathy with the policy on the future training of nurses foreshadowed by Mr. Pratt—on behalf of the Scottish Board of Health—in the Registration Debate in the House of Commons on the 26th ult. Mr. Pratt stated that the Scottish Board of Health, when the rules for future nurses were submitted for their approval, would keep in view the eminent desirability of securing for all nurses a training sufficiently wide to entitle them to registration on the general part of the register. At present it must be admitted that the curricula of the general hospitals suffer by the exclusion of the infectious diseases, and for the present the curricula of the local authorities, hospitals suffer from the exclusion of surgical cases. But in the present rapid readjustments of hospitals and ere long medical administration, he was satisfied that the systems of training now available would be displaced in favour of a combined training. The local authorities who were responsible for the immensely important departments of infectious diseases, including pulmonary and non-pulmonary tuberculosis, as well as pneumonia, cerebro-spinal fever, and many others, might rest assured that the Board would do everything in their power to secure a comprehensive curriculum of education for all nurses. This would ensure that the local authorities would be able to avail themselves of the highest quality of trained nurse for the very important medical services for which they were responsible.

We feel sure that this must be the policy of our own Health Department in the near future. We have always realised that nurses will not be content to be side-tracked as specialists under a Registration system.

BEQUEST TO A NURSE.

Mr. John Croft Deverell, of Dorking, has bequeathed to his nurse, Miss Mary Benson, a legacy of £500, a gratifying evidence of his gratitude for her care and skill in attending him.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE TRAINED NURSE'S QUALIFICATIONS AND THE STATE REGISTER.

We have received many comments and enquiries in connection with reports which appeared in the Nursing Press of the discussion which arose at the last meeting of the General Nursing Council as to whether or not, when a nurse holds a certificate of general training, the fact that she has received this shall be entered on the Register. Most of the references to these reports have come from the younger members of the Association and those who are building up their careers on more or less independent lines as private nurses, health visitors, &c., and who naturally rely, to a very great extent, on the documentary evidences of proficiency which have been granted to them in connection with their general or special training.

There appears to have existed a widespread idea that not only each certificate of general training would be notified in the State Register, but that it would also indicate any special certificates which Registered Nurses may chance to possess. But, it would appear, the latter course is impracticable because, in the first place, the Act does not provide for it; many additional entries of special certificates would involve the Council in heavy expense and endless problems would arise as to which qualifications should be regarded as really worthy of notice and which should not. The fact, however, that there may be no notice in the published Register of the three or four years' certificate of general training has struck a note of sore discouragement in the minds of nurses, who regard their hospital certificates as their most precious possessions and who, on principle, place a high value on what is the hall-mark of their professional qualification to practise as nurses. Several nurses have asked us what is the probable proportion of those who possess no certificate, either owing to the fact that they trained before many schools commenced to grant certificates, or to some other cause. We are unable to give them accurate information on this point, but the proportion of nurses who hold no certificate of any sort is undoubtedly small, and so it seems to us that the policy which the representatives of the nurses should adopt is to try to arrive at the decision likely to prove of the greatest good to the greatest number. Moreover, unless the

Council is to make it its business to function into the future, rather than back into the past, the young nurses, in so far as the published Register is concerned, will be placed in a very inferior position to those trained a few years later. The younger nurses are, in a sense, the childhood of the profession, and it is up to the older members of it to protect their interests and to guard against risk of their hard-won qualifications being prejudiced by any action of the statutory body, whose primary purpose should be to foster and promote the professional status of the nurses in respect of every detail.

It has been argued that Florence Nightingale did not advocate the award of certificates of training, but is it right to put upon the person who gave the great impulse towards modern nursing the responsibility of its evolution as well? Nursing, just like other professions and employments, must strive to keep in harmony with the general progress of events, otherwise both the status and economic condition of its members will inevitably suffer. Goethe has defined evil as "delayed good," and has worked out the theory that it is simply disharmony, through hanging backwards in the ordinary march forward of evolution. It may truly prove to be so if, even from disinterested motives, what is regarded as a hospital's hall-mark that its training and teaching have been tested and found efficient, is eliminated in every entry in the State Register. Any sort of switch backwards to the days when certificates were rarely given and more rarely recognised, as evidence of efficiency, must inevitably result in disharmony, discord and probably bitter strife, for such conditions do always ensue as the result of any retrograde step.

GIFTS TO THE CLUB.

We acknowledge with thanks gifts from the following:—Misses Bennett, Bylett, Cope, Hall, Kent and Shepherd, flowers; Miss Dowell, venison; Miss Gillighan, fruit; Miss Liddiatt, a Lancashire cheese; Miss McDermot, honey.

A DELIGHTFUL CONCERT.

The large drawing-room at 194, Queen's Gate was full to overflowing when Mr. Paterson gave his concert on November 5th, and no more delightful evening has been spent at the new Club. It would be impossible to draw comparisons between the different items in the entertainment, even if

one wished to, partly because it showed such versatility and partly because each part of the programme was thoroughly enjoyed by everyone present. Miss Glover's singing was quite delightful and Mr. Herschell's clever and humorous songs were enthusiastically received. At the last moment two musicians who had promised to take part in the evening's entertainment were prevented from doing so by illness, and Mrs. Councillor Reidy, with her usual willingness to help in any enterprise of the members of her profession, agreed in the emergency to motor up to take part in the Queen's Gate concert before going on to sing again at another. Her songs received the appreciation they always do when she comes to the Club, while Mr. Paterson's conjuring aroused much amusement and curiosity and introduced quite a novel element into the concert programme. Miss Herschell's accompaniments added in no small measure to the evening's enjoyment.

At its close Mr. Paterson thanked the musicians for the treat they had been so good as to give to the members of the Association. Miss Tipper voiced the thanks of the audience remarking that the last occasion upon which she had met Mr. Paterson was one very different in character. He was one of the principal speakers on a platform on which he strongly supported a policy calculated to protect the status and qualifications of the nurses. The atmosphere on that occasion was considerably less harmonious than at the present gathering. The audience then joined in singing "For he's a jolly good fellow," and after the National Anthem had been sung gradually dispersed, but not without expressing the hope that there might be many such concerts at their club.

FIXTURES AT THE CLUB.

We shall not have our usual Saturday afternoon gathering this week. A dramatic entertainment which was to have been given has been postponed and, as the domestic staff had a more than usually busy day because of the wedding on Tuesday, we decided not to make any fresh fixture for to-day.

Members are reminded that Miss Christie of Cowden Castle, Perthshire, will lecture, at 3 p.m. on Saturday, 26th inst., at 194, Queen's Gate, on "Russian Central Asia." Miss Christie is a well-known Eastern traveller and has penetrated into parts of Asia visited by no other European lady. We look forward with great interest to her lecture and the large selection of lantern views which she is to show us in connection with it.

The Sale of Work in aid of the Trained Nurses' Annuity Fund is to take place on Friday, December 9th, and Her Royal Highness the President has graciously promised to open this. There is still much to be done in preparation for the Sale and we think that, instead of having any of the usual entertainments on the afternoon of December 3rd, the nurses will be kind enough to come to the Club to help us to put the prices on the gifts and to make various other preparations for the following Friday. There are still several dolls to be dressed

and we shall be grateful if any members who have time to help us and are willing to do so, will call, during the week, for the dolls.

CORRESPONDENCE.

A DANGER TO WORKING NURSES.

To the Secretary R.B.N.A.

DEAR MADAM,—I have received a circular on the new publication known as *Health*, and thought I would sample it before ordering a copy. I will be glad if you will insert a letter in our Supplement as I wish to advise our members not to subscribe to it. There is nothing in it that you will not get in other nursing papers and as it is evidently to be a second official organ for the College of Nursing, Ltd. (though other nursing organisations are affiliated to the Federation), I do not see that it is likely to be useful to the R.B.N.A. nurses. I have heard more than one nurse remark on the favour which the editor has shown to the College, and the indifference he has shown to the societies organised and financed by the working nurses led me to make some enquiries. As usual, the College has something to do with it, for I learn that the sub-editor of *Health* is the paid editor of the College of Nursing *Bulletin* and so it is not surprising that one paragraph in the last issue of *Health* is little short of impertinent in its comparisons. In these comparisons it draws attention to the fact that the College has captured the Matrons, but, as usual, there is no reference to the greatest source of power it possesses, and one that is of great danger to the working nurses, namely, the control of large funds obtained by methods that the organised societies have scorned to stoop to. Moreover, when the societies appeal for broken-down nurses they give the money to these nurses.

Please insert this letter in the Journal and lay the other before our Committee.

Yours truly,

CECILIA LIDDIATT.

WEDDING.

On Tuesday, 15th inst., at Holy Trinity Church, Kensington, Miss Mai Cowley was married to Captain Black, of the Indian Army Service. The reception was held afterwards at the Royal British Nurses' Association's Club, 194, Queen's Gate. The bride wore a white satin dress and a veil of run Limerick lace, with a wreath of orange blossom, and carried a bouquet of white roses, white carnations and asparagus fern. Many telegrams conveying congratulations were received, among them one from H.R.H. the President of the Royal British Nurses' Association and another from Miss Sparshott, Matron of the Royal Infirmary, Manchester, at which Mrs. Black received her training. The honeymoon is to be spent in a beautiful old-world house in Surrey, which has been lent to the bride and bridegroom.

ISABEL MACDONALD,
Secretary to the Corporation.

COLLEGE OF NURSING.

BIRMINGHAM THREE COUNTIES CENTRE.

On Thursday, November 10th, in the Board Room of the General Hospital, Birmingham (by kind permission of the Governors), Dr. Cassie gave an interesting and instructive lecture on the "Infant Welfare Movement."

The lecturer commenced her address by emphasising the necessity of nurses receiving instruction not only in Curative, but in Preventative work. She described the Infant Welfare movement in relation to Public Health, it being concerned with the well-being of children to the age of five years, and with women during the ante-natal period, labour and puerperium. The movement originated in France under State Control as a result of published statistics showing the high rate of infant mortality. It was started in England by voluntary effort, but is now recognised and subsidised by the municipal authorities. Dr. Cassie mentioned four causes as the principal factors in Infant Mortality:—(1) *Ignorance*, not only in relation to infants' diet and hygiene, but also as to ante-natal conditions, labour and puerperium; (2) *Poverty*, resulting in malnutrition of both mother and child; (3) *Bad housing and Hygiene*, providing conditions favourable for the spread of disease; (4) *Causes operating during the ante-natal period*. Syphilis responsible for still-births, abortions, miscarriages and deformities.

The foundation of Infant Welfare rests on home visiting by trained workers, as this is the only means of direct contact with the mother and child, the primary object being to establish breast feeding.

Centres were first established as Schools for Mothers, the work done at the Centres is educational and preventative, they are not suitable as clinics for the treatment of sick infants. The lecturer mentioned other activities as the result of the movement, as the inspection and supervision of the work of midwives, the inauguration of dental clinics, day nurseries, hostels for unmarried mothers and hospitals for babies.

At the conclusion of the lecture Dr. Cassie advocated that an Infant Welfare worker should be a trained nurse with a C.M.B. certificate, and a special knowledge of the diet and hygiene of infants. She proved the value of the work done by stating that in 1900 there were 156 deaths in every 1,000, whereas in 1920 the mortality has fallen to 80.

THE PASSING BELL.

The death occurred, on November 5th, at Earl's Court Square, S.W., of Major-General Sir George Joseph Hamilton-Evatt, K.C.B., A.M.S., retired, who will be remembered by many nurses for the keen interest which he took in the question of their State Registration. So long ago as the eighties General Evatt drafted a scheme in which he advocated the Registration of Nurses under State Authority, and he was a Vice-President of the Society for the State Registration of Trained Nurses.

THE HOSPITAL WORLD.

Few people know of the good work which has been going on at the Queen's Hospital, Sidcup, Kent, for Sailors and Soldiers suffering from facial and jaw injuries, since August, 1917. Yet the work it has been doing in the treatment of Officers, Warrant Officers, N.C.O.'s, and Men suffering from this most distressing class of injuries has been valuable in the extreme. Next year it is hoped it will be in sight of completion, and an official record concerning its four years' work has been issued by the Committee.

The hospital was soon made a Central Military Hospital, and the special one for the United Kingdom for facial and jaw diseases, and the In-patient accommodation increased from 313 to 562 beds. In addition the following Auxiliary Hospitals were affiliated: Parkwood, Swanley, Oakley, Bromley, Abbey Lodge, Chislehurst, The Gorse, Chislehurst, and Southwood, Bickley, which provided another 400 beds, thus the Queen's Hospital had, in all, approximately 1,000 beds.

The Medical Officers in Charge of the Overseas Contingents at once applied that their officers and men might be treated at Sidcup, and separate units were established for Canadians, Australians, and New Zealanders, with their Medical Officers and Staff, and some four teams of American surgeons and dentists were for many months attached to the Queen's Hospital for the special training not obtainable elsewhere. Up to June 30th, 1921, no less than 11,752 major operations have been carried out.

Some idea of the permanent benefit and relief gained from the treatment received by a most grievously wounded class of men may be formed from the illustrations included in the Report of patients before and after treatment. In one case, especially, the patient's face on admission was a battered pulp, unrecognisable by his dearest friends, while after treatment his appearance was quite ordinary. We are told that these illustrations are chosen from a vast number as typical rather than exceptional ones, and the donors will realise that their gifts have been indeed well spent when they see the wonderful results achieved by surgical skill.

In addition, instructional workshops, a poultry farm, and commercial classes have been instituted for those patients able to take advantage of them, and a large number have also received instruction in foreign languages.

The hospital has had generous donations from Her Majesty the Queen, from a Fund at her disposal, the British Red Cross Society, the National Relief Fund, Sir Heath Harrison, and others: the Treasurer, Sir Charles Kenderine, having received approximately £213,000.

Most societies are finding it very difficult to hold on their way in these days, and we regret to say that the London Association for the Blind, 102, Dean Street, W.1., instituted in 1857, has

fallen on evil days. The "slump" in trade, and a wage sheet amounting to nearly £200 weekly, has brought it nearly to the verge of ruin. An ordinary factory would have closed down, but how can this do so? Some generous friends have helped to defray the £4,500 owing at the beginning of April, but more is needed. If the Association can tide over the next few months it believes that the position can be saved, and that it can make progress. It is out to help the blind, and does not want to see them starve.

No class of the community deserve our consideration more than these blind workers, whose appeal to the public is "Help us to help ourselves." We know how difficult it is to find money in these days, but even small sums would be welcome from those who value the blessing of sight. The Duke of Connaught is Patron of the Society, and the Archbishop of Canterbury and the Bishop of London are also Patrons.

Dr. G. A. Sutherland, Senior Physician to the Hampstead General Hospital, writes in regard to the provident scheme, through which it is proposed that subscribers of £1 per year to hospitals shall be entitled to their benefits when ill:—"Four general hospitals in London are named as having joined in the scheme. As regards one of them—the Hampstead General and North-West London Hospital—it may be of interest to state that the Medical Committee, after careful consideration of the working arrangements (prospectus dated September, 1921), have informed their Board of Management of their unanimous decision that the members of the honorary medical and surgical staff are not prepared to take any part in the working of the scheme. A majority of the medical committees of the London general hospitals seem to have acted in the same way, and to have been supported by their governing boards. It is difficult to see how the medical staff of any hospital can retain the title of honorary and at the same time become the paid servants of a commercial insurance company which buys their hospital time and services."

Dame Janet Stancomb Wills, who recently announced her intention of defraying the cost of beautifying the East Cliff extension to provide work for the unemployed at a cost of £15,000, has now given an additional sum of £7,000 to the Ramsgate General Hospital.

The Lord Mayor of Bradford recently dedicated to the public at the Bradford Royal Infirmary the most powerful X-ray plant for the treatment of cancer yet installed in this country. It gives out up to 250,000 volts, which are capable of penetrating a depth of 6 in. below the skin surface without injuring the skin itself. The plant is the gift of Mrs. W. H. Shaw as a thanksgiving for the recovery from serious illness of her husband, a local merchant.

THE PROFESSIONAL UNION OF TRAINED NURSES.

ECONOMIC DAMAGE.

The following resolution was passed unanimously by the Council of the Professional Union of Trained Nurses, on the 3rd November, 1921:—

"The Council of the Professional Union of Trained Nurses wish to protest most emphatically against the proposal of certain members of the General Nursing Council to deprive nurses of their rights with regard to their certificates."

TO THE MEMBERS OF THE PUBLIC HEALTH SECTION.

Your presence is requested at a meeting to be held at 17, Evelyn House, 62, Oxford Street, London, W.1, on Tuesday, the 22nd November, at 6 p.m., to consider the question of salaries for those working in the Public Health Service.

THE SCANDAL OF THE NATION'S FUND FOR NURSES.

When is the scandal of "The Nation's Fund for Nurses" to cease, and who is responsible for the policy of the Committee?

The following letter was sent by this Union to the Secretary of "The Nation's Fund for Nurses":—

MADAM,—I should like to bring to your notice the case of Miss ——. She claims to be a three-year trained nurse, and says she has done war work from October, 1914, to 1919, and has been incapacitated with trench fever and rheumatism. I understand she worked under the Red Cross during this time, in Flanders, France, Serbia, Dardanelles, Russia, Corfu and England. Being no longer able to work, she tells me she has just been sent over from South Africa to get, if possible, a pension, being English born and English trained. Miss —— tells me she is finding it very hard to live, having no money, and at the present moment it is almost impossible to get lodgings. I would ask your help for her as soon as possible, because the matter is urgent.

I give the reply of the Secretary of "The Nation's Fund":—

MADAM,—I have just received your letter regarding the case of Miss ——. In view of the fact that *my Committee are not at the moment dealing with ex-Service nurses*, there being Army Funds available for the purpose, application should immediately be made to the Ministry of Pensions. Pending a decision, a grant might be obtained from the Special Grants Committee.

It is a grave scandal that the money which was collected in the name of the nurses who had done war service should now be diverted to any other channel whatever.

May I quote from the *Daily Telegraph* of February 28th, 1920? :—

... It strives at nothing less than the adequate endowment of the College of Nursing and the consequent raising of the whole status of the nursing profession, and the provision of a fund which will secure its members against the *haunting fear of destitution when their strength has been spent in the following of their splendid work*. We refuse to believe that, with the war out of the way, the public are ready to forget the heroism and

devotion of these women, yet that there is danger of this is, we fear, without doubt.

(It is not the General Public who have forgotten!)

Again, in the *Daily Telegraph* of March 1st, 1920, we find:—

... There are further contributions, too, which prove that the Fund is appealing to the men who, most of all, should do their utmost to ensure its success—the soldiers who came under the gentle influence of the noble women for whom it is intended. Thus, the Sergeants' Mess of the —; the Sergeants' Mess of the — Light Infantry; and the Sergeants' Mess of the —, all send remittances. . . .

Will not the Nursing Associations unite and demand an inquiry into the whole business? and also a statement of accounts up to date? We know that of the £148,915 collected from June 6th, 1917, to December 31st, 1919, "Grants to Nurses in Distress" reached the magnificent total of £2,144. Who knows but that in the two succeeding years they may have even over-stepped this munificent generosity?

Any Society wishing to help in this matter please communicate with the Professional Union of Trained Nurses, 17, Evelyn House, 62, Oxford Street, London, W. 1.

MAUDE MACCALLUM,
Hon. Secretary.

THE NATION'S FUND FOR NURSES.

The East Lancashire Centre of the Nation's Fund for Nurses is to be dissolved, and the balance of £5,017 is to be handed over to the club committee of the East Lancashire Centre of the College of Nursing, Ltd.

As this money was collected from the public in the name of nurses who had suffered in the war, we dispute the right of the Nation's Fund to expend it in any other cause.

CHARTERED SOCIETY OF MASSAGE AND MEDICAL GYMNASTICS.

REGISTER OF MEMBERS.

We have received a copy of the first Register of Members of the Chartered Society of Massage and Medical Gymnastics, 157, Great Portland Street, London, W. 1, price 3s. 6d., and cordially congratulate the Society on its arrangement, and manner of production. The type is clear, the arrangement of the columns—with number, name, address and additional qualifications—good. The last-mentioned recorded are Medical Electricity, Medical Gymnastics, Teacher of Medical Electricity, and Teacher of Medical Gymnastics.

We note the statement:—"It has not been possible this time to include in the Register a mention of Honours conferred upon Registered Members of the Chartered Society or of additional

professional qualifications held by them, such as nursing (general and special), midwifery, educational gymnastics, dispensing, &c. The Council is prepared to consider suggestions for keeping a complete record of qualifications . . . but would point out that the expense must necessarily be met by additional fees for the qualifications registered."

We see nothing in the objects for which a Royal Charter was granted to the Society authorising it to register nurses or midwives, or to take fees for so doing. These duties have been entrusted by Parliament to the General Nursing Councils, and the Central Midwives Board.

The Register includes a place index which should be very useful to doctors and patients in enabling them to know what masseuses or masseurs there are in their locality who are registered by the Chartered Society.

The fees for members of the Incorporated Society of Trained Masseuses, and of the Institute of Massage and Remedial Gymnastics, are 2 guineas during a period of grace yet to be decided on. For certificate holders of either Society 2½ guineas, and for others 3 guineas.

NURSING IN PRISONS.

In the House of Commons, Sir S. Hoare asked the Home Secretary whether the lady members of the Voluntary Advisory Board will in future be consulted before appointments to the hospital staff, disciplinary or nursing, are made?

Mr. Shortt replied in a written answer on November 10th: The Prison Commissioners have already arranged to do this in respect of the hospital at Holloway and are very glad to have the Nursing Board's assistance.

BOVRIL EMPLOYEES HELP THE GREAT NORTHERN.

The whole of the profits from the Swimming Gala recently held by the employees of Messrs. Bovril, Ltd., amounting to £52 1s. 5d., have been given to the Great Northern Central Hospital.

THE TREASURE COT CO.'S SPECIALITIES.

The Founder of the Treasure Cot Co., Ltd., has spent many years in the fascinating study of child life, and as a result has brought out and patented many articles which are of wonderful comfort and utility to babies and children, and are also absolute boons to mothers.

Chief among these stands the "Treasure Cot," which is beautifully made, strong and durable. When draped it is a perfect picture and makes the cosiest possible nest for baby. It is so constructed that the hammock portion of the cot can be easily detached for washing. The cot folds up, thus taking the smallest possible room when not in use, and it can be packed for travelling in about the same space as an ordinary golf bag.

The "Treasure Crib" is the very latest in construction, having a self-locking sliding side and bars so near together that there is no possible danger.

There are also three styles of "Playgrounds," varying in price from 34s. 6d. upwards. These form complete safeguards for children for either indoors or out.

The "Treasure Chair and Play-table" is a wonderful invention, and will keep a child happy and safe for hours.

The showrooms at 124, Victoria Street, are dainty in the extreme, and are full of articles which will appeal to baby lovers. We advise our readers to take the opportunity of paying a visit to these showrooms. We are sure they will be delighted. Recently large works have been fitted up in order to meet the growing demand for all the Treasure Specialities.

APPOINTMENTS.

SUPERINTENDENT OF HEALTH VISITORS.

Health Department, Bethnal Green, E.—Miss G. Le Geyt has been appointed Superintendent of Health Visitors. Miss Le Geyt, who is a member of the Central Midwives Board, was trained and certificated at St. Bartholomew's Hospital, London, and has been Theatre Sister at the Royal Hospital for Sick Children, Edinburgh, Home Sister and Night Sister at St. Bartholomew's Hospital, Secretary of the London Association of Nurses, Home Sister at the Military Hospital, Endell Street, and Matron of the Infant Welfare Centre and the Infant Observation Wards, North Islington.

ASSISTANT MATRON.

Royal Southern Hospital, Liverpool.—Miss Muriel Duesbury has been appointed Assistant Matron. She was trained at the General Hospital, Birmingham, and has been Sister at the General Hospital, Grantham, X-ray Sister at the General Hospital, Birmingham, Out-patient, Massage, and Night Superintendent at the Royal Salop Infirmary, Shrewsbury, Sister-in-Charge at the First Southern Hospital, Birmingham, Housekeeping Pupil at Brompton Hospital, London, and Ward Sister at the General Hospital, Nottingham. She holds the certificate of the Incorporated Society of Trained Masseuses.

Addenbroke's Hospital, Cambridge.—Miss Amy McLean has been appointed Assistant Matron. She was trained at the Royal Infirmary, Liverpool, and has been Ward Sister at the General Hospital, Wolverhampton, Outpatient Sister at the Royal Hospital, Sheffield, Home Sister at the Royal Infirmary, Hull, Night Sister and Assistant Matron at the West London Hospital, Hammersmith, and Matron of a Red Cross Hospital at Llanelly.

West Derby Union, Mill Road Infirmary, Liverpool.—Miss Gertrude Riding has been appointed Assistant Matron. She was trained at the West Derby Union Institutions, where she has held the position of Charge Nurse.

SISTER.

Royal Devon and Exeter Hospital, Exeter.—Miss Marjorie A. Futcher has been appointed Sister in the Electrical Treatment Department. She was trained at the West Middlesex Hospital, Isleworth, and the National Hospital, Queen's Square, London, and has been Assistant Sister and Sister in the X-ray Department in the Walsall Hospital.

Children's Sanatorium, Holt, Norfolk.—Miss M. S. Jamison has been appointed Sister. She was trained at the Royal Infirmary, Hull, and in infectious nursing at the City Fever Hospital, Bagthorpe, near Nottingham, and has held the position of Sister at the Children's Sanatorium, Bulwell Hall, Nottingham, and of Holiday Sister at the Royal Albert Edward Infirmary, Wigan.

HEALTH VISITOR.

Herefordshire County Council.—Miss Elizabeth Louisa Griffiths has been appointed Health Visitor. She was trained at the Royal Southern Hospital, Liverpool, and has had further experience at the Oswestry Cottage Hospital. She is also a Certified Midwife.

SUPERVISOR.

Maternity, Pre-Maternity and Child Welfare Centre, 153a, East Street, Walworth, London.—Miss Winifred A. Todd has been appointed in charge of this Centre which is under the auspices of the Malthusian League. Miss Todd was trained at Guy's Hospital, S.E., where she gained the Cazenove Silver Medal, and is a Certified Midwife and Certificated Masseuse. She has held the position of Matron at the Rotunda Hospital, Dublin, and until recently has been Matron of the Well House Hospital, Barnet.

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:—Miss L. Coward, Miss A. G. Gover, Miss K. R. Lowe, Miss M. J. O'Connor, and Miss E. R. Vincent.

NATIONAL UNION OF TRAINED NURSES.

THE OPIUM TRAFFIC.

At a meeting of members, held at 46, Marsham Street, Westminster, on November 4th, a most illuminating address on the Opium Traffic was given by Miss La Motte.

Miss La Motte is an American lady, a trained nurse, and an accomplished authoress, who possesses a forceful manner of relating her observations. She described very vividly her experiences whilst employed as compiler of histories at a Clinic in New York where, after the arrest of six doctors, there was a demoralised, howling mob of over a thousand drug addicts in less than two hours, clamouring for their dose of poison.

Miss La Motte stated that three to four tons of opium are all that is necessary for the medicinal supply of the world, yet the British Government, to our shame be it said, allows the growth of something like 133 tons; 54 tons are used for consumption in India, and other British possessions, leaving 79 tons for export. This enormous surplus is sold by auction and is distributed and peddled in most of the great cities of the world. It is this surplus that is responsible for the drug habit. These figures are for the year 1918-1919.

It is difficult to believe that our Government, for a paltry revenue of £4,000,000, will demean us in the eyes of all nations.

Nurses at least know the terrible results of drugging, and the speaker appeals to them to

make this subject, with the statistics, as widely known as possible. British subjects, especially women and nurses, should demand that an inquiry into this disgraceful business be held without delay.

NURSES AND THE UNEMPLOYMENT INSURANCE ACT.

As there is a movement on foot to obtain exemption on the ground that nurses are not likely to receive any benefit, and that there is not unemployment amongst nurses, may I be allowed, through your valuable paper, to state the other side of the case?

First, nurses who contribute to the Act are bound to benefit, that is, if they wish to do so, because if not claimed as unemployment pay, whatever amount has been paid in can be recovered, plus 2½ per cent. interest, at the age of 60.

Second, there is unemployment amongst nurses; many are coming to this office inquiring for posts at the present time; also, statistics give close on 1,000 on the books at Employment Exchanges. Granted these nurses may be no longer young, this fact makes it increasingly difficult for them to obtain work. Certainly there are staff nurses' posts, but few matrons would accept a nurse over 40, even were she willing to take such a position.

Nurses, therefore, must, as other workers, contribute in order to help each other, and should do so the more willingly if in the happy condition of being unlikely to need such assistance. No nurse really misses the sixpence deducted from her salary, and she has the satisfaction of knowing that it is going to help someone out of employment.

One, of course, sympathises with the present difficulties of the hospital authorities in their straightened circumstances, but it is only fair that nurses should know the other side of the question.

E. NICHOLLS,

Secretary, National Union of Trained Nurses.

JUMBLE SALES.

Owing to unforeseen circumstances, the Jumble Sale in connection with the Voluntary Hospitals' Bazaar at Sheffield, is postponed from November 19th to the 25th inst., when it will be held in the Cutlers' Hall. It is wonderful how odd articles of every description bring a price at such sales. The thing is to try to give a fair value for money. Finery goes like wild fire, and we once disposed of fifty gay but out-of-date hats in a quarter of an hour; feathers are greatly beloved, and evening shoes have also a wonderful vogue at such sales.

A high-class Jumble Sale will be held in the St. Peter's Hall, Warner Place, E., in aid of the Queen's Hospital for Children, Hackney Road, by which it is hoped to make quite a tidy sum for the charity. If you have any useful or ornamental things you want to distribute, just pack them up and send them to the Matron. She can do with any amount of gifts, and nothing comes amiss.

GLAXO HOUSE.

One of the great industries of the present day is the presentation to the public, in powder form, of the solids of milk, with a standardised content of butter fat, bacterially pure and free from contamination by dust, flies or germs, under the name of GLAXO, this being the product of New Zealand cows, free from tuberculosis.

It is testimony to the increasing appreciation by the public of a pure milk supply in this form, that the firm of Messrs. Joseph Nathan & Co., the proprietors of GLAXO, have recently had to remove to larger premises, and have wisely built an establishment suited for their purpose, known as "Glaxo House," in Osnaburgh Street, Regent's Park, N.W., and it is of "Glaxo House" that I wish to write at present, because nothing is better calculated to give a true impression of the work carried on by this firm.

If one is sensitive to impressions—and that is an essential qualification for a nurse—the Glaxo atmosphere takes hold of one directly one enters the building. It is very insistently an atmosphere of business efficiency, repose and goodwill. The spacious central hall lined with panelling of teak, with offices for the heads of departments opening directly from it the walls colour-washed, a soft grey, carrying out the colour scheme throughout the building—gives the key note. Inviting settees and armchairs are at your service while you wait, and you realise that the firm has studied the psychology of the public, and especially perhaps of the trained nurse, the importance of the conservation of energy, and the value—to the busy worker—of repose.

GLAXO is not altogether an infant food; perhaps it would be right to say it is not primarily an infant food, though infants thrive amazingly upon it when it is rightly administered. It is also of proved value as a galactagogue, enabling mothers whose supply of milk is failing to continue nursing, and, further, its usefulness in the household is increasingly demonstrated in the construction of dainty puddings, cakes, biscuits, and the variety of dishes in which milk is ordinarily used. Nurses will appreciate its utility in cases where milk is a necessary article of diet, but not readily available. For instance, in cases of critical illness in a tropical hospital, when a patient was ordered home, it was the custom to put a goat on board the homeward bound ship so that the all-important milk might be forthcoming. No doubt, lives were saved thereby, though I fear the goat, as the reward of saving a human life, lost her own at the end of the voyage. How much simpler and more economical, to ship a few tins of GLAXO, when neither life need be sacrificed!

A very interesting department is that in which the uses of the up-to-date Emulsifier are demonstrated by Miss Sidney. The GLAXO, after being perfectly blended with water in the Emulsifier, which is worked by electricity, is run over cold tubes into a container, the result being a refreshing milk which few people can distinguish from ordin-

Why does the Nurse

never hesitate to use **Nujol** to overcome constipation ?

Because she knows that **Nujol** is not a drug ; does not act like any drug ; is not absorbed ; does not affect digestion ; is pure, and acts mechanically, not medicinally. The causes that induce constipation are 90% mechanical.

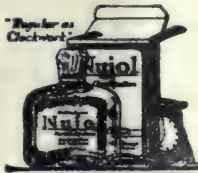
Nujol softens and moistens fecal matter, lubricates the bowels, promotes peristalsis, absorbs and removes toxins.

Nujol establishes regular, thorough bowel movement.

Nujol can be used at any age, in either sex, under any conditions.

The Nurse takes **Nujol** herself whenever she needs **Nujol**.

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Please send me sample of **Nujol**. Also booklet,
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Subitol Soap keeps the skin free from redness and irritation, and preserves the hands from the roughening effect of hard work.

By using Subitol Soap regularly your hands will be white and soft.

Insist on getting **SUBITOL SOAP**,
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NURSE!

ONE MOMENT PLEASE.

In your professional career you must come across many cases where the regular use of "Wincarnis" would be of inestimable value to patients. In debility, anemia, mal-nutrition, insomnia, nervous breakdown and particularly in prolonged convalescence after a serious illness "Wincarnis" has an extraordinary stimulating and strengthening effect—but unlike drugs which only give a fictitious strength, "Wincarnis" gives a strength which is lasting, because in each wineglassful of "Wincarnis" there is a standardised amount of nutriment.

"Wincarnis" is supplied to the Houses of Parliament, the King and Queen of Spain. The Royal Army Medical Corps, and His Majesty's Forces. It is regularly prescribed by Doctors and recommended by thousands of nurses.

Over 10,000 Doctors recommend it.

COLEMAN & CO. LTD. WINGARNIS WORKS, NORWICH.

WINGARNIS

ary cow's milk. Mr. Jamaiker, who is willing to advise institutions as to the installation of this useful Emulsifier, explains how it is possible with its help to produce either a full-cream article, or one with less fat content, so effecting an economy where economy is justified. Thus, in making a milk pudding it is found that as good, or better, a result is obtained with GLAXO which is not of full-cream standard.

A department of special interest to nurses and midwives is the Mother's Help Bureau, over which Nurse Ashby presides so ably and sympathetically. It is found in practice that many mothers who will not go to "school" will write to GLAXO for advice, or come to see Nurse Ashby. From her they can obtain much useful information, as well as patterns of exceedingly dainty yet simple and practical articles for an infant's layette, with instructions as to their making. A baby clothed in such garments will be indeed fortunate and well provided.

The heart of the enterprise is to be found in the laboratory, where under the capable direction of Mr. Jephcott, experiments are continually being made. Samples of GLAXO are daily submitted for analysis with the object of ascertaining that its standard of excellence is being maintained, and improvements in the machinery concerned in its production are constantly under consideration.

Here also are cabinets which inside contain sterilizers raised to a heat double that of boiling point, while outside they are quite cold. Mr. Jephcott, who has recently been to New Zealand, keeps in close touch with the factories in New Zealand by letter and cable.

At the top of the building is the great dining-room where meals are provided for a staff of 200 persons, with a kitchen adjoining, in which all the cooking is done by electricity. Miss Gordon, the head of this department, is an enthusiast as to the excellence and economy of this method, when properly controlled, and the dainty cleanliness of everything concerned is certainly a great attraction.

If good food adds to efficiency and contentment, then the staff at GLAXO House should be remarkable for both, as I believe them to be. Many of its members come some distance. On arrival, anyone who likes can have a cup of hot soup, and in the middle of the morning GLAXO, &c., is served; dinner—for which 1s. is paid—consists of a hot joint, two vegetables, sweet and cheese; and tea is obtainable in the afternoon. There is also a first-aid room, where a nurse attends to minor injuries and ailments. The stenographers' room, with its multitude of machines, is some indication of the extent of the correspondence of the firm. From the flat roof, on a clear day, an extensive view is obtained up to the heights of Hampstead on the one hand to the Crystal Palace on the other.

Descending, we visit the model kitchen, where, three days a week Miss Graham gives lectures and practical demonstrations as to the delicious dainties attainable when GLAXO is utilised. Many

of our readers are acquainted with her methods, and have personally tasted their excellent results at various exhibitions in the Metropolis, and elsewhere, and will be keen to learn something of them in detail.

A very interesting section is the bureau to which members of the staff can apply for information on any subject, and seldom in vain. Indeed, throughout the building the atmosphere of helpfulness and comradeship is very remarkable.

The factory, at the back of GLAXO House, is not yet in full working order, but the whole establishment is an admirable illustration of modern methods of business efficiency. M. B.

COMING EVENTS.

November 18th.—Monthly Meeting, General Nursing Council for England and Wales, Ministry of Health, Whitehall, S.W. 2.30 p.m.

November 19th.—Alexandra Hospital, Kettlewell; Swanley Junction. Bazaar and Entertainment in aid of Building Fund (Nurses Branch). Tea, 6d. Admission, 9d. 2-6 p.m.

November 22nd.—Her Royal Highness Princess Mary visits Brighton, to open the new Nurses' Home, at the Royal Sussex County Hospital.

November 22nd.—Professional Union of Trained Nurses. A meeting of members of the Public Health Section to consider the question of salaries for those working in the Public Health Service. 62, Oxford Street, W. 6 p.m.

November 26th.—Meeting Central Committee for the State Registration of Nurses. Council Chamber (by kind permission of the British Medical Association), 429, Strand, W.C. 2.30 p.m.

November 26th.—Royal British Nurses' Association, 194, Queen's Gate, S.W. Lecture on "Russian Central Asia," by Miss Christie. 3 p.m.

December 9th.—Trained Nurses' Annuity Fund. Sale of Work to be opened by Her Royal Highness, Princess Christian. Royal British Nurses' Association Club, 194, Queen's Gate, S.W.

December 10th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Theatre, St. Bartholomew's Hospital. 3 p.m. Social Gathering, Staff Nurses' Sitting Room. Music and Tea.

"QUIA AMORE LANGUEO."

In a valey of this restles minde
I soughte in mounteine and in mede,
Trustinge a trewe love for to finde.
Upon a hill than I took hede;
A voice I herde, and neer I yede,
In huge dolour complaininge tho,
" See, dere soule, how my sides blede,
Quia amore languero."

—Author Unknown.

A WORD FOR THE WEEK.

"I have never repented nor looked back, not for one moment. . . . Never has God let me feel weariness of active life, but only anxiety to get on."

—Florence Nightingale.

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.

UNSEEMLY REVELS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read in my evening paper on November 10 of the revels that were to be held on Armistice Night, including the announcement that a "Cease Fire" ball, with a *battle of poppies*, would take place at the Empress Rooms.

My morning paper on Armistice Day, contained the following remarks in a leading article:

"It says a good deal for the character of the British peoples, here and overseas, that they should have consorted to make this day one of Remembrance. It points to a fine sensibility—an awakening to the reality of things spiritual and material. It is a recognition that there is a debt to be paid to those whom "no pain shall wake . . . till joy shall overtake her perfect peace," as well as to the living. We dare not turn our backs on those who have been broken in body or estate by the ordeal of those four years of war any more than we can shut our mind's eyes to all the lonely graves that constitute enduring monuments to the loftiest instincts and achievements of our race.

"This is Poppy Day, when we shall wear the flower of Remembrance. It is the flower that sheds its radiance over the torn and riven fields, where thousands of our dead rest in quiet content. One of them, while the world was still rocking with the violence of war, left us, as a legacy for all time, a warning: 'If ye break faith with us who die, We shall not sleep, though poppies grow in Flanders' fields.'"

What about the fine sensibility of people willing to use "the flower of Remembrance" for pelting one another in their unseemly revels? Cannot something be done by legislation to ensure that such outrages shall cease, that "Remembrance Day" shall be observed with soberness, and that "dancing on the dead" on this day shall for all time be prohibited by law?

Yours indignantly,

"REMEMBRANCE."

"ASHES TO ASHES."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you for bringing to my notice Isabel Ostrander's "Ashes to Ashes." I am intensely interested in the psychology of crime, and read it with avidity. I intend to take up prison nursing in the future, when I have qualified for it. At present I am attending the Central Criminal Court as often as possible, and studying as carefully as possible the prisoners prosecuted there, taking notes of their physical and mental condition, and making my own deductions from the evidence, irrespective of Counsel. It is most interesting work and I hope to turn it

to good account by and by, as in an enlightened future our prisons must be made more and more refuges for reform, rather than for punishment. Crimes of cruelty to children and animals alienate my sympathies, and I find it very difficult to put out feelers of compassion towards the physically brutal, although such criminals are often less blameworthy and callous than thievish and specious rogues. I am glad to note that the General Nursing Council is not going to recognise prisons as training schools for general nurses, but a course of nursing criminals should be included in the training of prison nurses—a finishing touch, as it were—under highly efficient psychological Sisters. I wonder if the ladies who compose the Voluntary Advisory Board are taking the trouble to study this highly specialised branch of nursing, as I cannot gather that the majority of them have any experience whatever to qualify them for such responsibility.

Yours truly,

A HUMBLE STUDENT.

KERNELS FROM CORRESPONDENCE

CONFUSING THE ISSUES.

A Country Hospital Matron.—"I think with you it is high time the College of Nursing ceased to confuse issues. Recently the Committee had before it a letter from the College with reference to recognising this Hospital as a training school. We had also before us the Syllabus of lectures for education in General Nursing issued by the General Nursing Council. Surely it is the latter body which alone has authority to recognise what is and what is not a training school. I had to explain the whole position to the Committee before they could appreciate their position. It really is most unfair. The Matrons have enough to do to get things in order for the State Examination, without the College assuming authority it does not possess. I have applied to be registered by the State Authority, and hope soon to see my name in the list of 'registered nurses,' with Certificate attached."

ECONOMIC DAMAGE.

Member Registered Nurses' Society.—"As a private nurse, may I express the opinion that if my certificate does not appear on the State Register to prove I have been efficiently trained and examined, the doctors will think I failed to attain the training school standard, as certificates of proficiency have been given where I was trained for a quarter of a century. To deprive me of such record of efficiency I consider would damage my reputation and economic position. May I appeal to all certificated private nurses in London to stand together in this matter of such vital importance to us all?"

PRIZE COMPETITION QUESTIONS.

December 3rd.—What are the channels through which infection enters the body? Describe one infectious disease, the method by which it is communicated, and the nursing care of the patient.

The Midwife.

MIDWIVES AND JURY SERVICE.

Lieut.-Colonel Fremantle recently asked the Home Secretary in the House of Commons if he will reconsider his decision not to exempt midwives from jury service in response to the request pressed on him by the Federation of Medical and Allied Societies, representing the majority of medical and nursing professional associations, as essential to the safety of lying-in women?

Mr. Shortt replied in a written answer on November 10th: I have no power to exempt anyone from jury service, but the point has been noted for consideration whenever legislation on the subject of liability to jury service is in contemplation.

We see no reason for total exemptions. For instance, Matrons of maternity hospitals and Superintendents of County Nursing Associations are just as able to take their share in the performance of this public duty as other professional women. We agree with Colonel Fremantle that isolated midwives working in rural areas, and consequently their patients, suffer some hardships if they are called up for jury service.

But it would be manifestly unfair that women should be able to claim exemption simply from the fact that they are on the Roll of Certified Midwives when they are not practising midwifery. Exemption should be limited to practising midwives.

Lieut.-Colonel Fremantle offers no proof of his statement that the Federation of Medical and Allied Societies represents the majority of nursing professional associations.

THE MARGARET McMILLAN DAY NURSERY.

Her Majesty the Queen has graciously consented to open, at noon on Tuesday, November 22nd, two new shelters which have been erected at Miss Margaret McMillan's day nursery at Deptford by the London County Council at a cost of £2,000. Her Majesty has already shown her interest in this nursery—where upwards of 200 children, whose ages range from 2 to 7, are in attendance at the school—by a previous visit.

POUND DAY AT TREBOVIR ROAD.

As we go to press the Mothercraft Training Society is holding a Pound Day at 29, Trebovir Road, S.W., and Princess Christian has consented to be present to receive gifts of money and in kind. This is the centre where the methods of Dr. Truby King are practised with so much success. Lady Victoria Braithwaite, when Lady Plunket, did much to promote these methods in New Zealand, and takes a keen interest in the work.

BIRTH CONTROL IN U.S.A.

A riotous scene, according to the New York correspondent of the *Daily Mail*, occurred on Sunday evening when the New York police prevented the holding of the final meeting of the American Birth Control Conference, which was to have been addressed by Mrs. Margaret Sanger, pioneer of the movement in U.S.A., and Mr. Harold Cox, editor of the *Edinburgh Review*.

The audience, which included many fashionable women, vigorously resented the action of the police, who were jeered, mobbed, and at one time overwhelmed by an angry crowd, necessitating the summoning of strong reserves.

In reply to protests by Mrs. Sanger, Captain Donohue, in command of the police, said he received orders from headquarters to stop the meeting and refused to state the reasons for the order. Mrs. Sanger and two other women were arrested when they refused to desist from attempts to address the audience.

A large crowd, including many women in luxurious motor-cars, followed them to the night court, where the prisoners were arraigned on a charge of refusing to obey police orders.

All three prisoners were remanded.

After leaving the police-court Mrs. Sanger issued a statement to the effect that the meeting was stopped "by the influence of the Catholic Church."

Spreading information as to the prevention of conception is an offence in New York and all other States of the Union.

One of the objects of Sunday evening's meeting was to urge the legalising of such information in special motherhood clinics.

Mrs. Sanger and one of her supporters appeared before a stipendiary on Monday charged on remand with disorderly conduct and resisting arrest.

The magistrate asked for Captain Donohue. He was not in court and could not be found.

The magistrate, thereupon discharged both prisoners.

It is a strange tale to hail from the Land of Liberty.

KENSINGTON CHRISTMAS FAIR.

Princess Louise (Duchess of Argyll) opens on Thursday, November 17th, and Lady Davison on Friday, November 18th, a Christmas Fair at Kensington Town Hall in aid of the Lancaster-road School for Mothers and Day Nursery, of which Princess Christian is President. Amongst the numerous patrons are the Marchioness of Carisbrooke, the Mayor of Kensington, and Mrs. Rice-Oxley. The stalls will include produce, needlework, cakes and sweets, glass and china, and Christmas gifts. There will also be various entertainments, competitions, and side-shows.

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EDITORIAL.

THE QUALIFICATIONS FOR THE STATE REGISTER.

The question as to whether or not the published particulars of the qualifications of nurses entered in the State Register shall include the notification of Certificates of Training, when possessed, is the burning question of the hour in the nursing world.

When the particulars to be entered in the Register were defined in the First Schedule of the Rules framed by the General Nursing Council for England and Wales, signed by the Minister, and published by the authority of the Council, no one anticipated that the footnote, inserted as explanatory to the word "Qualification," would lead to the question being raised of whether the possession of a Certificate could be entered in the Register or not.

We have no hesitation in saying that the intention of those who framed the Schedule was that the particulars entered under the heading "Qualification" should indicate the qualification upon which, in conformity with the Rules, nurses obtain admission to the Register.

Thus an "Existing" Nurse must produce a Certificate that she has had not less than three years' training before November 1st, 1919, or evidence that she has had not less than one year's general training and not less than two years' *bona fide* practice in attendance on the sick, before the same date.

An "Intermediate" Nurse must produce a Certificate of not less than three years' training before July, 1924.

It is quite proper that the Register should indicate which nurses were "Existing" on November 1st, 1919, which are "Intermediate," and which (after July, 1924) are "Nurses by Examination," but this is surely a matter of classification, for the convenient and orderly arrangement of the Register, and

has nothing to do with the Certificates of Proficiency, awarded to nurses after a definite term of Training and Examination, on which they obtain admission to the State Register.

The contrary view—that the Schedule, as worded, does not permit of the inclusion of the word "certificate" (or "cert.") on the Register, thus reducing the qualification recorded merely to a residential, not an educational or professional, one—has now, however, been put forward.

At the meeting of the General Nursing Council held on November 18th the Minister of Health indicated how the matter may be put on to a footing free from ambiguity.

On behalf of the Minister, Mr. L. G. Brock wrote to the Registrar:—

"If the Council should decide to add to, or otherwise vary, the particulars set out in the First Schedule, it would be necessary for them to submit an Amended Schedule accordingly, and it will not be competent to them to enter in the Register any particulars other than those indicated in the Schedule until the Amendment has received the Minister's sanction."

It is obvious that to put the all-important question of the record of Certificates beyond doubt, an Amended Schedule incorporating the provision that this shall be done should at once be framed, and submitted to the Minister. We hope this course will be taken.

The Register is being compiled at great cost, in justice to highly qualified nurses, and to give information concerning the professional education, skill, and competence of nurses to the Medical Profession and the public. A list of names, with which are recorded merely the hospitals and dates at which nurses were in residence, is absolutely useless for the purpose for which Parliament has passed the Nurses' Registration Act, and would establish a precedent for ineptitude and futility which it would be impossible to exceed.

OUR PRIZE COMPETITION.

DESCRIBE THE PROCESS OF BLADDER WASHING. WHAT IS REQUIRED FOR THIS OPERATION, AND WHAT PRECAUTIONS MUST THE NURSE OBSERVE?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

PRIZE PAPER.

Bladder wash-out is usually given for cystitis, or inflammation of the bladder; for cleansing before operation or examination by cystoscope; or for cleansing foreign body, such as gravel. The process of bladder washing out must be carried out in privacy and in a very good light; place screens around the bed, put a mackintosh and draw-sheet under patient, fold a blanket over the chest and one over lower part, patient being on her back with knees drawn well up and porringer between; scrub hand and arms well in an antiseptic lotion with a sterile nailbrush: biniodide of mercury 1-1,000 or lysol 1-40 is splendid; push blanket out of the way with elbow or have assistant to do so; take swab dipped in boracic lotion, separate labia with the left hand, and swab downwards to vagina. It is a good plan to place a swab at vaginal orifice when teaching nurses, as the mistake of introduction into vagina instead of urethra will then be avoided. Disinfect hands again, take catheter, lubricate, and pass eye straight into urethral orifice; if it touches anything or other part, put aside, re-disinfect, and take another sterile catheter and pass for about three inches, its end being in porringer; the urine will then flow easily; if not flowing freely, move catheter a little, and it will probably drain quite easily. When bladder is empty, attach tubing and funnel to catheter by means of a glass connection, and pour about five ounces of lotion, usually boracic, into funnel, and allow to run slowly into bladder; grip tubing before funnel is quite empty, and allow fluid to remain in bladder a few moments; then tip funnel upside down and lower into bowl beside bed; grip tubing when fluid has ceased to return before turning funnel up, as air would thus be introduced; refill and repeat until about two pints have been given or fluid is returned clear; carefully remove catheter; place finger over eye, or the bed may be wet; wash and dry parts, re-make bed, and leave patient warm and comfortable with a hot-water bottle.

Requisites for this operation are: a locker or table on right side of patient; sterilised apparatus, with more than one catheter in boracic lotion; measure jug, with lotion and

sterilised thermometer in; lubricating sterile oil, large bowl on floor, bowl of antiseptic lotion, and nailbrush for nurse's hands.

Precautions.—(1) *Absolute cleanliness*—

(a) *Of catheter* and apparatus before boiling; syringe catheter through from eye to ensure it is clean, and sterilise bowl to receive same after sterilising.

(b) *Of hands.* Well scrub before operation.

(c) *Of parts.* Surrounding parts of the orifice must be thoroughly swabbed, and vaginal discharge watched for.

(d) *In introducing* catheter, that no part comes in contact with eye before it passes into urethra, as cystitis is often the result of infection from a dirty catheter.

(2) *Unnecessary* exposure of patient will result in shock and rigor; do not disturb till ready, and give hot drink and bottle after.

(3) *Lotion* must be of correct strength and temperature, as burning of tissue can result from strong antiseptics or hot lotion, or poisoning may result.

Always take temperature with a sterile thermometer, and give at about 98° F.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Ruth White, Miss M. A. Kewley, Miss M. M. James, Miss M. M. G. Bielby, Miss M. Cullen, Mrs. Farthing.

Miss Ruth White writes:—"Bladder washing is one of the most important of a nurse's duties; so much depends on her idea of asepsis and her method of handling and reassuring the patient, who is often most nervous and apprehensive. It is ordered in cases of cystitis, or inflammation of the bladder, which may be caused by calculi causing irritation, tubercle bacillus, and bacillus coli, or any condition which prevents the free passage of the urine, such as stricture of the urethra, or enlargement of the prostate gland. It may also be a secondary disease in typhoid fever or pneumonia, or may be due to direct infection, as in the case of cancer of the rectum or gonorrhœa. In the case of a child a glass funnel and tubing with a single connection may be used, as it is much easier to measure the small quantity which can be given by using a ½ funnel than it is with a douche-can containing a quart. In this case, after injecting the amount of lotion into the bladder, the syphon system must be employed."

QUESTION FOR NEXT WEEK.

What are the channels through which infection enters the body? Describe one infectious disease, the method by which it is communicated, and the nursing care of the patient.

NURSING ECHOES.

Mr. Harold Newcomb Hillebrand, Department of English, University of Illinois, has just been declared the winner of the \$500.00 prize that was offered by the Central Council for Nursing Education of Chicago, for the best play of three or four acts written by an American author, and based on the life or incidents in the life of Florence Nightingale. The offer of the Chicago Council, of which Miss Martha Wilson is the chairman, was sent throughout the country on the occasion of the one hundredth anniversary, on May 12th, of the birth of Florence Nightingale, and resulted in the receipt of hundreds of manuscripts. Among the plays submitted to the New York office of the Nightingale Centennial Committee, National Organisation for Public Health Nursing, who took charge of the competition, only two showed the required dramatic conception of the life of Miss Nightingale, one signed with the pen name of "Illinois," the other under the *nom-de-plume* of "Ernest Brook." For many weeks the decision of the committee of judges, consisting of Mrs. Minnie Maddern Fiske, the well-known actress; Miss Marylka Mojeska, now Mrs. Pattison; Miss Alice Beer, and Miss Lillian Wald, wavered between the two plays, the final award, however, being by a majority of votes given to "Illinois," the pen name chosen by the Illinois man, H. N. Hillebrand. Mrs. Harry Fielding Reid, 608, Cathedral Street, Baltimore, Md., the writer of the "Ernest Brook" play, has been given honourable mention.

It is hoped by the Central Council for Nursing Education that the prize play may be put into shape to be produced in Chicago during the coming winter.

The Central Council for Nursing Education, which gave the prize for the play, was organised early in 1920, through the interest and activity of the lay boards of several Chicago hospitals, each of which maintains a training school with high educational standards. Its object is to spread information regarding the nursing profession, and it stands ready to guide young women in the proper selection of a school for training and to give them any information possible. It endorses only the schools which give the highest training.

The Council, knowing the crying need for nurses all over the country at the present day, is making its endeavour to acquaint young high-school girls and college women with the actual work and scope of nursing, and the splendid practical training courses that may be had free of tuition fees.

The Imperial Nurses' Club, 137, Ebury Street, S.W.1, is holding its "Birthday Week" from Tuesday, November 29th, to Sunday, December 4th, inclusive. This year the Regulation that three members of the Committee shall be nominated and elected from among the members of the Club by the members themselves comes into force, and the elections will take place at the Annual Meeting on November 29th, at 3.30 p.m.

The Club has been used to almost its utmost capacity throughout the year, as may be gathered from the fact that 7,647 beds have been made up and 10,217 meals served.

During Birthday Week there will be music and songs most afternoons, and a charming exhibition of Classical Dancing by Miss Hetherington on Saturday afternoon, December 3rd. On Sunday afternoon Mrs. Buckingham, a special friend of the Club, will sing, and Mrs. Horace Porter will speak on "The Forces of Healing."

If any members or their friends wish to make the occasion one for Birthday presents, we understand that money would be the most acceptable, as the cost of the great improvements made last autumn has not yet been completely defrayed.

No doubt the Paddington Infirmary, Harrow Road, W., will be *en fête* on Monday, December 5th, when the new Nurses' Home and the Operating Theatre will be opened by the Right Hon. the Earl of Onslow, Parliamentary Secretary to the Ministry of Health, at 2.30 p.m. The Board of Guardians are issuing invitations for the ceremony. R.S.V.P. to the Matron.

As we go to press the adjourned Conference of representatives of Poor Law Nurse Training Schools is being held in the Council Chamber of the Offices of the Metropolitan Asylums Board, Victoria Embankment, E.C.

The Agenda of Business is as follows, and should prove of interest:—

- (1) Minutes of last Meeting.
- (2) Report of Deputation appointed at last Conference to interview the General Nursing Council.
- (3) Letter from Registrar of General Nursing Council: date of first compulsory examination.
- (4) Standardisation of salaries of probationer nurses in poor law and voluntary hospitals.
- (5) Questions of hours of duty of hospital nurses (to be introduced by a representative of the Hunslet Board of Guardians).

The much-discussed Syllabus of Training promoted by the General Nursing Council is, we are glad to note, waking up Guardians and others responsible for the nursing of the sick poor.

The Steyning Board of Guardians, at a recent meeting, discussed the desirability of the separation of the infirmary from the work-house proper. The Union, under the care of the Board, includes the town of Hove, with a population of 46,519, and controls an area with a total population of some 111,000. One reason for the proposed separation is that in order to comply with the curriculum approved by the General Nursing Council the Guardians will have to provide the means for improved training for nurses. The present training received by probationers is regarded as inadequate for the after-treatment of acute medical and surgical cases. A year ago a theatre was fitted up for minor operations, and arrangements were made for the reception of paying patients requiring such operations. A sub-committee has now been appointed to prepare a tentative scheme for ensuring the adequate training of nurses.

Congratulations to the Steyning Board!

We are informed, states *The Red Cross*, by the Joint Nursing and V.A.D. Services Committee of the United Services Fund that the Compassionate Sub-Committee has met twice during October to deal with applications for assistance from trained nurses and V.A.D. members.

Since the Fund opened in May, grants have been made to trained nurses amounting to £407 approximately, and to V.A.D. members amounting to £899 approximately. Some of these grants have been made to assist with living expenses, others to give treatment or help with convalescence.

THE BETROTHAL OF PRINCESS MARY.

The following announcement was issued from Buckingham Palace on Tuesday evening:—

"It is with the greatest pleasure that the King and Queen announce the betrothal of their beloved daughter, Princess Mary, to Viscount Lascelles, D.S.O., eldest son of the Earl of Harewood.

"At a Council held at Buckingham Palace this evening His Majesty was pleased to declare his consent to the marriage."

The Nursing Profession will, we feel sure, wish to convey to Her Royal Highness and her fiancé their heartiest good wishes for future happiness.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Nineteenth Meeting of the General Nursing Council for England and Wales was held at the Ministry of Health, Whitehall, S.W., on Friday, November 18th. In the absence of the Chairman (Mr. J. C. Priestley, K.C.), Sir Jenner Verrall was elected to the chair.

The Minutes of the last meeting were read and, with one correction, confirmed.

Correspondence.

Record of Certificates on the Register.

A letter was read from Mr. Priestley, Chairman of the Council, stating he had received communications from nurses on the question of recording Certificates on the Register, and expressing the opinion that if the Council decided not to insert them it would not deprive the nurses of their Certificates. It was agreed that letters on this subject should be read in connection with the Report of the Registration Committee.

Protection of Title of Registered Nurse.

MINISTRY OF HEALTH,
Whitehall, S.W.1.

October 28th, 1921.

SIR,—I am directed by the Minister of Health to advert to your letter of the 14th instant, relative to the notice required to be given under Section 8 (1) (a) of the Nurses' Registration Act, 1919, of the compilation of the Register. The Minister is advised that, while the proper construction of paragraph (a) presents considerable difficulty, it is extremely doubtful whether the fact that the work of registration has begun is sufficient to justify him in giving public notice that a register "has been compiled" under the Act. The use of the phrase "has been compiled" would seem to imply that the statutory notice was not intended to be given until the register had reached a stage at which it could be printed and made available to the public. Until the first register is printed and issued, there would in practice be no means of ascertaining whether any individual nurse who claimed to be registered was, in fact, so registered or not, without application to the Registrar for a certificate under Rule 15. It would follow therefore that even if a nurse falsely described herself as registered, this mis-description would be unlikely to be discovered; and the practical effect of the statutory notice being given at this stage would be negligible, even assuming that it is competent to the Minister to give notice before the first register is printed. If the Council attach importance to the matter, the Minister is prepared to have the legal point further considered, but as at present advised, he is disposed to defer taking action until the register is available to the public.

As regards the syllabus of training adopted by the Council, the Minister notes that this will be incorporated in the Rules which will be submitted in due course for his sanction.

The Minister shares the regret of the Council that Miss Tuke has found herself compelled to resign, and he notes that the Board of Education have appointed Miss A. T. Steele to succeed her.

I am, Sir,

Your obedient servant,

The Chairman, (Sd.) L. G. Brock.
General Nursing Council,
12, York Gate,
Regent's Park, N.W.1.

The Reciprocity Rule with Scotland and Ireland.

MINISTRY OF HEALTH,
Whitehall, S.W.1.
November 8th, 1921.

SIR,—With reference to your letter of the 31st ultimo., I am directed by the Minister of Health to acquaint you, for the information of the General Nursing Council, that he is glad to note that the Council are now ready to adopt reciprocal registration with the Councils of Scotland and Ireland, and he has approved the Rule in the form in which it was passed by the Council. The signed copy of the Rule is enclosed herewith. In view of the approaching prorogation, the Rule will be laid before Parliament at the beginning of the next session.

With regard to the syllabus of training and the draft rule relating to it, which was also enclosed in your letter under reply, I am to state that the syllabus is now under consideration, but in view of the difficulty of appreciating its precise effect apart from the other rules governing the admission of future nurses and in particular the rules relating to examinations, and any rules which may be made for the affiliation of the smaller hospitals to larger centres for purposes of training, the Minister proposes to defer giving any definite decision until the whole body of the rules are before him.

I am to add that the rules for the admission of existing nurses have now been laid before Parliament for the twenty-one sitting days required by Section 3 (4) of the Act, and the time within which an Address to the Crown could be moved praying for their annulment or modification has accordingly expired.

I am, Sir,

Your obedient servant,

The Chairman,
General Nursing Council,
12, York Gate,
Regent's Park.
(Sd.) L. G. BROCK.

Resolution.**Registered Nurses' Uniform and Badge.**

The next item on the Agenda was a Resolution standing in the name of Miss Cattell.

DR. GOODALL pointed out that in conformity with the procedure of business, notices of motion should be taken after the Reports of the Standing Committees.

The Council agreed to consider the Resolution.

MISS CATTELL then moved the following Resolution:—

"That the Council proceed to consider at an early date the Registered Nurses' Uniform and Badge, and that the Registration Committee be requested to consider and report on the matter."

MISS CATTELL said that the independent private nurses were anxious to appear in the protected uniform of the Council, and she thought it important that the question of the uniform should be decided.

MISS SWISS seconded the Resolution.

MRS. BEDFORD FENWICK reminded the Council that the opinions of the nurses as to what uniform they desired to wear had been invited, and they had been given to the end of June to send in recommendations. There was a very large amount of correspondence in the office on the subject. Recently the full time of the Registration Com-

mittee had been taken up with the business of the Register, and as it was only to meet once a fortnight, more time would be required to deal with this matter.

It was agreed to have a special meeting of the Registration Committee, if necessary, to consider the matter.

The Resolution was agreed.

Reports of Standing Committees.

On a point of order, DR. GOODALL drew attention to the Rule that the Reports of Standing Committees must be sent to members of the Council at least three days before the meeting at which they are to be presented, and except by special permission of the Council no Report of a Committee should be discussed unless the regulation had been complied with. He stated that none of the Reports to be presented had reached him until within 48 hours of the meeting.

After receiving the Registrar's explanation as to why the regulation had not been complied with, it was agreed that on this occasion all Reports be received.

Report of the Education and Examination Committee.

MISS LLOYD-STILL presented the Report of the Education and Examination Committee and moved it be received, and then moved *seriatim* that the clauses be agreed.

It included the following recommendations, proposed by Mrs. Bedford Fenwick and seconded by Dr. Goodall:—

"That 'Nursing of Skin Diseases' be inserted in the third column (page 4) after Local Applications in the Syllabus of Training in General Nursing."

STANDARD FOR APPROVED HOSPITALS FOR FEVER TRAINING.**1.—Nurses who have had General Training.**

A Hospital, having a Resident Medical Officer, of at least 100 beds, not more than 20 per cent. being allocated to Tuberculosis (providing that this restriction shall not apply to Fever Hospitals providing beds for Tubercle, in which 100 beds or more are allocated to General Infectious Diseases), and that such Hospitals do not admit Convalescent patients only.

2.—For Nurses who have not had previous training.

A Hospital, having a Resident Medical Officer or a visiting Physician, who is a permanent Officer in charge of the Hospital, of at least 80 beds (the proportion allocated to Tuberculosis not being more than 20 per cent.), and which does not admit convalescent patients only.

The Report was approved.

Report of the Mental Nursing Committee.

DR. BEDFORD PIERCE presented the Report and moved that it be received and agreed.

DR. BEDFORD PIERCE referred to an important letter from the Asylums' and Mental Deficiency Department of the London County Council, which was read and referred to the Mental Nursing Committee for consideration and report.

The Report of the Conference on Mental Nursing held on November 16th was on the table.

DR. BEDFORD PIERCE said he thought the Conference had served a very useful purpose.

MR. CHRISTIAN enquired to whom the Syllabus of Training for Mental Nurses had been referred. What about the Conciliation Committee, the Joint Committee between the authorities and the workers? It was the National Asylum Workers' Union that had brought about general training in Asylums.

DR. BEDFORD PIERCE said his difficulty was how these workers could give assistance in saying what the training should be. Medical students were not consulted as to the medical curriculum.

In reply to SIR JENNER VERRALL, DR. BEDFORD PIERCE said he was aware that the Union had brought about general training in some hospitals.

MR. CHRISTIAN said not in some, in all, they had brought about general training throughout. The Conciliation Board was a most important body of workers and authorities, and he thought it should be consulted.

SIR JENNER VERRALL said that the Chairman of the Committee would consider the view and act in the best interests of the Council.

It was agreed to have a Conjoint Meeting of the Mental Nursing Committee and the Education Committee.

The Report was approved.

Report of the General Purposes Committee.

MISS VILLIERS presented the Report and moved it be received and agreed.

It included a recommendation for three extra temporary clerical helpers, at salaries of £2 10s. and £2 per week. There was some criticism on the limited amount of salary, and it was pointed out that there would now be thirteen clerical workers in the office with an annual expenditure on salaries of nearly £3,000.

The Report was approved.

Report of the Finance Committee.

SIR JENNER VERRALL presented the Report of the Finance Committee, and moved it be received and agreed.

Amongst the recommendations it was proposed that the Syllabus printed and published under the authority of the Council have the Council's address, together with that of the printer, on the cover; also the price of each pamphlet printed upon it. To recommend:

First or Third Class Fares.

"That the Council be advised to take into its early consideration the continuance of payment of first-class fares, or their reduction to third-class."

SIR JENNER VERRALL said he put the proposal forward with a good deal of hesitation, but they were spending a good deal of money, and the Finance Committee were in duty bound to consider the question of economy. The Finance Committee had not decided to suggest this should be done. It was put forward for the consideration of the Council.

MISS COX-DAVIES strongly dissented from the proposition.

MISS SPARSHOTT, as one of the members who came from a distance, said she was quite willing to travel third-class. The carriages were comfortable and the restaurant quite good.

MISS WORSLEY said now that travelling was so much better, she was quite ready to support the view expressed by Miss Sparshott.

DR. BOSTOCK HILL supported Miss Cox-Davies. He thought it would be a false economy. Also he believed it was customary in the case of similar bodies to pay first-class fares, and it would be an implied slur if the General Nursing Council differed from other bodies.

MISS DOWBIGGIN was of the same opinion.

SIR JENNER VERRALL said it was not proposed to do anything at present, but merely to ask the members of the Council to take the suggestion into consideration.

The Report was approved.

Correspondence re Recording Nurses Certificates in the published Register.

At the beginning of the meeting it had been agreed that the correspondence in reference to the question of recording the Nurse's Certificates of Training in the Qualification Column in the State Register should be considered at this stage in the proceedings. Mrs. Fenwick deferred presenting the Report from the Registration Committee until the letters had been read.

Amended Schedule Necessary.

Communication from the Minister of Health.

MINISTRY OF HEALTH,
Whitehall, S.W.1.

November 17th, 1921.

MADAM,—The Minister's attention has been called to the fact that the Council have under consideration some modification of the particulars to be inserted in the Register. In this connection, I am to point out that the Council are required by the Act to make rules for regulating the formation, maintenance, and publication of the Register, and that they have in fact done so in Part 2 of the rules already approved by the Minister. If the Council should decide to add to or otherwise vary the particulars set out in the first schedule, it would be necessary for them to submit an amended schedule accordingly, and it will not be competent to them to enter in the Register any particulars other than those indicated in the schedule, until the amendment has received the Minister's sanction.

I am, Madam,

Your obedient servant,

The Registrar, (Sd.) L. G. BROCK.
General Nursing Council.

MRS. BEDFORD FENWICK asked to what communication Mr. Brock's letter was a reply, as the Council had not yet addressed the Minister on the subject?

As neither the Chairman nor the Registrar could answer the question, Mrs. Fenwick hoped the information would be forthcoming at the next meeting.

Letters were then read by the Chairman of the meeting.

Letters from Nurses.

From the Council of the Professional Union of Trained Nurses. Letter enclosing a Resolution protesting most emphatically against the proposal of certain members of the General Nursing Council to deprive nurses of their rights with regard to their certificates.

From the National Union of Trained Nurses.
November 16th, 1921.
To the Chairman of the General Nursing Council,
12, York Gate, N.W.1.

DEAR SIR,—We understand that a resolution was brought forward at your last meeting by which the certificated qualifications of the registered nurse would not be entered against her name on the Register. We beg to protest strongly against any such limitation of information. We feel that our members who have been recommended to register without delay would look upon this as a serious breach of faith. The public are bound to rely upon the Register for all information with regard to the nurses' qualifications. This right is always accorded to members on their professional register and we consider there should be no question of the same privilege being accorded to nurses. A large number of nurses have already sent in their original certificates; why was this trouble and expense incurred if no use was to be made of them?

We beg to remain, on behalf of the National Union of Trained Nurses,

Yours faithfully,
H. L. PEARSE, *President.*
GEORGINA LORD, *Chairman of Executive.*

From Miss M. A. Gray, stating that she understood it was proposed not to record the certificates of nurses on the State Register. She had applied for registration, but if this was the case she desired to have her name removed.

From Mrs. Talbot Harvey, saying she had heard with great concern that it was proposed not to record the certificates of nurses on the Register. She had personally persuaded many nurses to register, and she knew of two English nurses practising in Paris who had been asked to send their certificates. Nurses were emphatic that the qualification to which they are entitled should be registered.

From Miss E. T. Bickerton, Matron, Prince of Wales' Hospital, Tottenham, stating she had observed with concern that it was proposed to suggest that nurses' certificates should not be recorded on the Register.

From four Sisters in the same institution, Misses D. Moase, E. Jenkins, E. Kinlon, E. Garrad.

From Miss J. G. Powell, who said she was anxious to know whether her certificate of three years' training would be mentioned.

From Miss A. Johnson, pleading that certificates should be entered.

From the Nurse Hon. Secretary of the Royal British Nurses' Association :—

TO THE CHAIRMAN OF THE GENERAL NURSING COUNCIL
FOR ENGLAND AND WALES, 12, YORK GATE.

SIR,—At a recent meeting it was brought to the notice of the Executive Committee of this Corporation that a proposal had been put forward in the General Nursing Council to omit, in the State Register, shortly to be issued for the information of the public, any entry to indicate that a nurse holds a certificate of training.

Such an omission, in the opinion of the Executive Committee, would result in grave injustice to many members of the Association now practising as nurses, and the Committee therefore urge that as the great majority of nurses likely to seek admission to the Register do hold certificates of training, and prize them as the most valuable evidence of proficiency, notification of the possession of a certificate should not be omitted in the published Register.

I am, Sir, Yours faithfully,
C. E. THOMSON,
Nurse Hon. Secretary.

From Miss F. M. Embry, Hon. Secretary, Royal Infirmary, Leicester Nurses' League, enclosing a Resolution passed at a Meeting of Nurses convened by the League and held in the Nurses' Home of the Leicester Royal Infirmary on the previous day, which was representative not only of League Members but of the Nursing Profession in Leicester generally, some 130 nurses being present. The Resolution expressed the unanimous opinion of the meeting that the word "certificated" should stand in the Register against the names of those nurses who possess certificates.

From Miss M. F. Rimmer, who said she wrote as an old hospital Matron, whose certificate would be of little value to her, expressing the hope that the General Nursing Council would prevent such an injustice to nurses as the omission of the record of their certificates on the State Register.

From Miss G. Lord, hoping that the Council would see that certificates were entered on the State Register. She did not think it could be the wish of the Council to penalise the whole profession for the sake of those who did not hold certificates.

From Miss Maisey, who said that nurses were much alarmed at the proposal that their certificates should not be registered.

From Miss E. B. Kingsford, who said she was dismayed to read the proposal that nurses' certificates should not be recorded in the State Register. She drew attention to the detrimental position in which Intermediate nurses would be placed, who would have to compete with the holders of the State Certificate.

From Miss Helen Todd, who wrote that she saw in the Nursing Press the proposal that nurses' certificates should not be entered on the State Register, and she wished to protest most emphatically. She was anxiously waiting to hear the decision of the Council.

From Miss Stewart Bryson, Matron of the Northern Hospital, Winchmore Hill, saying that she could not express her astonishment at the proposal.

From Miss Margaret King, saying that she was just sending off her application when she heard it was proposed that certificates should not appear in the Register. She would wait now to hear what was decided.

From Miss M. M. Curtiss, stating that she would like to know what was going to be done.

From Miss M. G. Sullivan, stating that unless she could register as a certificated nurse she did not intend to register at all. There was also a letter from Mrs. Eeles.

The Report of the Registration Committee.

MRS. BEDFORD FENWICK then proposed that the Report of the Registration Committee be received.

DR. GOODALL objected to certain paragraphs appearing in the Report. He had, he said, appealed to Mrs. Fenwick before the meeting not to present them.

SIR JENNER VERRALL said that it was a matter of form to move that the Report be received; the Chairman of the Registration Committee was bound to present the Report as drawn up.

MRS. BEDFORD FENWICK said that she formally proposed that the Report be received.

SIR JENNER VERRALL said the Chairman of a Committee had to present a record of facts. It was conceivable that a Resolution might be carried by a Committee by a majority of one, and the Chairman might be of the opinion of the minority. He was still bound to present the Resolution.

The proposal that the Report be received was then carried.

MRS. FENWICK then proposed the Report be agreed and dealt *seriatim* with the Clauses.

1. Referred to letters.

RULE TO RECOGNISE CONJOINT TRAINING.

2. To recommend:—

“That the Council be recommended to approve a Rule including in the Rules for Existing and Intermediate Nurses the cases of Nurses with a conjoint training in Hospitals for Men and Hospitals for Women.”

MRS. FENWICK explained that Mr. Priestley had drafted Rules appended, but suggested postponing them until Scotland and Ireland had been consulted. She reminded the Council that since the reciprocity Rule with Scotland and Ireland had been agreed, the Council was deprived of independent action as to drafting fresh rules for Existing and Intermediate Nurses.

DR. BEDFORD PIERCE thought it very awkward if the Council had to wait for this to be done. He suggested passing the Clause and then referring it to Scotland and Ireland.

MRS. FENWICK then read the proposed new Rule as drafted to apply to both Existing and Intermediate Nurses.

“A Certificate or Certificates that the applicant has had a conjoint three years' training in Hospitals for Men only and for Women only, of not less than two years and one year in such Hospitals respectively.”

Agreed.

RULE TO ACCEPT “EVIDENCE OF EXPERIENCE” FOR FEVER NURSES.

3. To recommend that on page 11 of the Rules, in Rule 6 (b) the words: “Evidence of experience for a similar period” be inserted after “two years' training,” to enable the older nurses from Fever Hospitals to come on to the Supplementary Part of the Register for Fever Nurses, as Existing Nurses.

MRS. FENWICK explained that when the Rules were framed for the Sick Children's and the Fever

Nurses' Supplementary Registers, a certificate was required from every class. To meet the case of Fever Nurses of long standing it was proposed to add in Rule 6 (b), “or evidence of experience for a similar period.”

DR. GOODALL seconded and stated that this was provided for in the Scottish Rules.

Agreed.

NURSES' QUALIFICATIONS ON THE PUBLISHED REGISTER.

4. When this Clause came under consideration the Chairman of the meeting drew the attention of the Council to section 2 of Rule 44, which provides that “any recommendations which the Committee may make shall, as far as practicable, be in the form of resolutions, to be considered by the Council.” The whole of Clause 4 was a record. Two resolutions were proposed and both were lost; therefore, if Mrs. Fenwick moved No. 4 she would move it as a record of what took place, not as disapproving or approving of either Resolution, both of which were lost.

MRS. FENWICK said if that was the ruling of the Chair she was willing to move as a record of what took place that Section 4 stand part of the Report, and read it as follows:—

“To report that the following reference on the Agenda (of the Registration Committee) was then considered. Section 3 (1) (a) of the Nurses Registration Act ‘for regulating the formation, maintenance and publication of the Register,’ and to recommend to the Council what particulars shall be entered and published in the Register under the heading of ‘Qualification.’—

(1) for an ‘Existing Nurse’;

(2) for an ‘Intermediate Nurse.’

THE CHAIRMAN said this matter was referred to the Registration Committee by the Council last year, but had never been fully discussed. The matter had been brought before the Council by resolution at its last meeting, in which it was proposed that the word “certificate” should not be used, and had been referred back to the Registration Committee. She was of opinion that the omission of the record of certificates in the published Register would deprive certificated nurses of a qualification they had striven to obtain, and valued highly, and that grave injustice would be done. Such omission would make a precedent, as the Medical Register included all professional qualifications, and the Register compiled by the Royal British Nurses' Association, and that of the College of Nursing, Ltd., which were on the table, both recorded certificates, the latter providing a special column for the purpose.

The General Nursing Council for Ireland intended to record certificates as a qualification in the published Register.

The Rule adopted by the Scottish Council did not make the matter clear.

MR. PRIESTLEY drew attention to the Scottish Rules, and quoted from Rule 19, which refers to the publication of the Register, and provides that

"It shall contain the full names (in alphabetical order) and the addresses of all the nurses duly registered under the Act, with the date of registration, the qualification in each case for admission to the Register, and the date of obtaining such qualification, and the hospital or hospitals in which such qualifying training has been received."

THE CHAIRMAN presented a written suggestion as to the entry of qualifications which would include the word "cert" before the place of training for those who had obtained it.

MISS COX DAVIES and MISS DOWBIGGIN maintained that considerable injustice would be done to nurses who had obtained the best training possible, but also had no certificates.

MISS MACDONALD stated that the matter had been discussed at the Executive Committee meeting of the Royal British Nurses' Association on the previous day, and the nurses—especially the younger members—felt strongly on the matter, and had desired her to express their views to the Committee.

Miss Macdonald, therefore, proposed the following resolution which was seconded by Mr. Christian:—

"That in all cases where a nurse holds a certificate of training this shall be recorded in the qualification column of the State Register to be issued by the Council."

On a vote being taken, Mrs. Bedford Fenwick, Miss Macdonald, and Mr. Christian voted for the Resolution; and Miss Cox-Davies, Miss Dowbiggin, Miss Peterkin, and Dr. Goodall voted against it.

The Resolution was therefore lost.

MISS DOWBIGGIN then proposed and Miss COX-DAVIES seconded the following Resolution:

"That it be stated in the qualification column of the State Register whether a nurse has obtained her qualification for entry on the Register, by training, or experience, or both, as the case may be."

Dr. Goodall supported the Resolution.

On being put to the vote, three voted for and three against it (one not voting).

The Chairman exercised her prerogative and gave the casting vote against the Resolution, which was lost.

DR. BOSTOCK HILL said it was a curious thing that names of people voting were recorded. Why were these views given on this one particular subject?

MRS. FENWICK said as Chairman of the Committee, she gave notice the names would be recorded. She concluded the Council would wish for full information on what was evidently an exceedingly contentious question.

MISS MACCALLUM thought the record was important. It showed that three Matrons and a medical man voted against recording certificates, and the nurses would have nothing to do with it.

MISS WORSLEY said she took exception to discriminating between Matrons and nurses.

Matrons were nurses first of all. But she was aghast to learn from the Report that it was proposed that such injustice should be done to certificated nurses, and she was very surprised to see a doctor's name amongst those who did not wish certificates to be recorded. Supposing there had been no notification of the qualifications of medical practitioners on the Medical Register how would they have liked it?

She was surprised, considering how much their certificates were prized by nurses, not only for what could be earned by their possession, but also because they were awarded by their Training Schools and bore signatures which the nurses greatly valued. She was amazed that anyone should propose that the record of certificates should be omitted. Considerable latitude had been allowed in order that no injustice should be done to those who had not full training, but nurses had a right to have their certificates recorded.

SIR JENNER VERRALL said he wanted to define the exact position. He was only considering whether this portion of the Report was relevant. It contained no Resolution, and it was still necessary to raise in the Council that the First Schedule should be altered, if they desired certificates to be entered on the Register. That could be done by giving ten days' statutory notice.

DR. GOODALL moved that the paragraphs of Clause 4 from the word "Chairman," down to the fourth paragraph overpage should be deleted. He thought it was most unusual to bring up reports from Committees in the way that this Report was framed. He did not mind his name going down as he had voted to the best of his ability. The Report was a truthful record as far as it went, but it put forward the case for including the record of the certificate, but none of the arguments on the other side.

DR. BEDFORD PIERCE seconded Dr. Goodall's motion.

MISS COX-DAVIES supported the motion to delete the paragraphs. It was for the Council to get a peaceful agreement.

MRS. BEDFORD FENWICK said the suggestion that the record in the Report of what took place cut the ground away from a peaceful agreement was ridiculous. She thought the proceedings should be made clear to the Council. She took full responsibility for the Report. Reports and Minutes were often so emasculated that she doubted if their successors would know what had been done.

On being put to the vote, Dr. Goodall's motion was carried.

THE CHAIRMAN then moved the adoption of the Clause as amended. This was carried.

MRS. FENWICK protested against the mutilation of the Report.

Slight alterations in the Forms of Application were recommended and agreed.

The rest of the proceedings were taken *in camera*.

A VISIT TO LEICESTER.

It was with much pleasure that in accordance with a long standing engagement I went down to Leicester last week to speak at the meeting of the Leicester Royal Infirmary Nurses' League. On the kind invitation of Miss Pell Smith, I spent the previous night with her at her delightful Home Hospital at 2, de Montford Square. Such a cheery welcome there was first from Miss Pell Smith, old, tried, and staunch supporter of the State Registration cause, and then from the Home itself. Patients are well done by indeed who find their way to this Home, as very many do, to their great advantage. To begin with Miss Pell Smith, who in organising her Home many years ago followed the method adopted by Mrs. Bedford Fenwick at Gordon House Home Hospital of maintaining a permanent nursing staff adequate to the needs of the Home, has a staff of ten nurses, a housekeeper, and five maids, besides occasional help, for fifteen patients. Nurse Margaret, who has been with Miss Pell Smith for 17 years, is her right hand, and it is manifest that it is to the great advantage of the patients to be cared for by a staff thoroughly conversant with its routine.

The rooms are spacious, and most comfortably furnished—I can speak to the comfort of one with a glowing fire of real coal, an armchair drawn up in front of it, and a bowl of soup quickly brought, and daintily served, for the refreshment of the "traveller."

Later, at dinner, I had the pleasure of meeting Miss Mearns, the Superintendent of the Queen's Nurses in Leicester. Queen's Nurses and their work must always have a very warm corner in the interest of nurses, for it is second to none in its efficiency, in its value as a social service agency, and in its careful administration of funds. Those who wish to get really good value for their money cannot do better than support the work of Queen Victoria's Jubilee Institute for Nurses.

On Thursday, November 17th, I spent a most interesting morning with Miss C. E. Vincent, R.R.C., Matron of the Royal Infirmary, seeing the extensions and additions since I last visited the Infirmary in 1914. First there is the new block, now some two floors high, of which the Duke of York lays the foundation stone on November 24th, and will provide, when complete, another 120 badly needed beds for medical, surgical, and gynaecological cases, for the present beds (some 320) are quite inadequate to the needs of the town. The new block will push its way through part of the laundry, which is at present in the throes of reconstruction, and will eliminate a nurses' tennis court, but these are incidentals inevitable to extension schemes.

One new department was of special interest, the beautiful little mortuary attached to the pathological block, plain almost to severity, but satisfying, and dignified. There is a cold storage chamber, a well equipped waiting room for the relatives, from which also a body can be viewed, as the upper part of the division between the

waiting room and the mortuary chapel is of glass, ordinarily screened by a short curtain.

In the mortuary itself, of which all the fittings have been made on the premises, a shallow zinc tray, on which the body is laid—in front of the altar adorned with flowers—rests on a solid stand of teak, and there is a handsome prie-dieu beautifully carved, suggestive of the consoling belief that our dead though passed from sight can still be helped by the prayers of those who love them.

The handsome new Massage Department is a gift of the Freemasons of the town, in memory of their brother Masons who fell in the war. It is entirely staffed by certified masseuses. This has both advantages and disadvantages, on the whole one is inclined to think the latter predominate. It of course is an expensive arrangement, and the nurses of the Infirmary do not get the advantage of this valuable special training as formerly, the reason being that now that the term of training for the examination of the Chartered Society of Massage and Medical Gymnastics is increased from six months to a year it is manifestly impossible that so long a period of the probationer's training should be devoted to this one subject.

The department for venereal diseases is in charge of a Sister, and staffed with senior nurses.

A very special feature at the Leicester Royal Infirmary is its workshops. All furniture is made there by members of their expert staff, and good material, and sound workmanship, thus ensured; all repairs are done by this staff, indeed there seems to be little that it cannot do.

The chapel, in which is a memorial tablet to four nurses who gave their lives in the war, is the special charge of the nursing staff, and has recently been structurally renovated, and internally re-decorated, at a cost of £120 which they have collected and contributed.

The Nurses' Home is also being greatly enlarged, and it will add much to the comfort of the staff when the new bedrooms are taken into use. I noticed with much pleasure that the nursing staff take a lively interest in current as well as nursing affairs. The lounge hall in the Home is provided with a sloping stand for daily papers, after the manner of a public library, and THE BRITISH JOURNAL OF NURSING is available to all.

In the next issue I hope to give an account of the League Open Meeting, at which some 130 trained nurses were present, and at which the President, Miss C. E. Vincent, R.R.C., ably presided. So much space in this issue is devoted to the proceedings of the General Nursing Council that it is impossible to deal adequately with this meeting.

It will be noted in another column that the meeting took the opportunity of sending up a unanimous Resolution to the General Nursing Council, which met on the following day, expressing the opinion of this very representative meeting that the word "certificated" should stand in the Register against the names of those nurses who possess certificates.

M. B.

THE ROYAL LIVERPOOL CHILDREN'S HOSPITAL.

Liverpool has always been famous for its public institutions, and the Royal Liverpool Children's Hospital, in Myrtle Street, is an example of a Children's Hospital excellently planned and beautifully kept. Nowhere do we remember having seen wards so designed that they have windows on all four sides, thus catching every scrap of sunshine to be had throughout the day. A distinguishing feature of the wards is also the absence of ledges on which dust can settle, and the reduction of the furniture to a minimum.

The tessellated floors give little opportunity for the lodgment of germs; screens with washable covers give a note of brightness, and the wards are pleasant places for Liverpool's sick children, who have every appearance of enjoying their comfortable quarters, when able playing with some treasured toy, and the little girls specially important with cunning bows of bright ribbon in their hair—a feminine frivolity which they thoroughly appreciate. And yet every child in the hospital is acutely ill, for such is the pressure on its accommodation that directly it is possible the little patients are moved on to the country branch at Heswall, or elsewhere, to progress to recovery in the pure country air and more spacious surroundings.

The Hospital in Myrtle Street, though in the centre of the city, has wide balconies on to which cots can be wheeled when advisable, and where University teachers investigate and demonstrate cases. Special facilities are afforded at the hospital for clinical study, and it is in every way a thoroughly up-to-date and progressive institution.

Mention must also be made of the model theatre and annexes.

The Nursing Staff struck us not only as highly competent in the way they went about their work, in a quiet professional manner, which was a pleasure to watch, but devoted to their little charges, and real child lovers—a very necessary quality if a children's ward is to be a happy place. Beyond this their general standard was certainly above the average, and we are sure that the Lady Superintendent, Miss Constance Worsley, must take great pride, and exercise the greatest care and judgment, in selecting and maintaining a staff of so high a grade. Under the aegis of the General Nursing Council the Royal Liverpool Children's Hospital will afford an invaluable training ground for nurses for the Supplementary part of the Register, containing the names of nurses trained in the nursing of sick children.

Dr. Holt, the Chairman, showed his interest in the organisation of nurses under State authority by presiding at the meeting we recently addressed at the University in Liverpool, and by the attention he gave to our explanation of the Rules, and we do not doubt he will further the

Council's scheme of training. The Hospital is specially fortunate in having as its Matron Miss Worsley, who is a member of the General Nursing Council for England and Wales, and is thus in close touch with its aspirations, and who has taken so keen and sympathetic an interest in its work, and shown so clear a comprehension of its duties to the profession at large. E. G. F.

NURSES' MISSIONARY LEAGUE.

A quiet day for prayer and meditation will be held on St. Andrew's Day, Wednesday, November 30th (by kind permission of the Vicar), at St. Martin's-in-the-Fields, Trafalgar Square, conducted by the Rev. H. L. C. de Candole, Canon of Westminster.

The general subject for addresses will be "Abiding in Love." 6.45 a.m. and 8.15 a.m., Celebrations of Holy Communion. 10.30-12.30 (morning).—Address, The Means: 1, Building; 2, Praying; 3, Looking. 3.15-4.30 (afternoon).—Address, The Result: 1, Completeness of Character; 2, Knowledge of Christ. 8.30 p.m., Service with address by the Rev. L. S. Hunter (Chaplain Charing Cross Hospital): Subject, "The Christian Adventure." There will be periods for prayer and silent meditation after each address.

MOTHERCRAFT TRAINING SOCIETY "POUND DAY."

On Wednesday, November 16th, the Mothercraft Training Society, Trebovir Road, Earl's Court, S.W., held its first "Pound Day"; and H.R.H. Princess Christian, in addition to honouring it by being present and receiving the "Pound" gifts, conferred the further honour of becoming the Society's President.

The Princess, who was attended by Lady Edmonstone, was received by the Lady Victoria Braithwaite, the Lady Dawson of Penn, Mrs. Fairbairn, Lady Galway, Mrs. Jewesbury, Lady Roger, the Lady Sydenham, Sir Alexander Roger (Chairman of the Executive Committee), Dr. J. S. Fairbairn, and Dr. R. C. Jewesbury.

Most liberal interpretations were put upon the meaning of "Pound" gifts by interested friends, for it covered donations of £250, £25, £10 10s., £5, 24 yds. of beautiful white flannel, a rubber hot-water bottle, 56 lbs. of potatoes, &c. The gifts amounted in all to £262; this sum includes an approximate valuation of the many useful household gifts.

All connected with the work have been deeply touched by the great generosity shown, and what they have perhaps appreciated most of all have been the many gifts, whether large or small, sent by those who have made the occasion an opportunity for showing the gratitude they feel for services rendered to their own little ones by the Hospital.

APPOINTMENTS.

MATRON.

Richard Murray Hospital, Blackhill, Co. Durham.—Miss Fanny Drewitt has been appointed Matron. She was trained at the Royal Free Hospital, London, and at the Rotunda Hospital, Dublin. She has been Matron of the City of Carlisle Maternity Hospital, and has held various staff appointments at the Royal Free Hospital.

Royal Surrey County Hospital, Guildford.—Miss Gladys White, R.R.C., has been appointed Matron. She was trained at Guy's Hospital, S.E., and has held the following appointments: Sister-Tutor, Guy's Hospital; Assistant Matron, No. 9 B.R.C. Red Cross Hospital, France; Assistant Matron, Rotunda Hospital, Dublin; and Matron, Sanatorium, Marlborough College. Miss White has been awarded the Albert Medal, the Florence Nightingale International Medal, and Royal Red Cross, Second Class.

Northern Infirmary, Inverness.—Miss Anne C. Sutherland has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and has held the position of Theatre Nurse at the Woodlands' Nursing Home, Glasgow, and at the Surrey Nursing Home, Surbiton. She has done War Service as a Member of the Territorial Force Nursing Service, both at home and abroad.

SISTER.

Cancer Hospital, Fulham Road, S.W. 3.—Miss Florence Mabel Northway has been appointed Sister. She was trained at the Royal Southern Hospital, Liverpool, and has been Ward and Theatre Sister at the Wirral Children's Hospital, Sister at the Liverpool Home for Incurables, and Sister at the Highfield Military Orthopaedic Hospital, Liverpool.

SCHOOL NURSE.

Education Committee, Bilston.—Miss Mary Parker has been appointed School Nurse. She was trained at the St. Marylebone Infirmary, where she has held the position of Ward Sister and Night Superintendent. She has also been Matron of an Auxiliary Hospital at Peterborough.

HEALTH VISITOR.

County Borough of Hastings.—Miss Theodora Harris has been appointed Health Visitor. She was trained and certificated at St. Bartholomew's Hospital, and has been Sister at the Children's Hospital, Derby, and School Nurse and Health Visitor under the County Borough of Derby; she is also a Certified Midwife, and holds the certificate of Sanitary Inspector and of the Maternity and Child Welfare Workers. We congratulate the County Borough of Hastings in securing so highly-qualified an official.

County Borough of Derby.—Miss Rosa Cross has been appointed Health Visitor. She was trained at Hunslet Infirmary and has held the position of Sister at Chesterfield Infirmary.

Miss K. M. Banks has been appointed Health Visitor. She was trained at Fir Vale Hospital, Sheffield, and has held the position of Staff Nurse in that institution.

Urban District Borough Council, Folkestone.—Miss Alice Beatrice Pilkington has been appointed Health Visitor. She was trained at Guy's Hospital, London, and has had experience of private nursing in connection with its private nursing staff. She has worked as a Staff Nurse in connection with Queen Alexandra's Imperial Military Nursing Service Reserve, and has had experience which will be of great value to her in her present work as temporary staff Nurse of the

Baby Ward of the Infant Welfare Centre at the Royal College of St. Katharine, Poplar. She has also been Health Visitor for the County Borough of Grimsby.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Lucy A. Ratcliffe is appointed to Cheshire C.N.A. as Assistant County Superintendent; Miss Rosina Barton to Rawmarsh and Parkgate; Miss Sarah Evans to King's Lynn; Miss Hannah P. Glenn to Egerton; Miss Lizzie Higgs to Woodhouse; Miss Sarah E. Hotchkiss to Woolwich; Miss Dorothy M. Lodge to Kilburn; Miss Ada E. Marsdin to Shrewsbury; Miss Mary Powell to Tenbury; Miss Gertrude E. Rippon to Burnham; Miss Ada J. Shiel to Lumb Valley; Miss Elsie M. Wood to Halifax.

FEVER NURSES' ASSOCIATION.

List of successful candidates at the Examination held by the Fever Nurses' Association in October last; also the Hospitals at which they were trained:—

Lodge Moor, Sheffield.—M. Booth, S. E. M. Lomas.

Leicester Isolation.—A. Parr, E. B. Beasley.

West Lane, Middlesbrough.—V. Hardy, A. Hughes, E. Brown, A. Oliver, F. Walker.

Wimbledon Borough.—K. Johns, E. Jefferies.

Derby Isolation.—E. Ford, M. E. McNally, L. R. Insley, L. M. Hull, M. E. MacKeown, E. K. MacKeown, M. E. Leahy, E. M. Punler.

Plymouth Borough.—G. Daymond.

Brighton Infectious Diseases.—E. Springer.

Sunderland Borough.—M. Elliott, M. McDonald, B. Hughes, L. Pickwell, A. Shevlin, S. Teevan.

Western Fever.—E. Witty, B. Johnson, D. Bearne, C. Bennett.

Bromley and Beckenham Infectious Diseases.—E. Lewzey.

Plaietow Fever.—E. H. Grant, M. E. Dawes, L. F. Williams, F. M. Collier, M. L. Skone, M. T. Haggart, E. W. Young.

Croydon.—J. B. Murray.

City Hospital, Little Bromwich.—M. White, C. Woodward, E. Wiggins, A. M. Evans.

Mardy Hospital, Merthyr Tydfil.—V. M. Williams, M. E. Parry.

Walkergate, Newcastle-on-Tyne.—E. Knight, D. M. Leeman, E. R. Turner, M. Amor, I. P. Thompson, I. M. Newell, D. H. P. Lowe, H. Cook, F. M. Pyle.

Leeds City, Seacroft.—A. Heavisides, M. Hemingway.

The Educational Committee have decided to amend the rules governing the Association's Examination and to divide the Examination into two parts, commencing October, 1922. Full details will be announced later.

PRINCESS MARY AT BRIGHTON.

Princess Mary had a field day at Brighton on Tuesday, and amongst her many activities she must have found the opening of the new Nurses' Home at the Royal Sussex County Hospital an enjoyable function, as she had a very enthusiastic welcome. On arrival she was presented with a bouquet by a little patient. The nurses were drawn up as a guard of honour. Her Royal Highness cut a silken cord, releasing the doors, and made a tour of the cosy interior. She also presented a number of medals for war service to nurses.

This beautiful Home has cost £20,000.

Violize the Milk

VIOLIZED Milk is made by adding a teaspoonful of Virol to half a pint of warm milk. It is a wonderful tonic food for tired nurses, and a great restorative after mental and bodily fatigue.

It is an ideal diet for expectant and nursing mothers.

The Virol, by its remarkable building up properties, not only increases the nutrient value of the milk, it also makes the milk easily digestible.

The remarkable influence that Virol exerts on growing tissues has given the preparation a world-wide reputation for infants and young children.

Nothing can equal the value of Violized Milk for children of school age, who require building up against the cold and chill of winter; or after influenza and other bacterial infection.

As Virol is known to contain the Vitamines essential to health, the milk should be below boiling point when the Virol is added. The activity of the Vitamines is reduced or destroyed by excessive heat.

**Virol is used in more than 2,500
Hospitals and Infant Clinics.**

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BOOK OF THE WEEK.

GOOD GRAIN.*

The great recommendation of this novel is that it won the £500 prize in the competition for the best first novel, offered by Messrs. John Long, Ltd.

It is the story of a young boy, brought up as a fisherman on the Cornish coast till he was twenty years of age, when he was discovered by Geoffrey Tremayne, who was by nature and profession musician and composer.

"Geoffrey Tremayne stood on the beach and watched the mountainous waves. Exactly at what moment it was he never knew, but gradually he became aware that somewhere a voice was singing. Every now and again, when the wind died for a moment, it sounded loud and clear. It was a human voice, singing in the darkness like some spirit of the storm—singing something full of light and melody. Yes, there was a boat drawn up on the shingle about a hundred yards away, and by the moon's dim light he could see there was a man bending over it, engaged apparently in either mending or cleaning it."

When the figure stood up he could see it was that of a young man in a rough blue jersey and trousers such as fishermen wear, bareheaded and barefooted.

"Where did you learn to sing like that? I could hear you at the other end of the beach."

"I never learnt to sing, of course." The boy seemed amused at the idea. "I just can sing, that's all. I've sung all my life."

After some further conversation, in which Tremayne learns that the boy's name is Julian Cassilis, and that he has doubts as to whether the old people with whom he lives are his parents, he bids him "Good-night."

He shook hands with a firm grip, as if he were accustomed to it, and he looked his new acquaintance full in the eyes as he did so.

"An extraordinary youth," said Tremayne as he went indoors; "never the son of fisher folk, unless he is a throw-back. More likely a seadrift from some wreck. There must be many on a coast like this."

He forgot about the storm thinking about his new discovery.

Briefly Tremayne, who was a very wealthy man, practically adopted Julian, and started him on a first-class musical training.

Julian took to luxury as a duck takes to water.

He liked the suite of rooms in the hotel, the many books and pictures, the gorgeous flowers. He liked the clothes Tremayne's tailor made for him, he liked the epicurean meals with his new guardian in the hotel restaurant; he absorbed all his new experiences, and expanded with the coming spring."

There was an indefinable something about this boy which had forced Tremayne's action, but

the most curious part was that Julian himself did not see how extraordinary it was. To him it all appeared to have happened naturally, and Tremayne had taken him out of a wrong groove and put him into a right one.

It was at Hendley Vicarage, where Geoffrey Tremayne placed him with a tutor, that he first came into contact with the girl who was destined to play so great a part in his life.

He had been there six weeks. It was May, and he found Eve in the Garden of Eden.

"It was a golden day, and walking in the meadow beyond the orchard at the foot of the vicarage garden Julian rescued a black kitten from a may tree, and so doing met Iris Stapleton.

She stood in the long grass among the buttercups, in a background of may trees in bloom: a pretty girl in a white dress, with a peach bloom skin and golden brown hair. She said, 'Thank you; that was kind of you to rescue my kitten,' but did not add that, seeing him in the distance, she had climbed the wall from their garden, and had encouraged the kitten to go up the tree on purpose."

From which incident it may be concluded that she was a somewhat indiscreet girl, and later her indiscretions landed both her and Julian into the worst possible situation.

Geoffrey Tremayne eventually made this girl his wife, without suspecting the intimacy between her and his ward, though curiously it was afterwards disclosed to him by Julian, which points clearly to the sex of the author, as Julian always retained his devotion to Iris.

The last half of the book tells of frequent misunderstandings between Tremayne and his young wife, and his suspicion of and ultimate rupture with Julian, both of whom, however, were loyal to Geoffrey after the inevitable separation of the marriage.

The conclusion of the book is not so convincing and more commonplace than the opening, but the writer is to be congratulated on her first venture in fiction.

H. H.

COMING EVENTS.

November 26th.—Meeting Central Committee for the State Registration of Nurses. Council Chamber (by kind permission of the British Medical Association), 429, Strand, W.C. 2.30 p.m.

November 26th.—Royal British Nurses' Association, 194, Queen's Gate, S.W. Lecture on "Russian Central Asia," by Miss Christie. 3 p.m.

November 29th–December 4th.—Birthday Week, Imperial Nurses' Club. November 29th.—Annual meeting, 137, Ebury Street. 3.30 p.m.

December 9th.—Trained Nurses' Annuity Fund. Sale of Work to be opened by Her Royal Highness, Princess Christian. Royal British Nurses' Association Club, 194, Queen's Gate, S.W.

December 10th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Theatre, St. Bartholomew's Hospital. 3 p.m. Social Gathering, Staff Nurses' Sitting Room. Music and Tea.

* By Emmeline Morrison. John Long.

LETTERS TO THE EDITOR.

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

AN AMAZING EXPERIENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—During Armistice week, amid solemn acts of remembrance, stirring sounds and yet more stirring silence, the scarlet glow of Flanders poppies and the gathering of patient crowds waiting to place their countless tributes to the memory of our glorious dead, the following amazing and very unpleasant experience befell me. Seeing one of the many pathetic figures of our ex-Service men, standing unobtrusively in the bitter wind with his collecting-box for the unemployed (the gaunt army to which, alas, he now belongs) outside the post-office door in Oxford Street, a short distance from Tottenham Court Road, I invited him to come with me to lunch at the well-known restaurant next door, to which I was going. He accepted, and we entered, found a table and sat down. My guest was a nice-looking boy, perfectly quiet and respectable in appearance, and neatly though poorly dressed; his collecting-box was tucked away under his arm, and he assured me that he had no intention of attempting to use it while we remained inside. We were hardly seated, however, when a manageress came up to me saying "I am sorry, madam, but we cannot serve you with this man." I asked why my guest could not be served like anyone else, telling her that no collections of any sort would be attempted in the restaurant. She adhered to her ground, remarking that their customers disliked collections in the streets and at the doors. I replied that that could have nothing to do with the question of serving this man who was infringing no rule and was entitled, like myself, to be treated as any other customer. It was in vain, and not liking to argue the matter further before the poor lad, who had at once risen to his feet looking most uncomfortable, I accompanied him outside, where he declined to try another restaurant, at which I was not surprised and I could only express my deep regret for what had happened.

Is this then our gratitude to the equally gallant survivors of our "glorious dead"? In three short years has England so far forgotten as to allow them to be so slighted in the city they helped to save? Is it not sufficiently shameful reminder of our broken pledges to see the numbers of them unemployed and starving in our midst, but must the smug and prosperous owners of establishments that would not now exist but for them, be free to refuse them ordinary courtesy, because through no fault of their own they are "down and out"?

I know the incident will cause you as much indignation as it did to

AN EX-RED CROSS NURSE.

POPPY DAY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—There are very few visitors at the present time in quaint old-world Vevey, but on Armistice Day a little crowd of English residents flocked to the English Church to spend a solemn half-hour in communion with those who gave their lives to save the liberty of the world. Everyone wore the red flower of remembrance, and when the little congregation dispersed and went on their homeward way, some to the heights above Vevey, the Swiss peasants looked on and said "England does not forget."

But the daily papers from home give both English and Swiss a rude awakening! In them they read of hotel dances to celebrate the Armistice, of giddy men and women pelting each other with the "flower of remembrance," thoughtless boys and girls dancing on the dead, and by so doing, lacerating the hearts of those who still mourn and still remember!

And the Swiss read the English papers and ask: "Is it true that England has already forgotten?"

AN ENGLISHWOMAN ABROAD.

[We hope before another "Remembrance Day" comes round His Majesty the King will have it known that the heroism of those who died gloriously—some in lingering agony—to save the liberty of the world, should be kept with humble and heartfelt gratitude; and not celebrated with gross self-indulgence and lack of decency. The "Victory Ball" with a popular cry for aid for indigent nurses began these hideous revels. We, of all women, we trained nurses, who had tended in their cruel suffering and in many instances died for the defenders of the Faith, were made, to our everlasting disgrace, the excuse "for dancing on the dead."—ED.]

TO MANY CORRESPONDENTS.

We would advise that letters addressed to this Journal on the burning question of the record of Certificates on the State Register be sent to the General Nursing Council, 12, York Gate, N.W. See this week's Editorial. "As you are all anxious that your Certificate of Proficiency should be recorded in the Register, ask that Schedule I shall be amended to include this information in justice to yourselves, the public and the medical profession.—ED.

PRIZE COMPETITION QUESTIONS.

December 3rd.—What are the channels through which infection enters the body? Describe one infectious disease, the method by which it is communicated, and the nursing care of the patient.

December 10th.—What are the earliest symptoms of (a) scarlet fever, (b) measles, (c) typhoid fever, (d) Small-pox, (e) Whooping cough; and how soon after exposure to infection would you expect the symptoms in each case to appear.

The Midwife.

HEADQUARTERS FOR MATERNITY AND CHILD WELFARE.

The Central Council for Infant and Child Welfare has removed to 117, Piccadilly, W. This house is the gift of the Carnegie United Kingdom Trust, who have purchased the lease, and it is held in trust for the Central Council by Trustees.

The Institute is to be the Headquarters of the Voluntary Movement for Maternity and Child Welfare throughout England and Wales, and the following Societies have taken offices in the building:—

Association of Infant Welfare and Maternity Centres.

Invalid Children's Aid Association.

National Association for the Prevention of Infant Mortality.

National League for Health, Maternity and Child Welfare.

National Society of Day Nurseries.

National Baby Week Council.

National Council for the Unmarried Mother and Her Child.

London Federation of Infant Welfare Centres.

The Institute will be formally opened early in the New Year.

CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives Board was held at 1, Queen Anne's Gate Buildings, Westminster, S.W., on Thursday, November 17th, Sir Francis Champeys presiding.

REPORT OF STANDING COMMITTEE.

Letters were received from Sir Edward and Lady Ozanne with reference to the training of pupil midwives in Guernsey, and it was decided to reply that the Board would be prepared to consider favourably a suitable scheme for the training and inspection of pupil midwives, and Sir Edward and Lady Ozanne were invited to submit a scheme when prepared.

A letter was received from the Director of the Division of Nursing, Public Health Department, New Zealand, enquiring as to the terms on which midwives registered under the New Zealand Act, after passing the State Examination, may be accepted for registration in England under Section 10 of the Midwives Act, 1918.

It was decided to reply that in the opinion of the Board the standard of midwifery in New Zealand is not equivalent to the standard adopted by the Board, as it is not essential that all pupils shall attend a course of at least twenty lectures delivered by a registered medical practitioner extending over a period corresponding with that required by the Board, nor that such practitioner shall be approved by the midwifery authority.

The Board has decided that when the con-

ditions under which badges are granted to Trained and Registered Nurses are settled, it will favourably consider the Petition of Midwives for a Badge.

It also decided to reply to the Matron of the General Lying-in Hospital that a six months' course of instruction at the East London Hospital for Children would exempt a pupil from one of the six months' training required by the Board.

In reference to a letter from the Medical Secretary of the British Medical Association taking exception to the administration of opium and petuitrin by midwives except under medical direction, the Board replied that in its experience of nearly nineteen years it had never had a case before it in which a midwife had been found to have administered a drug improperly.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

At the recent examination of the Central Midwives Board for Scotland, held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, 116 candidates appeared. Of this number 102 were successful and 14 were rejected.

MIDWIFERY NURSES STRUCK OFF ROLL.

At a meeting of the Central Midwives Board for Scotland for the hearing of Penal Cases, Dr. J. Haig Fergusson in the chair, Mrs. Selina Ryan, 67, Queen Street, Govan, Glasgow, was found guilty of negligence and breaches of the Rules while in attendance on two patients who died.

The Board found the charges proved, instructed the Secretary to remove the name of Mrs. Selina Ryan from the Roll of Midwives, and issued an Order that she be prohibited from attending women in childbirth in any other capacity.

At the same diet Mrs. Elizabeth Hay, 79, Belville Street, Greenock, holding the certificate of the Royal Maternity Hospital, Glasgow, was charged with failure to notify a case of ophthalmia neonatorum and, while in attendance on a patient who died, she was found guilty of negligence and breaches of the Rules.

The Board found the charges proved, instructed the Secretary to remove the name of Mrs. Elizabeth Hay from the Roll of Midwives, and issued an Order that she be prohibited from attending women in childbirth in any other capacity.

"MIDWIFERY NURSES."

We doubt if the use of the title, "Midwifery Nurse" is legal under the Midwives Acts, and we regret to see it used by the Central Midwives Board for Scotland. We believe the legal title of women registered under the Midwives Acts is "Certified Midwife," and now that nursing, like Medicine, is a profession defined by Act of Parliament, we hope the word "Nurse" will be deleted for the future from use in connection with midwives struck off the Midwives Rolls.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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SATURDAY, DECEMBER 3, 1921.

Vol. LXVII

EDITORIAL.

HAPPY HOSPITAL DAYS.

The strong affection of nurses for their Training Schools has always been a very marked and pleasant feature in the nursing world. They may have been—they very often have been in the past—overworked, underpaid, and even underfed, and yet, in spite of all, just as a man (or woman) retains a life-long love for his College and University, where some of the happiest and most intense years of his life have been spent, where close friendships have been formed which have an abiding influence on his life, where the knowledge that he has acquired is a permanent asset in his after success in life, so the Nurse Training Schools receive the raw material in the shape of probationers, immature, unlearned, and, at the end of three or more years, turn them out skilled and certificated nurses, competent to perform some of the most responsible duties which women are ever called upon to undertake.

During the Great War all the world wondered at the steady courage, skill, resource, and staying power of the trained nurses. No one can gauge the suffering prevented, the lives saved, by the ministrations of nurses, or the moral support given to our wounded men, whose mental force was in danger of breaking down under the terrific strain which it had been called upon to endure.

As no amount of good-will would have availed to equip our armies to meet the enemy without stern training, so no amount of good-will could fit women untrained as nurses for the responsible care of the sick and wounded in those four years of war. And the qualities

which they then demonstrated had been inculcated, cultivated, practised, and tested during the years of their training.

It is because nurses realise how much they owe to the nursing schools which moulded and trained them for their work in life that they hold these schools in high esteem. They sever their connection to go out into the world with real sorrow, and they return to them with pleasure and affection. The immediate popularity of Nurses' Leagues, gathering together the certificated nurses of a school, owe such popularity largely to the fact that the members feel that they still have a connection with the school. They return to the institution for the League Meetings, not as strangers amongst their successors, who do not even know them by name, but as honoured and accredited members of the School, with the definite status given to them by its certificate.

We believe that the authorities of nurse training schools realise and value this evidence of appreciation on the part of their pupils past and present. Of recent years, indeed, it has had a very definite financial value, for in the lean years upon which the hospitals have fallen substantial sums have been raised and contributed to their funds by nurses trained in their schools.

Just now trained nurses are alarmed and indignant at the proposal which has been made in the General Nursing Council for England and Wales to omit the record of their certificates in the State Register of Nurses. Should it prove that this is seriously contemplated, we hope that the Nurse Training Schools will support the nurses, and insist that the certificates which they, as examining bodies, have awarded to their pupils, shall have the honourable recognition which is their due.

OUR PRIZE COMPETITION.

WHAT ARE THE CHANNELS THROUGH WHICH INFECTION ENTERS THE BODY? DESCRIBE ONE INFECTIOUS DISEASE, THE METHOD BY WHICH IT IS COMMUNICATED, AND THE NURSING CARE OF THE PATIENT.

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Northern Fever Hospital, Winchmore Hill, N.21.

PRIZE PAPER.

Infection enters the body by—

1. *Inhalation*.—Through the air we breathe the micro-organisms gain entrance into the nose, mouth, throat, larynx, and finally into the lungs.

2. *Ingestion*.—By the food we eat containing germs, they are carried into the mouth, œsophagus, stomach, and intestines, and finally into the blood stream.

3. *Inoculation*.—Directly through the skin, as in vaccination, or by a wound, or any abrasion, however small, coming in contact with bacteria.

4. *By Absorption* by the mucous membrane; this takes place in nose and throat, and is possible in the bowels.

DIPHTHERIA.

Diphtheria is a very infectious fever, at present very epidemic. It attacks children mostly between the ages of one and ten years, but older persons are affected. It is due to the "Klebs Loeffler bacillus," so named after the two pathologists who discovered it, and is characterised by an exudation on the mucous membrane, producing a growth of membrane like wash-leather, of a yellowish grey colour, usually seen on the tonsils first and spreading to the palate. It may be transmitted by infected milk, direct contact, any discharges of infected person, or by fomites. It has a short incubation period of one to seven days; onset usually insidious, general malaise, severe headache, pains in back and limbs, and general feeling of ill-health; throat slightly if at all sore, but usually red; glands of neck tender and often swollen; temperature raised, about 102°; pulse quickened. Patches of membrane can usually be seen on tonsils, and may be adherent, and leave bleeding surfaces; this membrane grows very rapidly, and endangers life by blocking the air passages with its growth unless checked.

The nursing of diphtheria requires much care and skill. The patient must be kept flat, one small pillow only under head, and everything done for him. He must not be allowed to sit up for at least three weeks for any purpose.

The room must be kept warm but well ventilated, and draughts prevented. Antitoxin will be administered as soon as possible, and the nurse should prepare the abdomen for same.

A culture from the throat is usually taken before treatment is commenced; afterwards swabbing with antiseptic lotion is usually done four-hourly. The nurse must be careful that patient does not cough in her face, and her eyes are best protected by glasses.

The diet should be liquid, but very nourishing, for the first few days; afterwards semi-solids may be given.

Strict watch must be kept throughout for any obstruction, dyspnoea, stridor, and cyanosis, sucking in of ribs noticed, and medical aid summoned immediately such conditions show themselves. Tracheotomy instruments and a tent and steam kettle should always be at hand in case they are needed.

Paralysis must be watched for, especially after the second week, as any muscles may be affected, namely, squint of eye denotes affection of eye muscles; nasal twang and regurgitation of food through nose, show muscles of nose and throat affected.

Signs of failure of the muscles of respiration and heart need careful watching for. Lower the head of the patient and give stimulant, if possible. Vomiting should always be regarded as serious in diphtheria, as it often means cardiac complications.

Diphtheria may affect larynx, fauces, eyes, or wounds, and in girls infection of the vagina is often a troublesome complication, requiring hip baths for some days.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss T. M. Horrill, Miss B. James, Miss J. R. Robinson, Miss F. Neville.

Miss T. M. Horrill writes:—"The temperature, as a rule, is not high, and seldom exceeds 103°. The urine often contains albumen, and should be frequently examined on this account. There may be a thin, straw-coloured nasal discharge. In very severe cases there may also be hæmorrhages from the nose and throat and into the skin. In these cases recovery is practically unknown."

A paper by Miss Isobel Kerr arrived too late to be included in the competition.

QUESTION FOR NEXT WEEK.

What are the earliest symptoms of (a) scarlet fever, (b) measles, (c) typhoid fever, (d) small-pox, (e) whooping-cough; and how soon after exposure to infection would you expect the symptoms in each case to appear?

NURSING ECHOES.

We are asked by the Matron-in-Chief of the Territorial Army Nursing Service, 80, Pall Mall, London, S.W.1, to remind its members that Parchment Certificates must be forwarded to their respective Principal Matrons, for completion and return before the end of the year.

It is with sincere pleasure that we record the announcement that the Hospital at Holloway Prison is to be staffed entirely by certificated nurses. This is a most necessary reform which this Journal has for many years advocated, and in which Councillor Beatrice Kent has taken a deep personal interest. Reasonable time is to be allowed for the absorption of the existing officers where not certificated. It is hoped that in this way all difficulties may be overcome, and that the Matron, with the assistance of a trained and certificated staff, may be in a position to secure the good nursing of the patients confided to her care.

The Voluntary Advisory Nursing Board of the Prison Commission, as will be seen from our advertisement columns, are advertising for a female nurse with a certificate of three years' training who has practical experience in administration and organisation, for the Hospital Staff at Holloway Prison. Preference will be given to one who is a Certified Midwife, or who holds the Medico-Psychological Certificate. The pay, together with the temporary bonus of 47s. 11d., which is liable to reduction, commences at £4 6s. 11d. per week, with furnished quarters, bedroom and sitting-room, fuel, light, and water free, also uniform, washing, and medical attendance. The nurse appointed will have to provide her own food, but there are messing arrangements at the Prison. The appointment carries pensionable rights. Age limit, 28 to 36.

Other nurses are also wanted for the same Service, with similar qualifications, at a commencing rate of 59s. 10d. per week. Age limit, 24 to 35.

In every instance selected candidates will have to undergo a short period of training in the disciplinary duties of a prison officer.

Applications should be addressed to the Secretary, Voluntary Advisory Nursing Board, Prison Commission, Home Office, Whitehall, S.W.1.

Here is a chance to do real national service of a very valuable nature. We hope that those who pray sincerely for "all prisoners and cap-

tives" may realise what a wide field, not only for skill, but for mercy, is included in the care of such patients.

Miss Henrietta Walker, who has just died at King Edward's Memorial Home for Nurses, Clapham Common, is one of the original band of nurses who were with Miss Florence Nightingale in the Crimean Hospitals.

The doctor who attended Miss Walker, and who acquainted the King of the fact, received the following reply:—

"The King and Queen have learnt with much regret of the death of Miss Henrietta Walker.

"Their Majesties believe that Miss Walker must be the last of the twelve original 'Florence Nightingale' nurses, whose work will ever be gratefully remembered."

The Show of the Nurses' Needlework Guild of the Nurses' Co-operation is being held at the Howard de Walden Club, 35, Langham Street, Portland Place, W., on Friday, December 2nd. The Guild does good work in sending parcels of warm clothing to the Matrons of London Hospitals for convalescent patients, and this year there is specially urgent need of them.

Dame Maud McCarthy, Matron-in-Chief, Territorial Army Nursing Service, was suitably welcomed and entertained during a recent visit to Aberdeen. One day she and the ladies of the Territorial Army Nursing Service local committee were entertained at luncheon at the Palace Hotel.

Lord Provost Meff presided, and in welcoming the Matron-in-Chief paid a high tribute to her and to the entire Nursing Service during the war.

The vanity of humanity is colossal, and when we realise that the British Red Cross Society has during and since the war awarded thousands and thousands of medals and badges of thirty-five different patterns, one of the reasons for the hordes of V.A.D.s becomes apparent. One cannot learn that these decorated damsels are expending their energies upon prosaic suffering civilians, as their gush for the sick and wounded during the war might have led one to hope.

One Matron tells us that she had hundreds of V.A.D.s in the hospital during the war, and only about half a dozen were seriously interested in nursing!

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

CERTIFICATED NURSES FEAR PROFESSIONAL AND ECONOMIC DAMAGE.

A Meeting of the Central Committee for the State Registration of Nurses was held, by the kind permission of the British Medical Association, at 429, Strand, W.C., on Saturday, November 26th.

The Central Committee—which was named in the Schedule of the Nurses' Registration Act, 1919, as one of the bodies which the Minister of Health was enjoined to consult before appointing the sixteen nurse members of the General Nursing Council for England and Wales on its first constitution—was called to discuss the following business:—

“To consider the question whether the word ‘certificate’ should appear on the State Register as a qualification for Existing and Intermediate Nurses, and to take such action as may seem desirable.”

Miss H. L. Pearse, President of the National Union of Trained Nurses, was voted to the Chair. All the Societies affiliated to the Central Committee were represented at the meeting, the majority of the Delegates being present. The Affiliated Societies are:—

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 (Registered Nurses' Parliamentary Council).

The Fever Nurses' Association.

The Scottish Nurses' Association.

The Irish Nurses' Association.

The National Union of Trained Nurses.

The opinion of the meeting, eloquently and forcibly expressed by Delegate after Delegate, was unanimous, that unless the Certificates of Proficiency of Existing and Intermediate Nurses, awarded by the Nurse Training Schools after examination, are recorded in the Qualification Column of the Register of Nurses, published under the authority of the General Nursing Council for England and Wales, the certificated nurses will suffer serious professional and economic damage, as neither the medical profession nor the public will have evidence before them of a nurse's proficiency.

It was decided that a copy of the Resolutions adopted at the meeting should be furnished to the General Nursing Council for England and Wales, to the public, and to the press.

RESOLUTIONS.

The following Resolutions were agreed:—

RESOLUTION I.

That this meeting has learnt with the greatest indignation that it has been proposed, by members of the General Nursing Council for England and Wales, to publish the State Register of Nurses without recording the certificates of proficiency awarded to trained nurses.

This omission would not only be a most serious professional and economic damage to certificated nurses who are admitted to the Register upon the qualification of their certificates, but would mislead the public and the medical profession as to the professional status, and efficiency of such nurses.

RESOLUTION II.

That this meeting has learnt with relief that the Minister of Health has communicated to the General Nursing Council for England and Wales the method by which this injustice may be avoided, and it earnestly pleads that the Minister of Health will agree to an addition to the First Schedule in the Rules, to provide for the inclusion of the record of nurses' certificates.

RESOLUTION III.

That a Sub-Committee be appointed to draft a Statement to place the whole case before the Minister of Health, and to explain the serious consequences to the nurses if their certificates are not recorded, in the Qualification Column, upon the State Register, and that the Minister of Health be asked to receive a Deputation from the Central Committee in support of the Statement.

THE ROYAL RED CROSS.

UNCLAIMED AWARDS.

We are informed by the War Office that many members of the Nursing Services who are entitled to the Royal Red Cross have not received their decorations. This failure is due to the fact that the War Office is not informed as to the addresses of the recipients in question. Some 238 ladies who were connected with the Nursing Services during the war have not yet received their Royal Red Cross.

We regret that pressure on our space does not permit us to print all these names, but any ladies to whom the award has been made who have not yet received it, are asked to communicate with the Secretary (C.2 Investitures), War Office, Whitehall, S.W. 1.

A NURSES' BAZAAR.

Owing to the fact that the East London Hospital for Children, Shadwell, is at present in great distress for want of funds, the Nursing Staff organised a Bazaar, which was opened by the Duchess of Portland on Tuesday. We hope the efforts of the nurses were rewarded, and a handsome sum of money the result. This hospital does splendid work, and could not possibly be spared.

NURSING PROGRESS IN BELGIUM.

EXAMINATIONS FOR HOSPITAL AND VISITING NURSES IN BELGIUM.

(By CECILE MECHELYNCK, *Directrice Générale de l'Association des Infirmières de Belgique*. Translated by the LEAGUE OF RED CROSS SOCIETIES.)

All those interested in the question of nursing in Belgium hailed with acclamation the Royal Decree of September 3rd, 1921, which regulates the training of hospital and visiting nurses. Two state nursing examinations had been in force for some time but were not satisfactory, and in many of the better schools they were not taken.

The first of these examinations, for which a certificate was awarded, required merely theoretical knowledge, and the second, for which a diploma was given, was held after two years' practical work. As, however, nurses were permitted to practise after the first examination confusion resulted, the public being unable to differentiate between the two grades of nurses.

The Royal Decree regulates the course of study required for both hospital and visiting nurses as follows:—

No pupil is accepted for examination unless she has, as resident nurse in a nurses' training school, followed the theoretical instruction and demonstrations to be given, with the exception of classes in domestic economy, pedagogy and sociology, by doctors of medicine.

Three years of study are obligatory for all pupils. Two years of the course are identical for both hospital and visiting nurses, general nursing training being given for that period, but the third year the student specializes in the branch selected, either hospital or visiting nursing.

After the first probation year *hospital nurses* must have at least two years' study in medical and surgical clinical work, contagious and special diseases, whilst *visiting nurses*, after the first year must take:—

- (1) One year's medical and surgical clinical work, contagious and special diseases.
- (2) Four months' children's medical and surgical clinical work, maternity, infant welfare clinic, crèche and maternal dispensary work, and work in debilitated children's colonies.
- (3) Two months' tuberculosis work in clinics, dispensaries and sanatoria.
- (4) One month's work in clinic for skin and venereal diseases.
- (5) One month's medical school work.
- (6) One month's medical and surgical out-patient work.

At the end of the third year the nurse can present herself for examination before the provincial medical commission, which is under State control.

After passing the examination she will receive, besides her diploma, a badge and identity book. The transitory period before the law comes into

complete force, extends until October 1st, 1924, but from October 1st, 1921, the first examination is dispensed with and no new student will be permitted to terminate her studies without being registered at a recognised training school. Those who have already commenced their studies will be permitted to continue them where started. From now onwards all prospective nurses will have to take a three years' course in a training school approved by the provincial medical commission. It is hoped shortly to have State registration of trained nurses with penalties for illegal practice similar to those pertaining to doctors and midwives.

We most heartily congratulate our colleagues in Belgium on this most useful and progressive Royal Decree. By visiting nurses we surmise nursing are so described—and something analogous to this course must be agreed by our own General Nursing Council in the near future, when it defines systems of reciprocal nursing which will qualify for State Registration when the State Examination is in force.

We feel sure Queen Elisabeth will take an earnest interest in the success of this Royal Decree—having during the terrible years of war come into such close touch with the necessity for highly-skilled nursing of the sick, and preventive nursing in safeguarding the health of the people, especially in connection with child life.

We have never forgotten the charming delegation of Belgian ladies and doctors who attended the International Congress of Nursing in London in 1909. They arrived just in time for the opening festivities, and soon won all hearts by their lively interest in nursing questions. It is high time that the nurses of the world met together to compare notes and help one another.

THE GREEK NURSING UNIT.

We hear from an official source that the eight members of the Registered Nurses' Society, who compose the two units working in Athens and Asia Minor, have won warm appreciation from those under whose authority they have tended the sick and wounded Greeks in the war in Anatolia. Thus we may fix one more feather in the cap of the British nurse.

The Sisters speak warmly of the kindness they have received. A fortnight ago those working in Athens were invited to the dance at the British Club, a farewell to Lord and Lady Granville, to whom a beautiful Rose Bowl was presented upon the transfer of the former as British Minister from Greece.

Mrs. Aubrey Smith, the wife of the new Admiral for the Naval Mission, has called on the British Sisters, and most kindly invited the unit to tea—a courtesy they of course greatly appreciated. We know the uprising of the heart at sight of a British boat in foreign waters. It gives a nice warm comfy feeling.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

GOOD WISHES OF THE ROYAL BRITISH NURSES' ASSOCIATION TO THE PRINCESS MARY.

On reading the news of the betrothal of Her Royal Highness the Princess Mary, one of the Members telephoned to request us to telegraph at once the congratulations and good wishes of the Members of the R.B.N.A.

We therefore wired to H.R.H. the President, asking her to be graciously pleased to send to the Princess the nurses' message of loyalty and good-will.

The following letter has been received in reply:—

“Dear Miss Macdonald,

“My niece was greatly gratified and pleased at the kind congratulations from the Members of the Association, and has asked me to express to all her warmest thanks.

“Very sincerely yours,

“HELENA.”

LECTURE: RUSSIAN CENTRAL ASIA.

Sir James Crichton Browne took the chair, on Saturday last, when Miss Christie gave her long promised lecture on Russian Central Asia. In introducing the lecturer, Sir James referred to Miss Christie's journeyings in Eastern lands. She was, he said, one of the most adventurous of women travellers, and when she went to Russian Central Asia she was no novice, for she had already wide experience in Eastern travel. At Cowden Castle she had many treasures of Eastern art and a fine Japanese gallery. On the slopes of the Ochil Hills she had laid out an exquisite Japanese garden which was visited by many pilgrims. He (Sir James) could recollect visiting another such garden, could remember its temples, strange bamboo houses, cherry trees and chrysanthemums. He considered it a very great privilege to introduce Miss Christie, and felt proud that she had been so kind as to undertake to lecture before the Association, for the fact that a lecture such as this should be given at the Club was a public recognition that nurses were not merely experts in their

own branch of study but that they were also women of high education and interested in many branches of knowledge.

Miss Christie had put on the screen first a map of the country over which she proposed to take her audience. She described the fine trains by which one could journey, trains of which the fine Pullman cars were lit each by its single tallow candle, a system characteristic of Russian enterprise; so often it reached to great heights to stop short of a perfection which lay quite within its reach. The next slide was one of camels on the desert, and snowclad mountains behind. Water is difficult to procure there, and must be boiled before use; washing is quite out of the question and, as one interpreter expressed it, there was “merely a little rose water for the face.”

Many interesting views of Turkistan were put on the screen, some of its towns, others of outlying districts with quaint dwellings and strangely garbed folk. Other slides depicted hat shops, bread shops, pottery stalls and various sections of the market place where men spread out their wares. In the bread shops the loaves were hung on lines of string, and they measured about two feet long and six inches wide. They were very thin, but the lecturer pointed out that their peculiar shape was not inconvenient, as a man, on buying a loaf, could roll it up and tuck it into his saddle bag; when two or three days old, however, this bread required a set of very strong teeth to deal with it. The vases in the pottery market were of a really beautiful Grecian type, believed to have been introduced into the country at the time when it was conquered by Alexander the Great; this conclusion is probably correct, as in these Eastern lands new ideas take root very slowly.

Other slides still showed what are believed to be the remains of strongholds of Alexander, though what once were towns are now nothing more than a collection of mounds, shapeless, and with here and there the ruins of some tomb. The pictures of Bokhara, with its two hundred and sixty mosques, and two hundred and three colleges, causes one to realise some of the possibilities of a country that can hardly yet be said to have been explored. The natives were attired in gorgeously coloured garments with white turbans on their heads, and the lecturer remarked, as she showed certain pictures of the younger population of this

portion of Central Asia, that she had rarely seen more fascinating or prettier children, and none more picturesquely attired. Outside each mosque was a water tank and, unfortunately, the contents of these tanks are a frequent cause of disease for, in drinking the water, the people swallow the eggs of a certain parasite from which there develops, in their tissues, a worm several inches long. Therefore, near every tank one generally finds a barber and, just as in England two or three hundred years ago, every barber was also a surgeon, his business it is to excise the worm when an unfortunate patient consults him and, as too often happens, when his operation is not a success, a serious form of blood poisoning develops. The lecturer told an amusing story of how she witnessed one of these operations and, when the living worm was thrown back into the tank, she remonstrated and pointed out that it would only be the cause of further trouble. No one would see her point, however, for "the worms have always been thrown back before," it was contended.

In Bokhara the trees are very precious, and no one will cut their branches; the photographs of many houses, therefore, showed how the walls were built round those branches which penetrated the houses. The inns, said the lecturer, were fairly comfortable, although each inmate had to bring her own bed and bedding and often to cook his or her own food.

The market of the astrakhan fur merchants was another interesting slide and, contrary to many reports, Miss Christie said that it was untrue that excessive cruelty was practised in connection with the trade. A high tower was shown from which two emissaries of the British Government had been thrown in 1841. This was a favourite form of capital punishment, although one to be deplored on the occasion referred to, as the mission of the Englishmen was intended to be entirely peaceful. Theft, said Miss Christie, was a crime almost unknown in Turkistan because, on the first offence, the culprit's right hand was cut off; on the second his left; and, after the third offence he was hanged. The remains of an ancient observatory were shown, and it is probable that the astronomical research, carried on there for many centuries, also owed its origin to the invasion of the country by Alexander the Great. Many mosques and tombs of the saints were shown, some of them very beautiful indeed and with wonderful pieces of work by Persian artists. Sheep's horns appeared to be the favourite offerings to be laid upon the tombs. The lecturer's remarks, when explaining a picture of a rice mill, served to show that the inhabitants of the country had proved the value of vitamins even if they possessed no actual scientific knowledge of the discovery and composition of these.

In reply to questions, Miss Christie said that the Government of the country was largely on Soviet lines. She found the Russians most courteous at all times, and was of opinion that the country held vast resources which in future might be developed for the benefit of the whole world;

indeed, she was convinced that, in that part of Central Asia which she had described, there lay possibilities of the greatest magnitude.

Sir James Crichton Browne thanked Miss Christie very cordially for her lecture which, he said, had been so vivid, so bright and so deeply interesting. He felt that everyone must admire the courage which had led Miss Christie into these far away lands and the close observation which she had made of the characteristics of their peoples.

On the motion of Miss Elma Smith, a cordial vote of thanks was extended to Sir James Crichton-Browne for presiding.

TRAINED NURSES' ANNUITY FUND.

Her Royal Highness the Princess Christian will open the Sale of Work in aid of the Trained Nurses' Annuity Fund on Friday, December 9th, at 12 noon. The money resulting from the Sale will go towards the foundation of the "Amy Elizabeth Good Annuity," and we feel sure that the desire to help some sick and aged nurse and to perpetuate the memory of a young member of the Association, who some little time ago passed from among our ranks, will lead all who read the Supplement and who are within reasonable distance of London to use their best efforts to make it possible to come to 194, Queen's Gate on the afternoon of December 9th.

Those who have been so good as to mark the various gifts have kept in view the fact that many nurses will buy their Christmas presents at the Sale, and they therefore purposely refrained from making the prices high. The Members of the Association have sent us many lovely gifts, and we shall be grateful to those in town if they will make an effort to make the Sale of Work widely known among their friends in London.

GIFTS TO THE CLUB.

Mrs. Hayes Palmer, illustrated papers; Mrs. Morris, Mrs. Ogden, Misses Holt, Kent and Young, flowers; Miss Gilligan, butter; Miss Petersen, eggs.

APPOINTMENT.

Miss Margaret Maclagen has just left for Egypt, where she has accepted an appointment as School Nurse under the Egyptian Government.

THEATRES AND CONCERTS.

We very frequently are given seats at various theatres and concert halls for the nurses, and we shall be glad if all those who would like to have these will give us notice that they could use them, and send their telephone numbers. We do not usually know until the forenoon of the day on which the seats are to be used that they are available, and therefore it is only by telephone that we can intimate to the nurses that they can have seats.

ISABEL MACDONALD,
Secretary to the Corporation.

THE LEICESTER ROYAL INFIRMARY NURSES' LEAGUE.

The autumn meeting of the Leicester Royal Infirmary Nurses' League was held in the Nurses Home of the Royal Infirmary, on November 17th, and was made the occasion for an invitation to other trained nurses in the city and neighbourhood, to which they cordially responded; about 130 nurses in all, including school nurses, district nurses, private nurses, and health visitors attending the meeting.

By invitation, Miss Margaret Breay spoke on "The Necessity of Trained Nurses registering early." The President, Miss C. E. Vincent, R.R.C., was in the Chair, and amongst the members present were Miss Carpenter Turner, R.R.C., Miss I. Sumner, R.R.C., Miss Pell Smith, and Miss Spittal, A.R.R.C. The President, in introducing Miss Breay, reminded the meeting that Acts for the State Registration of Nurses were passed in December, 1919, and said how much the Members of the League were looking forward to hearing all she had to tell them about the provisions of the English Act. She hoped that many questions would be asked, and was sure that Miss Breay would explain fully any points not quite understood. She expressed her conviction that Nurses should register on the State Register, even if they only considered the matter from the personal one of self-interest.

Miss Vincent read a letter from Miss G. A. Rogers expressing her disappointment at being unable to be present, and her opinion that all Nurses in active practice should register. The President then asked Miss Breay to address the meeting.

THE ADDRESS.

Miss Breay said she regarded it as a great honour as well as a great pleasure to have been asked to speak to the Royal Infirmary, Leicester, Nurses' League, for ever since her early nursing days, which went back to 1885, she had always held the Training School for Nurses at the Leicester Infirmary in veneration, and had the greatest admiration for its standards, its methods, and its results. It had had high traditions put before it by so courageous a pioneer as Miss Burt, by Miss Rogers, who had left her impress not only on the members of the School, but on the walls of the Infirmary, and by Miss Vincent, who was now carrying on those traditions and all that they stood for, as well as developing them to meet the needs of the present day.

After referring to the supreme moment in the House of Lords, when trained nurses listened to the Royal Assent being given to the Nurses' Registration Bills, Miss Breay said that it might well have seemed to them that the time had come to say "Nunc Dimittis." But that was not so. The implement that was to weld the trained nurses of the United Kingdom into a compact body had been forged; much remained to be done before that end was accomplished.

She need not, to the members of the Royal Infirmary Leicester Nurses' League, elaborate the point that throughout the thirty years' struggle for State Registration of Nurses, one figure had been in the forefront inspiring, energising, guiding the movement to ultimate success. There were those in the room who knew it well. "Do not," she said, "let those of us who will benefit from the work for nurses of Ethel Gordon Fenwick from her far-sighted vision, selfless pertinacity, and rare moral courage, in contending for our interests—often to the detriment of her own—forget to render her the gratitude which is her due."

But no General, however brilliant, could fight without an army behind him, and, in the Registration Army many members of the Leicester League had borne a valiant and honourable part. If she only mentioned Miss Rogers, Miss Jessie Davies, Miss Pell Smith, Miss Sherlock, and Miss Waldron, as conspicuous instances, it was not because she did not know that many more had given both money and personal service to furthering the cause. Miss Breay mentioned as the effects to be anticipated from the Nurses' Registration Act the standardization of Nursing Education, the protection of the honourable status and name of Registered Nurses, the protection of their economic interests and the granting by Parliament to the Registered Nurses of the hardily-won privilege and inestimable boon of a large measure of self-government.

She further pointed out that the sixteen nurse members nominated by the Minister of Health (because till the Register was formed there was no electorate) would, not later than December, 1922, go out of office. Then it would be the privilege and the important duty of the Registered Nurses of the Kingdom to place in office those who would largely control their professional destinies for the next five years. She emphasised the importance of Registered Nurses, observing in the reports in the professional Press (by which she meant any weekly paper for nurses edited and controlled by members of their own profession, which at present reduced the number to one—THE BRITISH JOURNAL OF NURSING) how the present nurse members of the Council were serving them. If they thought a member was promoting and safeguarding their interests they would be wise to elect her again, for she would have gained valuable experience during her present term of office, but if when she came before them, asking for their suffrages, she had not satisfied them in these respects, then would be their opportunity as well as their duty, to give their vote to another candidate. The responsibility as to how we voted was our own responsibility, not lightly to be decided; but, if we succeeded in securing the election of the candidates for whom we voted then we should support them in their work for us by every means in our power.

When their Hon. Secretary wrote to her last July to ask if she would speak to them in November on the importance of trained nurses becoming

registered she had replied that she hoped she should be preaching to the converted, and that by that time every member of the Leicester League would have sent in her application to be registered. But, if there was any one in the room whose application had not gone up to 12, York Gate, she would like to remind her that it was very imperative in her own interest that she should send it in—

(1) Because only so could she obtain a legal qualification giving her the right to use the protected title of "Registered Nurse."

(2) Because the State Register was the only one which would be accepted in Courts of Law as evidence of a nurse's qualification, and the inclusion of a nurse's name therein was the only legal guarantee she could offer to doctors and patients of her competence.

(3) Because, though she might think her own nursing days were over, and it was unimportant whether she registered or not, she would help her younger colleagues, as well as the sick public, by helping to build up the State Register.

(4) Because, unless she registered before July, 1924, if she wished to take the position of a professional nurse, as distinguished from the amateur or the quack, she *must* register, unless she wished to undergo another three years' training, for in July, 1924, the first State Examination would be held, and all nurses, then and thereafter, would have to give evidence that they had been trained according to the Syllabus prescribed by the General Nursing Council, if they were to rank as Registered Nurses, and all that those words denoted.

(5) Because the Nurses on the State Register would have a degree of self-government never before granted by Parliament to any body of women. It behoved nurses to prove themselves appreciative and worthy of the powers thus bestowed upon them.

Miss Breay then explained that when any new law was passed Parliament was careful to protect the interests of those in practice when the law came into operation, and the standard of admission during the period of grace would be more elastic than when that defined by the General Nursing Council came into force.

Parliament defined broadly in the Act the conditions under which "existing nurses" of good character were eligible for Registration; that is to say those "who were at least three years before the first day of November, 1919, *bonâ fide* engaged in practice as nurses in attendance on the sick, under conditions which appeared to the Council to be satisfactory for the purposes of this provision, and had adequate knowledge and experience of the nursing of the sick."

Many nurses waited with keen interest to see how the General Nursing Council would interpret this section of the Act in the Rules, and, when they were published, found the interpretation satisfactory.

Rule 9 (1) provided two qualifications for the admission of Existing Nurses to the general part of the Register—

(a) A certificate of not less than three years' training in a General Hospital, or Poor Law Infirmary, approved by the Council, and

(b) Not less than one year's training in a General Hospital or Infirmary together with practice as nurses in attendance on the sick for not less than two years before the 1st November, 1919. From these a fee of one guinea was to be required.

"Intermediate Nurses" were those who not being qualified to obtain admission to the Register as "Existing Nurses,"—that was to say before 1st of November, 1919—desired to be admitted to the Register before July, 1924, when the training and examination Rules came into operation. These nurses were required to produce a certificate of not less than three years' training and to pay a fee of £2 2s.

Nurses were ready to comply with these requirements when at the meeting of the General Nursing Council on October 28th the following Resolution was proposed by Miss Cox-Davies:—

"That nurses whose applications for Registration comply with the Rules of the Council be registered simply as 'Existing' or 'Intermediate' Nurses, and that the word 'trained' be used for all alike, and that the word 'certificated' be reserved until such time as the future nurses are admitted to the Register as a result of State Examination."

Miss Breay said that the question of what qualifications should be entered on the Register had been referred to the Registration Committee, which would present a Report at the meeting of the General Nursing Council on the following day. She could not believe that the Council was so little in touch with the feelings of the nurses and so unmindful of its duty to the public, as to adopt such a disastrous proposal as that incorporated in the Resolution she had read. But, if it did, it would not be the end, but the beginning of the matter, for the end of a great injustice was not when it was perpetrated, but when it was rectified. She then briefly outlined why the proposal was unjust to the public, to medical practitioners, and most especially unjust and injurious to certificated nurses.

Could the General Nursing Council really think that nurses were going to pay £1 1s. simply for the assurance that they were "Existing Nurses"? We might not all have very much mentality, but most of us had grasped as much as that without paying £1 1s. for the information; and if it should be seriously proposed to limit the entry in the Register to anything so futile, then the policy and the wisdom of trained nurses would be to withhold supplies until it gave them better value than that for their money.

It might be desirable that the Register should indicate which nurses were "Existing" on November 1st, 1919; which were "Intermediate"; and, in the future, which are "Nurses by Examination," by virtue of holding the State

Certificate—but that was merely a matter of classification for the convenient and orderly arrangement of the Register, it had nothing to do with the hard-won qualifications on which "Existing" and "Intermediate" nurses obtained admission to the Register. To omit these would be to establish an entirely new precedent—and a bad one at that!

Miss Breay concluded by saying that she had endeavoured to present the present position to the meeting—the strong reasons why every nurse should register, the equally cogent reasons why every nurse holding a certificate of training should be on the alert, and express her strong opinion that this fact should be recorded in the State Register. She hoped, and fully believed, that if the General Nursing Council were made aware of the strong feeling which existed on this point it would accede to the wishes of the nurses. To antagonise at the outset the certificated nurses throughout the country, who formed the great bulk of those through whose co-operation the Register must be built up, would be an inconceivably stupid blunder. She hoped that before she met the League again they would have the joy of holding in their hands the State Register of Nurses, in which their certificates were recorded, and that it would fulfil the high hopes of those who had striven so long, so earnestly, and so faithfully for its establishment.

DISCUSSION.

Discussion was then invited, and Miss Vincent from the chair invited all present to say (1) how many of them had asked for application forms for the State Register, and returned them. About 14 had done this. (2) How many had asked for application forms, and intended to return them. Some 20 more held up their hands. (3) How many intended to apply for forms. A large number. Miss Vincent stated that she had herself obtained an application form and intended to return it.

Miss Carpenter Turner enquired what was proposed as to a registered uniform, and Miss Pell Smith and others spoke on the certificate and other questions.

Miss Breay's paper was much enjoyed, and her contention that the word "certificated" should appear in the Register, before the names of those nurses holding certificates, was fully upheld.

A Resolution expressing the opinion of the meeting that "the word 'certificated' should stand in the Register against the names of those nurses who possess certificates," was carried unanimously, and the Hon. Secretary, Miss F. M. Embry, instructed to forward it to the General Nursing Council for England and Wales.

The meeting concluded with a vote of thanks to Miss Breay for her very able explanation of the Nurses' Registration Act, and to the President of the League (Miss Vincent) for her good offices in the chair.

Members and visitors then adjourned to the Nurses' Sitting Room, where an inviting tea was charmingly set out on little tables, around which parties of friends foregathered. All the cakes were

home-made, and their quality demonstrated that the Leicester Royal Infirmary is fortunate in its cook.

Many members lingered to have a last word with the President, but a very pleasant afternoon came to an end eventually, and the League dispersed to carry on the good work for which the nurses of this famous training school are justly noted.

THE PROFESSIONAL UNION OF TRAINED NURSES.

A USE FOR THE NATION'S FUND FOR NURSES.

An article in the new paper called *Health* has been brought to my notice. It makes the following statement, *re* unemployment:—

"For another aspect of the matter, which did not tend to promote professional confidence in the Labour Ministry, was that *unemployment is practically non-existent among nurses*, certainly among hospital nurses, who are the very ones to be included."

I understand this paper is under the same editorship as the *College of Nursing Bulletin*, and that the Editor is not a professional nurse. This may perhaps account for the mistake.

That there is *very much* unemployment is well known to those who come in contact with the working nurse, the reason being obvious. In the first place, the Government have recommended to all public authorities, economy! In many cases, where vacancies occur among public health nurses, they are not filled up, but the work is re-arranged and divided among those who remain.

As to private nurses (who are very numerous), many almost despair of making a livelihood. In order that they may live, their fees have been raised. The income of the public generally, unfortunately, has not been increased, while the railway fares have been almost doubled, and domestic help is hard to procure. Except in very extreme cases, therefore, the ordinary man in the street finds that he cannot afford to call in a nurse, especially to pay her fare from a distance, so he makes shift with local talent (very often untrained).

Having said that there is a great deal of unemployment, the next thing to be done is to try to find a way to help those nurses who, through no fault of their own, are debarred from earning a living wage. Most will agree that to be included in the Unemployment Act as it is at present administered, *i.e.*, having to report to a Labour Exchange and take whatever post is offered from there, is a position no nurse ought to be asked to occupy. The fact remains that we are now under the Act, and there seems very little hope of Parliamentary action being taken in the near future to free us from it. Would it not be better for the Societies dealing with the working nurse, to combine and administer the unemployment benefit themselves?

In an interview at the Ministry of Labour, the Professional Union of Trained Nurses received an assurance from the Minister himself that this could be done under Article XVII of the present

Act, with the proviso that any Society must satisfy him that they were in a position to carry out the work properly, which would mean, *inter alia*, the disbursement of a certain amount of money from their funds. Why should not twenty thousand pounds of the Nation's Fund for Nurses be handed over to any Nursing Society or combination of Societies, who would undertake to administer the Act according to the requirements of the Minister of Labour?

MAUDE MACCALLUM, *Hon. Secretary.*

POOR LAW GUARDIANS AND THE SYLLABUS OF THE GENERAL NURSING COUNCIL.

It will be remembered that when the Conference of Poor Law Nurse Training Schools met in London last July it adjourned until a later date. The adjourned meeting was held at the Offices of the Metropolitan Asylums' Board on November 23rd, the Rev. P. S. G. Propert, M.A., President of the Association of Poor Law Unions, and Chairman of the Fulham Board of Guardians, presiding. Between the first conference and the adjourned meeting the deputation appointed at the former had been received by the General Nursing Council for England and Wales.

The Chairman stated that since the deputation had waited upon the Council (when it was understood that the Syllabus of training was in its final form) the position had materially changed, inasmuch as it had been decided that this Syllabus must first receive the approval of the Minister of Health.

Mr. Propert said he shared in the highest possible aspirations for high standards, but the deputation regretted that in the early stages the Council adopted arbitrary and autocratic measures, ignoring by far the largest representation of training schools. Matters could not possibly be permitted to remain as they were. It would be regrettable if guardians were forced into antagonism. The General Nursing Council could not be permitted to ride roughshod over their views. If no other course were possible they must appeal to the Minister of Health, or finally to the House of Commons, to protect them.

No doubt the General Nursing Council represented the professional interests of the profession—and they (the Association of Poor Law Unions) also represented those of the employer.

The Minister of Health would not allow the work of nursing the sick in the infirmaries to be seriously hampered.

They did not wish to be antagonistic and would prefer the matter to be settled privately.

The Chairman of the North Middlesex Hospital said the voting on the Nursing Syllabus had been 34—27; 27 had therefore approved of the Syllabus. They did not want to get rid of it. The Poor Law Hospitals had raised their heads, and the inefficient must be wiped out.

He asked who had drafted the Resolutions before the meeting? Who had seen them? Mr. No-

body. The Chairman's own Board had approved the Syllabus. It was all right to help the weaker Training Schools, but they must not start by lowering the standard.

Were they, he asked, to turn their backs on the work of Florence Nightingale, Mrs. Bedford Fenwick, and Miss Barton?

Miss Dowbiggin (Member General Nursing Council) hoped that the meeting would not go back on the Council. It desired to help the smaller Training Schools, the grouping of which should be made in consultation with it. The Syllabus had been published early in the proceedings, as it was but fair the future candidates for the nursing profession should know the standard to which they would have to attain, before application for training.

The Conference adopted a number of Resolutions incorporating, amongst others, the following points:—

1. Asking that in view of the changed position created by the decision that the Syllabus of Training is subject to the approval of the Minister of Health the General Nursing Council should be asked to issue a Supplementary Circular in order to make clear that the Syllabus, as originally issued is not necessarily in its final form.

2. That the Conference while cordially acknowledging and approving of the ambition of the General Nursing Council to establish the highest possible standard of training, considered that the Syllabus of Training set up a standard which was impracticable at the present time, and suggested that the Council should adopt a policy of working up by stages to the ideal Syllabus now formulated.

3. That the Syllabus of Examination now understood to be in course of preparation should outline explicitly the subjects upon which the candidate will be examined.

4. That the Association should have an opportunity to examine and submit their views on the Draft Syllabus, prior to its being submitted to the Minister of Health.

6. That the first State Examination for admission to the State Register of Nurses should be deferred until 1925.

APPOINTMENTS.

MATRONS.

Maternity Institution, Norwich.—Miss Eveline Buckley has been appointed Matron. She was trained at the Victoria Children's Hospital, Hull, and at University College Hospital, London, and has been Staff Nurse and Sister at Queen Mary's Maternity Home, Hampstead.

Dean's Isolation Hospital, County Borough of South Shields.—Miss H. Powell Evans has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and at Belvidere Fever Hospital, Glasgow, where she subsequently held the position of Sister. She has also held the positions of Night Superintendent at the Borough Hospital, Darlington, Sister at the West Bromwich Hospital, and Matron of Norman's Riding Hospital, Newcastle-on-Tyne.

Isolation Hospital, Wallington.—Miss Elizabeth Coggan has been appointed Matron. She was trained

at Portsmouth Infirmary, and at the Isolation Hospital, Stanmore, and has been Senior Sister and Deputy Matron at Eastbourne Fever Hospital, Night Sister and Assistant Matron at the Fever Hospital, Wimbledon, and Night Superintendent at the City Hospital, Hull.

SISTER-IN-CHARGE.

Metropolitan Borough of Greenwich Council's Maternity Home.—Miss Nellie Gertrude Beeham has been appointed Sister-in-Charge. She was trained in General Nursing at Peterborough General Infirmary, in Fever Nursing at the Brook Hospital, Shooters' Hill, and in Midwifery at Queen Charlotte's Hospital, and has held various appointments of Sister and Night Sister, and is Assistant Matron of St. Mary's Maternity Hostel, Croydon.

HEALTH VISITOR.

Borough of Brighouse.—Miss Margaret Grice has been appointed Health Visitor. She was trained at Highfield Infirmary, Liverpool, and at the Municipal Maternity Home, Halifax.

MEDALS FOR NURSES.

Sir William James Thomas' medal day is a great day at the King Edward VII Hospital, Cardiff, particularly among the student-nurses. To secure one of the three awards provided out of the fund endowed by Sir William James Thomas, Bart., is to be marked out as premier in as keen a body of nursing students as is to be found in any large institution in the country. On Wednesday last week, in the presence of a large assembly of nurses, governors, and members of the medical staffs, presided over by Sir William Diamond, K.B.E., as chairman of the board, this year's winners received their awards at the hand of Sir William James Thomas himself. They were:—Nurse Annie Tudwen Williams, gold medallist; Nurse Elizabeth Frances Brennan, silver medallist; and Nurse Rachel Miles, bronze medallist.

Sir William Diamond expressed the appreciation of the board of governors of the gift.

Dr. Ewen Maclean, chairman of the nursing committee, pointed out that the purpose of the presentation of the medals was not to allow three nurses to say that they were better than their neighbours, but for the purpose of lifting the general average of the nursing for, after all, it was on the average that an institution was judged. The public had appreciated the enormous strides made in medicine and surgery, but he felt quite sure that the public had not yet appreciated the very marked requirements in advanced scientific knowledge and training for nurses. He was sure they did not appreciate the very detailed course of training which their nurses had now to undergo, and the acquirement of a high standard of scientific instruction, information, and practice which was necessary in an institution such as theirs. He thought that they were inclined to overlook the services of their lecturers, both on the staff and from the outside, including the professors of anatomy and physiology at the university, who so gladly gave their services for the enhancement of the curriculum of their nurses. The General Nursing Council had laid down a high standard to be attained by nurses who were going to become registered nurses. That demanded the high standard of their curriculum, and the prospects were that the standard would become even higher. Under these circumstances they recognised and appreciated not only the generosity of Sir William James Thomas and Lady Thomas, but also their far-sightedness. In conclusion, Dr. Maclean drew attention to the importance of the maternity work, which he feared was not always regarded as part of the

King Edward VII Hospital, and mentioned that Miss Ford, of that department, had secured one of the premier positions in the nursing world in being appointed as Matron of the Rotunda Hospital in Dublin, the first maternity hospital in the United Kingdom. The King Edward VII Hospital was passing on to other outside institutions many excellent nurses, and had established a reputation for being an excellent training ground.

THE HOSPITAL WORLD.

The recent Fleet Street revel week in support of "Barts." yielded about £8,000.

The Great Northern Central Hospital has received £462 os. 6d., the balance of Earl Roberts' Rest House Fund for Sailors and Soldiers, which is to be used for the benefit of ex-Service men and their dependants. In consideration of this gift the Committee of Management have named a bed "Earl Roberts' Rest House Bed," for a period of fifteen years.

The Duke of York had an enthusiastic welcome when he visited the Royal Infirmary, Leicester, on November 23rd, to lay the foundation stone of the new West Wing. His Royal Highness was received by the Chairman, Mr. Fielding Johnson, and Mrs. Fielding Johnson, the Deputy Chairman, Mr. C. J. Bond, C.M.G., the Matron, Miss C. E. Vincent, R.R.C., and the House Governor and Secretary, Mr. Harry Johnson. A Guard of Honour was formed by Sisters and Nurses of the institution. The ceremony was performed by the Prince from a special platform where, after a short religious service, he laid the stone, declaring it to be "well and truly laid."

Instead of the usual silver trowel, the architect, Mr. William Keay, presented to the Prince a silver casket, made in the city, and bearing its motto, "Semper Eadem" and containing a vellum scroll on which a brief description of the Infirmary is engraved.

The Prince also laid a memorial tablet to the late Thomas George Langham in the Langham Ward, which bears an inscription testifying that the Ward was erected from a bequest to his executors of his residuary estate for charitable purposes.

The amount contributed was £22,500.

His Royal Highness told the Matron how impressed he was with everything he had seen, and remarked especially upon the cleanliness of the wards and of the institution generally.

Sir Garrod Thomas, D.L., chairman of the Royal Gwent Hospital directors, has received a cheque for £327 from the workmen of the Dos Nail Works, Newport. £261 was collected by the workmen, and the employers added 25 per cent.

The Royal Liverpool Children's Hospital, Liverpool, is a group of Hospitals consisting of three branches, the City Branch for acute cases in Myrtle Street, the Heswall Branch for cases requiring

prolonged treatment in the air of the country, and the Thingwall Branch where cases requiring further treatment than is possible in the City Branch are sent, though such cases are not in their nature necessarily analogous to those for which the Heswall Branch is equipped. The Heswall Branch is thus not one to which convalescents are sent from the City Branch, but admits patients directly. Convalescents are usually sent to various homes.

POUND DAYS.

With a view to relieving a little the great financial strain on the Royal Hospital, Sheffield, Miss Earle, the Matron, has arranged to hold a Pound Day. On the next three Tuesdays, December 6th, 13th and 20th, she and her Sisters will be pleased to receive Pound Parcels of Tea, Sugar, Butter, Currants, Raisins, Soap, &c. Pounds of Money will receive a very special welcome. One of the closed wards will be used for the purpose, from 10 a.m. to 6 p.m. each day. It is hoped three very busy days will be experienced.

SALES.

The nursing staff of King's College Hospital have raised £250 by a sale to provide extra comforts for patients at Christmas.

The Jumble Sale recently held in connection with Sheffield's Voluntary Hospitals realized as net proceeds the sum of £93. This sum will be divided between the four hospitals concerned; to form a nucleus of the forthcoming Bazaar. The Sale only lasted two hours. Will all donors and helpers accept the sincere thanks of each hospital Matron?

THE IMPERIAL NURSES CLUB.

The "Birthday Week" at the Imperial Nurses' Club, 137, Ebury Street, S.W., was inaugurated on Tuesday last, when the Annual Meeting was held. We hope to give some account of the festivities in our Special Christmas Number next week.

COMING EVENTS.

December 3rd.—London Temperance Hospital Nurses' League. Sale of Work in aid of bed in Mission Hospital in Persia. Out-Patient Department, L.T.H., Hampstead Road, N.W. 3 p.m.

December 5th.—The Paddington Infirmary, Harrow-road: Opening New Nurses' Home and Operating Theatre by the Right Hon. the Earl of Onslow. 2.30 p.m.

December 9th.—Trained Nurses' Annuity Fund. Sale of Work to be opened by Her Royal Highness, Princess Christian. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. 12 noon.

December 10th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Theatre, St. Bartholomew's Hospital. 3 p.m. Social Gathering, Staff Nurses' Sitting Room. Music and Tea.

LETTERS TO THE EDITOR.

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

KERNELS FROM CORRESPONDENCE.

Trained Poor Law Guardian.—"When the General Nursing Council comes to consider the voluminous report of the proceedings of the Conference of Poor Law Guardians, held last week in London, it is to be sincerely hoped it will remember that quite a number of new probationers have this summer entered for training at the leading infirmaries on the distinct understanding that they will be prepared and ready to go up for the State Examination in 1924. If the Poor Law Guardians of small infirmaries, which ought never to be inclusive training schools for nurses, who are agitating to put off the State Examination into the dim and distant future, are to prevail then where do the 1921 probationers come in? Are they to be disappointed of their aim and be disqualified to become 'Registered Nurses by State Examination'? How unfair this would be. I hope the leading Poor Law Infirmary Training Schools who have admitted probationers on the above terms will stand in firmly with the General Nursing Council and see justice done in this particular."

[The Minister of Health has signed the Rule providing for the first State Examination to be held in 1924, and as no objection was taken to this Rule during the twenty-one sitting days—when the Rules were laid before Parliament as required by 3 (4) of the Act—it is not at all probable that the Council will fail to keep faith with the 1921 probationers who have entered Nurse Training Schools under the Rule as sanctioned by Parliament.—ED.]

TO CORRESPONDENTS.

We are of opinion that correspondents should have the courage to sign their letters on a question so serious as that of recording Certificates of Proficiency in the State Register. They carry much more weight.

PRIZE COMPETITION QUESTIONS.

December 10th.—What are the earliest symptoms of (a) scarlet fever, (b) measles, (c) typhoid fever, (d) small-pox, (e) whooping cough; and how soon after exposure to infection would you expect the symptoms in each case to appear.

December 17th.—What are the duties of a Sister Tutor, and how best can she be trained to perform them?

The Midwife.

CENTRAL MIDWIVES' BOARD.

A Special Meeting of the Central Midwives Board was held at the Board's Offices, 1, Queen Anne's Gate Buildings, Westminster, S.W., on November 17th, for the hearing of the charges alleged against three certified midwives, with the following results:—

Struck off the Roll and Certificate cancelled.—Midwife Alice Rogers Davies (No. 2242).

Censured (Report from L.S.A. to be asked for in three and six months' time).—Midwife Rebecca Campton (No. 271).

Sentence Postponed (Report from L.S.A. to be asked for in three and six months' time).—Midwife Hannah Taylor (No. 44651).

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board on November 7th and 8th, held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, has just concluded with the following results:—

Out of 116 candidates who appeared for the Examination, 102 passed. Of the successful candidates 29 were trained at the Royal Maternity Hospital, Edinburgh, 32 at the Royal Maternity Hospital, Glasgow, 2 at the Maternity Hospital, Aberdeen, 9 at the Maternity Hospital, Dundee, 6 at the Queen Victoria Jubilee Institute, Edinburgh, 9 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised Institutions.

EXAMINATION PAPER.

1. From an examination of the placenta and membranes how would you (a) determine that they were complete, and (b) recognise or suspect the presence of a placenta succenturiata? What are the dangers of that abnormality?
2. What would lead you to think that a patient had backward displacement of the pregnant uterus? Indicate the lines of treatment. What may happen if the condition is not treated?
3. On arriving at a house you are informed that the patient has been in labour for 24 hours. What will guide you in ascertaining whether this statement is correct or not?
4. Twelve hours after labour you find your patient with a distended abdomen, which is tender on pressure, pain low down in the abdomen, and a rapid pulse. How would you proceed to investigate the condition, and what might you do to relieve it?
5. What do you understand by Asphyxia Livida and Asphyxia Pallida? How would you treat these conditions?
6. What are the duties of the midwife, according

to the Rules of the Central Midwives Board, towards the patient in regard to the following points:—(a) In the matter of remaining with the patient after labour has begun? (b) passing a catheter? (c) if the life of the new-born child appears to be in danger?

GLAXO.

THE MOTHERS' HELP BUREAU.

In our recent notice of Glaxo House, in a reference to the Mothers' Help Bureau—an extremely interesting and useful department of the Glaxo activities—we should have mentioned Miss Kennedy as the head of the department, and Nurse Ashby as one of her staff. Miss Kennedy has been with Glaxo for ten years, and has built up the Mothers' Help Bureau and made it what it is—a very fine bit of social service.

THE NURSING OF UNMARRIED MOTHERS.

At a general meeting of the Honiton and Rural District Nursing Association, recently held, under the chairmanship of the Rev. the Hon. F. L. Courtenay, Miss Seymour (Secretary of the Devon Nursing Association) wrote that the nursing of unmarried women had recently come under the consideration of the Ministry of Health in connection with a case in the county, and the Ministry desired to be assured that the District Nursing Associations affiliated with the Devon County Nursing Association would not refuse to attend a woman in her confinement because she was not married. The Minister of Health desired an assurance on that point before the grant to the County Association was paid.

Miss Seymour urged that the Honiton Association should adopt a resolution recommending that the affiliated Societies should not refuse to allow their nurses to attend a woman in confinement because she was not married, otherwise the Devon Nursing Association would not only run the risk of losing their grant from the Ministry, but also from the County Council.

The Dowager Lady Peek said that, whatever one's feelings on the subject were, it was unthinkable to decline, in any emergency, to nurse unmarried women. Those were the views of the Devon Nursing Association—that they must be prepared, in any case, to nurse these mothers. It was an unfortunate fact that on one occasion a nurse, conscientiously, refused to do so. The case should, in any event, have been treated as one of emergency. She did not think their nurses should refuse to go, whatever their opinion might be; it should not be in their power to say either "Yes" or "No."

It was agreed to come into line with the above resolution.

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EDITORIAL.

A HAPPY CHRISTMAS.

Like the clown in the pantomime of our childish days, Christmas seems to be always repeating, "Here we are again." Each year it comes to us with a shock of the surprise of finding ourselves once more on its threshold. Once again we are caught in the whirlwind of preparation, clean contrary to our resolution, too, of defying custom and refusing to be slaves to convention.

No, jolly Old Father Christmas can never become a Convention. In spite of the pessimists and the Scrooges, whose grouches perhaps influence us, say, in October, and even in November, December finds us following on with the countless thousands of happiness hunters.

Our pessimism has delayed the mixing of the historic pudding, has resulted in our having to take the leavings of the greeting cards, but we get into our stride in the end and catch up as best we may. It has to be done, and we can't escape it, and, what's more, we really have no wish to.

Of course, we can't afford it, but we plunge recklessly: we are not really safe to be trusted out alone. We juggle with our addition and multiplication; we wilfully deceive ourselves as to our balance at the bank. We justify purchases that have no justification, except that they are the overflow of "goodwill towards men." All that is the sweet and tender side of Christmas: all the thought and work and self-sacrifice are expended for the sole reason of giving pleasure to others. That is why, century after century, it never loses or can lose its fragrance. Whoever heard of a selfish Christmas? There can be no such thing, for

it is the Christ Mass. If this is true of people in general, it certainly applies to nurses in particular.

The Ward Sister, giving up her needed rest, her own private calls, spends anxious thought—yes, and money—in devising ways and means to give her patients the maximum of pleasure on Christmas Day. Home ties, selfish plans, are put aside; she is the Sister before everything—and what the Sister is the probationers are. They learn, perhaps for the first time, the joy of renunciation.

The District Nurse, in a slum district, where heart-breaking poverty hampers her work, is not daunted—not she. Many a poor home is brightened by some little gift—a stocking filled with little nothings for a sick child, and so forth.

The Private Nurse, with cheery word and self-forgetfulness, is doing her best to soothe what may be the last Christmas for her patient, and to bring comfort to the other members of the family, who are, perhaps, shrinking from the Shadow of Death.

The Nurses overseas, thinking with longing hearts of the Old Mother Country, which they left at the call of duty.

What a grand and noble army they are if they are true to their vocation.

The Editor wishes them, one and all, from those at the tip-top to the youngest pro., a very happy Christmas. And what is more, she knows they will have it; for He who for us men and for our salvation came down from Heaven, and was made Man, at this Holy Season, once more wanders in the cold of this world, seeking shelter as of old; and those who minister to the Holy Child in the person of His suffering brothers and sisters must surely be the special objects of His love, and will know the meaning of a Happy Christmas.

OUR PRIZE COMPETITION.

WHAT ARE THE EARLIEST SYMPTOMS OF (a) SCARLET FEVER, (b) MEASLES, (c) TYPHOID FEVER, (d) SMALLPOX, (e) WHOOPING COUGH, AND HOW SOON AFTER EXPOSURE TO INFECTION WOULD YOU EXPECT THE SYMPTOMS IN EACH CASE TO APPEAR?

We have pleasure in awarding the prize this week to Miss A. C. Knight, Mount Vernon Hospital, Northwood, Middlesex.

PRIZE PAPER.

The Earliest Symptoms of (a) Scarlet Fever.—Sudden onset; headache, vomiting, sore throat with redness, swelling of fauces, tonsils, and pharynx. Pains in limbs, convulsions in children, and rigors in adults. A punctate erythema rash, appearing on the neck and chest and spreading over the body, comes out on the second day. The face is flushed, and there is a marked pallor around the mouth. The tongue is coated with the red tips of swollen papillæ showing through. There is a rise in temperature, pulse, and respiration.

The incubation period is from one to three days, but may be one week.

(b) *Measles* commence with catarrhal symptoms, watery eyes, sneezing, and cough. These symptoms last for three or four days. Koplik spots appear on buccal membrane of cheek, and are diagnostic of measles. The rash appears on the fourth day as red spots behind the ears and at the roots of the hair, quickly spreading over the face, trunk, and extremities, and forming raised crescentic blotches, giving the patient a characteristic appearance. Temperature is slightly raised during catarrhal stage, and shoots up with appearance of rash.

Incubation period, fourteen to eighteen days.

(c) *Typhoid Fever.*—Onset insidious, with severe headache, depression, loss of appetite, pain in limbs, back, and abdomen, sometimes epistaxis. The abdomen may be swollen.

The temperature during the first week of disease rises at night, and falls a degree or two each morning. The pulse is slow in comparison with the temperature. The tongue is slightly furred at first, and tends to clear round the edge and tip. The stools may be loose and resemble peasoup, or they may be constipated in character.

The rash appears as rose-red spots slightly raised, disappearing on pressure, coming out in crops, each crop lasting three or four days. They appear during the second week, first on the abdomen, and then may spread to the chest, and each spot is about as big as a pin-head.

Incubation period of typhoid fever is from fourteen to twenty-one days.

(d) *Smallpox.*—The onset is sudden, with severe frontal headache, vomiting, rigor, acute pain in back, the patient generally feeling very ill.

The temperature rises. Various rashes may appear before the true smallpox rash shows itself. The papules come out on the third day, first on the face and wrists, and then spread to the trunk, and lastly to the lower extremities. The papules are red, hard, and shotty. They become vesicles in three days, and pustules three days later. The temperature is usually very high in the pustular stage, due to septic absorption.

The incubation period of smallpox is almost always twelve days.

(e) *Whooping Cough.*—The earliest symptoms are a bad cold, with a slight rise in the temperature and a hard, dry cough. Then the paroxysmal cough—a series of short coughs which finish up with a long inspiration or whoop. The child often vomits during a spasm of coughing.

The incubation period of whooping cough is usually from fourteen to twenty-one days.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Cullen, Miss L. C. Cooper, Miss L. James, Miss P. Robinson.

Miss M. Cullen writes:—“*Smallpox.*—The period of incubation lasts from one and a half weeks to a fortnight. Characteristic symptoms are attacks of shivering, pain in the back, headache, vomiting, high temperature. Invasion period lasts from two to three days; then the rash appears, first on the face, taking the form of little papules, these gradually spread to the rest of the body. Meanwhile, the temperature falls. In about three days these papules contain fluid (vesicles). About the eighth day the vesicles become purulent, when pustules develop. Inflammation takes place, and continues until about the eleventh day. The temperature then drops, pustules begin to dry up and form scabs, which gradually separate and are thrown off. This applies mainly to a comparatively mild case.

“*Whooping Cough* is an infectious disease of the air-passages, which possibly is caused by a germ, but so far none has been discovered. Characteristic symptoms are fever, cold in the head, and the typical cough, which may best be characterised by a long-drawn crow or whoop.”

QUESTION FOR NEXT WEEK.

What are the duties of a Sister-Tutor, and how best can she be trained to perform them?

A VISION SPLENDID.

"Marchons vaillamment sous la Bannière de Jeanne d'Arc."

It was midnight on Christmas Eve. The lamps glowed brightly before the altar, the tall candles gleamed as points of light, flowers and incense beautiful and fragrant told of homage to the King of Kings. In the side aisle the Crib, a centre of sweetness and light, unmistakably indicated the season, and, as the flute-like voices of the choir chanted the refrain, "Oh, come let us adore Him, Christ the Lord," it seemed that the angels of God ascended and descended upon the ladder set up from earth to Heaven. To the kneeling worshippers it was vouchsafed for a brief space to stand on the Mount of Transfiguration — to see the vision splendid.

Amongst the Heavenly visitants, each with attendant train, one most radiant compelled my attention — St. Jeanne D'Arc—

as in humble adoration she took up the refrain, "Oh, come let us adore Him," and her bright gaze turned to the Crib, where shepherds knelt before the Manger Throne at Bethlehem. Was she thinking of the fields at Domremy, where she too tended sheep, and in solitude absorbed the lessons taught by heavenly voices?

But why, I pondered, had St. Jeanne, the most beautiful of all these celestial visitants,

so few followers? And it seemed she heard the unspoken thought, for I too heard a voice — her voice.

"It was required of me, and those with me, to tread the difficult way, to be faithful unto death, though fidelity led along the path of great tribulation; but the disciple is not above

his Master. Him they crucified, and by fire and sword our souls found freedom.

Some there be whose lives are quiet and uneventful, and in the path of duties faithfully fulfilled to the end find Him Whom their soul loveth; some there be who, devout in practice, yet "shrink when hard service must be done," and some, like Mr. Worldly Wiseman, try to make the best of both worlds—an impossible task, for if, by the mercy of God, they attain the Heavenly Vision, they are

'Consumed, yet quickened, by the glance of God.'

And in that illuminating moment they see relative values in their true proportion, and 'begin with

shame to take the lowest place.'

"There be some, also, whose path leads sometimes to the heights, sometimes to the depths, and who require grace and high courage—moral courage—to walk that lonely path aright, but it leads to the presence of the King."

Answering again my unspoken thought St. Jeanne said: "Yes, my path led that way. I



JEANNE D'ARC AU SACRÉ DE CHARLES VII.

was a solitary child, I was a solitary maid as I led my country's troops to victory. I was solitary when, in the supreme moment of triumph, my King acknowledged that service and I stood within the sanctuary rails, bearing my oriflamme, at his Sacring in the great cathedral church of Reims, the crowning-place of the Kings of France. I was solitary in my prison cell at Rouen (but an angel appeared from Heaven strengthening me), and I was solitary when, in the Place de Vieux Marché, both my countrymen and yours assisting, my spirit—liberated by the ordeal of fire and flame, at which my flesh quailed—passed to the presence of the King of Kings.

' There the tears of earth are dried ;
There its hidden things are clear ;
There the work of life is tried
By a juster Judge than here.'

" There we know it is of supreme importance that the children of earth shall have been ' true and just in all their dealings, have borne no malice or hatred in their hearts,' have dared to stand alone, and if need be to die alone, for right, truth, and justice."

She ceased, and joined the throng of ascending angels, and, as my vision strained after her, it seemed to me that, as on earth she stood near to her earthly King at his coronation, so she now stood radiant amongst those near to the Throne of the King of Kings, for her true, brave, courageous spirit was able to bear the dazzling light, which would scorch souls less pure.

The lights in the church were low, the worshippers had gone; only before the Crib a lamp burned brightly.

" Are you ready to go, nurse; time I locked up, but it seemed as if you were in a trance, like as you were seeing something, and I didn't like to disturb you?"

Was I? Did no one else see those heavenly visitants, or hear the voice of the Holy Joan, so real to me on the Mount of Transfiguration?

" For ever we would gaze on Thee,
O Lord, upon the Mount;
With Moses and Elias see
That Light from Light's own Fount;
But no! not yet to man 'tis given
To rest upon that height;
'Tis but a passing glimpse of Heav'n:
We must descend and fight.
Beneath the Mount is toil and pain;
O Christ, Thy strength impart;
Till we, transfigured too, shall reign
For ever where Thou art."

" Which things are an allegory." M. B.

NURSING ECHOES.

The Imperial Nurses' Club is to be congratulated on another successful " Birthday Week." It is no small feat and test of social ability to engineer a whole week of festivity, yet, under the able management of Miss C. H. Mayers, this has been accomplished for the fifth year in succession. The members of the Club were fortunate in having her with them at its celebration, restored to health after her trying illness of the past year.

The Club having grown a pair of wings since its inception, no further extension has taken place since last birthday, but the more prosaic and extremely necessary alterations in the kitchen, and cleaning in other parts of the house, have been a serious item in its expenditure. The Club, like many private individuals in the present times, would welcome monetary gifts rather than those in kind for its birthday.

The most important feature this year is in connection with the Committee of Management. Three members from the Club have been elected by their fellow-members to serve on the Committee. This is, of course, a most important and satisfactory move in the right direction.

At the social gathering on Saturday a delightful exhibition of classical dancing was given by Miss Eileen Hetherington, whose original interpretations of the " Valse Triste," " Autumn," and " Morning" delighted the spectators. In the first dance she wore a classic dress of rose pink, with a long floating veil of black with a gold fillet. She used a gauze scarf throughout the dances—with charming effect and great skill.

In " Autumn" she donned a russet dress with autumnal leaves in her fair hair. Her feet and legs were bare. This talented young dancer, we understand, has not so far taken up dancing as a profession, and it seems almost a pity that she is not able to pass on so much grace and imagination to others.

On Sunday afternoon the Birthday Week came to a conclusion with an address by Mrs. Horace Porter on " The Forces of Healing."

The Annual Report of the Club states that a great many girls use it when they come to London to sit for examinations. They are made specially welcome, as they are generally in an anxious frame of mind, and it is important that they should at any rate feel happy about their sleeping quarters. Amongst the variety of uses to which it is put many sleep there before leaving for the Continent or for

some far-distant part of the Empire. It is popular also with nurses having nights off.

Among the special visitors during the past year were a contingent of young Belgian Probationers from a Nursing Home at Ghent, who are being trained in their own country by an English Sister, and for whom a visit to this country was prescribed, so that they might increase their knowledge of a nurse's life and work.

A letter was subsequently received from the Governor of Flanders, expressing in most courteous language the thanks of the pupils of the Home, and associating with them himself and the Board of the Provincial Government.

The Annual Show of the Nurses' Needlework Guild, organised by members of the staff of the Nurses' Co-operation, 22, Langham Street, W., was held at the Howard de Walden Club, 35, Langham Street, on Friday, December 2nd. Miss Jackson, the new Lady Superintendent of the Co-operation, was there, and Miss Christie, the Hon. Secretary of the Needlework Guild, and others were busy showing the visitors round. We have been to many of the Annual Shows, but we never remember a collection of more desirable garments than those on view this year. Those which were made were supplemented with great discrimination by articles bought out of gifts of money. Beautifully warm petticoats, knitted frocks for little girls, shirts, shawls, mufflers, the daintiest of baby clothes, suits for little boys, and much more besides, covered the well-stocked tables, more than five hundred garments in all being on view.

As soon as the Show was over, many willing hands packed up the parcels, which will carry joy to numbers of Sisters and their patients. The distribution of garments included: Brompton Hospital for Consumption, 50; the City of London Hospital for Diseases of the Chest, 50; Clapham Maternity Hospital, 30; East End Mothers' Home, 40; Middlesex Hospital, 30; Metropolitan Hospital, 40; Prince of Wales's Hospital, Tottenham, 30; the West London Hospital, 40; and Queen Charlotte's Hospital, 30. The parishes of All Saints, Margaret Street; All Souls, Langham Place; and Holy Cross, St. Pancras, also received gifts.

Tea was served in the beautiful Restaurant of the Club, and everyone seemed very cheery and happy.

The Nurses' League at the London Temperance Hospital, Hampstead Road, organised a very successful Sale of Work on the afternoon of Saturday, December 3rd, in support of a bed in a C.M.S. Mission Hospital at Ispahan,

the sum aimed at being £30. The Sale was opened by Miss H. Y. Richardson, Secretary of the Nurses' Missionary League, who referred to the loss recently sustained by the hospital through the death of Dr. Catherine Ironside. Dr. Ironside was trained as a nurse before she qualified as a medical woman. The stalls were well stocked with many attractive and useful things, and the side shows must have brought in quite a substantial amount. There was, for instance, a golden tub with sixpenny dips, from which a well-satisfied journalist extracted a case containing six pencils. One Sister presided over a board on which were arranged twenty candles. You were invited to strike a match and then see how many candles you could light before the match went out. If you got up to twenty you won a prize. If you didn't, and were keen on the competition, you probably scorched your fingers in trying to light your twentieth before the stump of the match burnt out. We hear that the Sale realised £47 or more, and that the odd £17 is to be handed over to the Matron, Miss K. A. Smith, R.R.C., for her Christmas Fund. Incidentally, these were not her only pickings, for we heard a good fairy promise to send a drove of turkeys—yes, "drove" was the word mentioned—for Christmas Day. Think of it! Anyway, the patients and staff are secure of their Christmas dinner, and someone whispered plum puddings, also.

The great need of the Training Schools is now well-qualified Sister Tutors, and the effort to raise funds for educating them is the most useful bit of work promoted by the College of Nursing, Ltd. The College has just been endowed by Messrs. Cadbury Brothers, Ltd., of Bournville, with a special training scholarship, tenable for three years, of the value of £100 a year. Sooner or later, nursing education must be endowed—and very well-spent money, too.

Mrs. Burroughs, wife of the Bishop of Sheffield, said some nice things when addressing the Dalton Nursing Association. Amongst them, that it was no exaggeration to say that to bring a good, fully trained nurse into the home of a patient carried such confidence that it would in many cases establish the happiness of the whole family. In her opinion, nursing associations had done more to secure a higher standard of living, cleanliness, and appreciation of the value of open air than almost any other agency. The nurse herself was very often an education to the people. She wished the association all the success such institutions deserved.

The Matron, two probationer nurses, cook, laundry-maid, and ward-maid of the Billericay (Essex) Council's Isolation Hospital have resigned. It was stated at a recent meeting of the Council that the remaining staff consisted of two nurses, both recently appointed, and a porter.

Recently, at an investigation by the Committee of the Ealing and Chiswick Joint Isolation Hospital into allegations made at an inquest on a scarlet fever patient, the Committee agreed the medical attendant at the hospital and the Matron made an error of judgment; the former for not visiting the hospital and seeing the patient, after the first visit, for thirty hours; the latter for not admitting the family doctor, and telling him he must see the Medical Superintendent.

Asked why she did not permit the family doctor to see the patient, she said: "Perhaps I might have admitted him; but I was tired, and did not know quite what to do."

Further, she was asked if she considered scrubbing, cleaning and cooking part of her duty. To which she replied that shortage of domestic labour made it necessary.

We want to express our sympathy with this Matron, and consider that, instead of censure, the Committee owed her a vote of thanks for wearing herself out doing drudgery, presumably for the benefit of the patients, whilst the demoralising dole system makes it impossible to procure domestic workers.

During a recent visit to the Lady Havelock Hospital, the de Soysa Lying-in Home, and the Victoria Memorial Eye Hospital at Kandy, Ceylon, Her Excellency Lady Manning presented two silver badges awarded by the Overseas Nursing Association for good service. These were presented to Matron G. Hamilton, of the Eye Hospital, and Nursing Sister E. McCormic, of the General Hospital.

Mrs. Hannah Martin, of the Bevan Nursing Home, Sandgate, Kent, who left £4,413, left the whole of her property, with the exception of small legacies amounting to about £400, to the Victoria Hospital, Folkestone.

"The safety of nations is not a question of the gun alone, but also of the man behind the gun, and he is mainly the resultant of the grit and self-sacrifice of his mother. If we lack noble mothers we lack the first element of racial success and national greatness."

F. Truby King.

OUR POLICY.

We have been asked for advice on the question of whether to register at the present moment, and before stating our policy will first quote a few opinions sent in for publication by several correspondents.

"I do not intend to register until this question of Certificates is settled."

"I have registered, but shall withdraw my name if it is to be entered without my Certificate."

"If they want a list of uncertificated nurses let them have it—only we certificated nurses are not going to pay for it."

Our reply to all well-trained nurses is: register as provided in the Rules, which define that a certificate of not less than three years' training *qualifies* for admission to the Register. Such "registered nurses" will have the right to require that the "Qualification" Column in the First Schedule shall correspond with the Rules for admission to the Register. Nothing is more ineffective than standing out when a forceful public opinion and action is required to support a right policy. The Minister of Health has pointed out by what means the addition of the word "Certificate" can be included in the publication of the Register. What nurses have to do is to convince him that their demands are just, not only in their own interest, but in the interest of the public.

THE REGISTERED NURSES' SOCIETY AND THE RECORD OF CERTIFICATES ON THE STATE REGISTER.

The following letter and Resolution have been forwarded by the Sister-Secretary of the Registered Nurses' Society to the Minister of Health, and a copy of them to the General Nursing Council:—

The Registered Nurses' Society,
431, Oxford Street, W.,
December 1st, 1921.

To the Right Hon. Sir Alfred Mond, Bart, M.P.,
Minister of Health.

SIR,—I beg to enclose a copy of a Resolution passed unanimously at a meeting of the Committee of the Registered Nurses' Society, held on Tuesday, November 29th, and to ask you to be good enough to give it your kind consideration.

Unless the certificates awarded to nurses are recorded on the State Register, my Committee feel that the highly skilled, experienced and certificated nurses on this Staff will be placed in a position which is most detrimental to their interests and to their earning capacity, especially when they have to compete in the open market

with nurses who hold the certificate of the General Nursing Council by virtue of having passed the State Examination.

I am, Sir,

Your obedient servant,

SOPHIA CARTWRIGHT,
Sister-Secretary.

RESOLUTION.

"The Committee of the Registered Nurses' Society, a Co-operation of Trained and Certificated Nurses who have passed through three years' hospital training, have learnt that a proposal has been made, in the General Nursing Council, to omit the record of the certificates of proficiency of trained nurses in the Register to be published under the authority of the General Nursing Council for England and Wales.

"In the opinion of the Nurses, such action would be most damaging to their professional and economic standing, and the State Register rendered useless to the medical profession and to the public.

"This ill-advised proposal has aroused a deep sense of injury and distrust in the minds of the members of this Staff, and in the opinion of this Committee it is of urgent importance that a guarantee should be given that such injury is not contemplated if certificated Nurses avail themselves of the privilege of State Registration."

We wonder what the Nurses' Co-operation (Langham Street), the Chartered Nurses' Society, and other Private Nurses' Co-operations are doing to express their views to the Minister of Health on this question of such vital importance to private nurses. It would be interesting to learn what the Council of the College of Nursing, Ltd., and its local centres are doing to help to secure the record of the Certificates of its members on the State Register. Certificates are notified in a special column of the College Register—so that presumably the Council and the members are opposed to professional degradation by their omission.

THE NATIONAL UNION OF TRAINED NURSES.

It may be of interest to readers of THE BRITISH JOURNAL OF NURSING to have a short account of the history and activities of the National Union of Trained Nurses, which has been officially supplied to us.

This Union was started in 1910 under the name of "The Nurses' Social Union." There was at that time a great need for exchange of ideas and mutual help amongst nurses, especially those in the provinces and outlying country districts. These nurses had not the advantages of the London ones with their many opportunities of attending lectures, &c. From the first the idea was to supply nurses with what they wanted, and not what other people wanted them to want, and the Union has evolved and developed on these lines. Of course, there has always been the difficulty of getting nurses to be interested even in what concerns their ultimate welfare, but fortunately there has always been a keen minority of devoted

women, such as our founder, Miss Eden, and many others of note, who have given their time, energy and money to the building up of the Union. If only nurses would wake up and share some of the enthusiasm of these pioneers, what a great deal more could be accomplished! At the time of its foundation self-organisation was a more or less extreme act, and the cry from employers was that nurses would compare notes with each other and become discontented with their salaries, &c. Further comment here is unnecessary. Matrons also were averse to the idea of democratic control and, with a few notable exceptions, refused to assist them to work for their organisation, and the protection of their patients through a Nurses' Registration Act; in fact, a large proportion signed a memorial against State Registration.

In spite of difficulties and opposition, the Union pursued its uphill way. It has local branches in touch with the Central Office, and limits its membership to the fully trained nurse; only a fully trained nurse is ever seen wearing the little silver and green enamel star.

It is a democratic body, founded on the principle of self-government; a union of nurses governed by nurses, not employers, other societies having doctors and lay people on their governing bodies. It is not a trade union and, therefore, is completely independent, and so unlikely to be drawn into industrial strife. It has done most valuable work in promoting State Registration of Nurses, the representation of women on public bodies, in representation of the *profession* and not merely individuals, the organisation of professional meetings in different parts of England, the institution of local exhibitions, travelling exhibitions, lectures, and the publication and sale of posters and leaflets on health and infant welfare, the first professionally managed registry for nurses, and was in the position of being able quickly to obtain nurses who went to all parts of the world on the outbreak of war—about three thousand passing through the Registry during the period of hostilities.

The aim of the Union is to support the highest ideals of the nursing profession. Its objects are to promote by co-operation the effectiveness of the profession and, through it, the good of the community; to unite nurses into a common organisation; to advance in Parliament and elsewhere the interests and status of the nursing profession; to bring questions concerning nurses before the appropriate authorities; and to utilise the special experience of nurses for the public good.

It is obvious that nurses joining such a Union are doing their share to help keep alive that spirit of self-sacrifice and idealism, united with practical efficiency, which are necessary to the making of a good nurse; and each one, like a stone in a building, adds strength to the main body.

Particulars as to membership, &c., may be had on application to the Secretary, at 38, Parliament Street, London, S.W.1.

E. NICHOLLS, *Secretary.*

A CHRISTMAS GREETING FROM THE BIRDS

It was my first evening at the case, and the patient, an old lady nearly eighty, was telling me all about herself. Not about her aches and pains, though, not even the specialist's report, but all about her garden, her roses, her fruit trees, all pruned by her hands, and loved as if they were personal friends. Then, quite confidentially she said: "And oh, Nurse, I adore the birds. They are so tame and sometimes I am foolish enough to believe they know me. To-morrow morning when you draw up my blind you will see a wonderful arrangement on the verandah; but I won't tell you what, you must 'wait and see.'" As I said "Good-night," I knew one thing about my patient—she was a lover of nature and found joy in the beauties of her garden. Next morning I was rather curious to draw up that particular blind, and knew that two sparkling eyes were eagerly waiting to see my face, and hear the report. There, hanging from the verandah rail, was a wooden box built like a house, and filled with crumbs and other scraps. Near by was half a cocoanut and monkey nuts, threaded on a string. Best of all was a sweet little blue-tit having his breakfast.

"Now, Nurse, is he not a darling? Look how he works away at the nut. Please wait and see the larger tits; but they are greedy things and drive the little ones away."

And so I watched and, like the old lady, was fascinated by the antics of the birds. Certainly, as they looked in at the windows and chirped, one could not doubt that they knew and loved their kind friend.

Duty began. The doctor called, and it was not until lunch time that the birds again became the topic of conversation. My patient had finished her luncheon, and I had removed the tray and almost reached the door when a voice said: "Please, Nurse, do give me the scraps and Carrie will put them in the box." This evidently was a daily rule, for almost immediately the little maid arrived and in a few minutes the darling birds had their feast. All the blue-tit family were present.

As Christmas came, a new cocoanut was hung to the rail, and on Christmas morning could there have been a happier little lady in any sick room? In a very large envelope she found a large white card edged with red paper about half-an-inch wide, forming a frame. Little coloured scraps of little birds decorated the corners, and these were the words that followed:—

A CHRISTMAS GREETING FROM THE BIRDS.

All the little birds met for a conference on December 24th. An old bird was spokesman, and said that for years past there had always been a welcome for the feathered family at "The Grange." There, love and good words, with practical sympathy, were bestowed on all who came. He told of one who was known as Miss Morgan. After telling of her love and many kindly acts,

his face suddenly changed, and tears stood in his eyes. With a lump in his throat he said that their friend was ill! There was a sigh from all present and many were moved to tears. But suddenly one of a younger generation arose. He was a handsome young blue-tit, and he quickly demanded a hearing. As this was granted, he said in a clear voice that although their friend was ill, she could be seen smiling her "Good morning" through the window. At these words, there was a flutter of wings, and every bird present chirped a lusty "Hurrah." Then the spokesman proposed a Christmas carol should be given from the birds' full choir. This suggestion was heartily received. A second proposal was that a letter of appreciation should be sent to Miss Morgan. This was carried unanimously, and the party broke up with much rejoicing, all the songsters going off for a choir practice.

The old bird wrote the letter, and was heard to say: "Our thanks seem so little for all that our friend does for us, but if God loves all the birds He made, and knows if a sparrow falls to the ground, surely He knows and loves all who are kind to the humbler creation. Once I heard these words through a church window, 'Inasmuch as ye did it unto the least, ye did it unto Me.' And so may God bless Miss Morgan, the birds' friend, and may their little songs cheer her on sad and weary days, till earth's songs cease and she awakes to hear the Angelic Choir singing that endless 'Hallelujah.'"

VERITAS.

THE GREEK NURSING UNIT.

Sisters Evans and Williams, Baxter and Browne have returned from the front in Anatolia, and are again on duty in No. 2 Military Hospital, and in St. Charolombos No. 1 Military Hospital, Smyrna, very up-to-date hospitals, and where they have many patients—happily not too seriously wounded. Christmas, we have no doubt, will be celebrated as far as possible with the usual festivities dear to the heart of British Sisters.

Before leaving Eski Chehir a letter of thanks for their services to the Greek Army was given to the Sisters by the Commander-in-Chief of the Greek Army.

An old Turk, Mayor of Eski Chehir, and head of the Dervishes, presented each Sister with a carpet out of his mosque, which they, of course, prize greatly—that given to Sister Browne is a Persian prayer-rug 300 years old!

Warm clothing is greatly needed by the troops who will have to spend the winter at the front, which Queen Sophie is doing her best to supply. We do not hear of the very rich Greeks who are domiciled in Britain helping to supply these needs. Alas! the spirit of the Crusaders does not appear to burn with ardour in these Isles in these days. We presume Christian martyrs are too numerous to arouse a sense of sympathy, much less of shame, even in our so-called Christian churches—a very sad sign of degeneracy.

AN UP-TO-DATE TRAINING SCHOOL. THE PADDINGTON INFIRMARY.

A very interesting ceremony took place on Monday last, when the Right Hon. the Earl of Onslow, Parliamentary Secretary to the Ministry of Health, opened the new Nurses' Home, and the operating theatre at the Paddington Infirmary in the Harrow Road, W. The visitors assembled in the new Central Corridor, where a reception was held by Mr. H. A. Baker, J.P., L.C.C. The ceremony took place in the Nurses' Sitting Room after the Earl of Onslow had been presented with the key of the main entrance by the architect, Mr. H. Percy Adams, F.R.I.B.A., and requested to unlock the door.

The Chairman of the Board, in opening the proceedings, gave an interesting survey of the history and work of the institution, and on behalf of the Board of Guardians and the Staff of the Infirmary offered to their distinguished visitor their cordial thanks for consenting to open the Home.

The Guardians realised that the institution was an Infirmary, and not a general hospital, but they had made a distinct advance towards the standing of a general hospital by the provision of the new Home and the up-to-date operating theatre. A general hospital was not compelled by law to admit patients, but the Guardians were, under statute, compelled to do so. A general hospital could discharge patients when convenient, the Guardians could not. They had, however, taken a step calculated to raise the standard of both nursing and treatment, by establishing a close relationship with St. Mary's Hospital, Paddington, so that they had at their disposal some of the best medical talent and skill available, and St. Mary's Hospital had the advantage of the clinical experience obtainable in the wards of the Infirmary.

The Paddington Infirmary came into existence in 1883, and was a small institution with 280 beds. Now the number of beds was 594, and over 200 operations took place annually, besides X-ray treatment. Speaking for the Medical Superintendent, the Matron, and all concerned, he offered a very hearty welcome to the Earl of Onslow, and asked him to confirm the opening which he had already performed.

The Earl of Onslow, who was received with applause, said it was a great pleasure to him to be able to declare the building open. He felt certain that the experiment to which Mr. Baker had referred would prove one of the highest utility. They know that progress was essential, and thanks to the public spirit of the Guardians this was taking place. They had been told of the extreme necessity for the extension of the Nurses' Home. The reason was twofold: The increase of beds in the Infirmary necessitated an increase in the Nursing Staff; but also the hours of nurses had, in the past, been far too long, and in order to reduce these hours there must be more people to do the work. The result would be to make the Nursing Profession more popular with young ladies con-

sidering their vocation in life, and would increase their efficiency. On behalf of his Right Hon. friend the Minister of Health and his colleagues at the Ministry he congratulated the Matron and Nurses on their Home, the Guardians on the completion of their task, and the Medical Superintendent (Dr. Stewart) on the success of the enterprise.

Prayer having been offered by the Bishop of Kensington, the Chairman of the Building Committee, and Vice-Chairman of the Board, Mr. L. V. Lester-Garland, gave some details of the construction of the building, and the proceedings concluded with a vote of thanks to the Earl of Onslow, proposed by Mrs. H. Jones, Chairman of the Infirmary Committee, seconded by Mr. W. Day, O.B.E., Vice-Chairman of the Finance Committee.

No, that was not quite the conclusion, for a burst of applause in the Lobby indicated the presentation to the Matron, Miss G. E. Copeman, of a lovely bouquet, by the Clerk of the Works.

The Home provides most comfortable accommodation for the nursing staff, each having a separate bedroom. The sitting-room, with cream coloured walls, green paint, and carpet of Aubusson colouring, in which the ceremony was held, is a charming room, and the nurses have every reason to be content with their quarters. They indeed seemed pleased to do the honours, and many nurses took little groups of visitors around the Home and explained its main features.

It was a pleasure to make the acquaintance of the Sister-Tutor, Miss Wendley, for in a large institution such as this it is quite impossible that the Matron should undertake the detailed teaching of the nurses, and, while clinical instruction in the wards by the Sisters is most valuable, it is necessarily subordinated to the exigencies of ward work, and the care of the patients. The appointment of a nursing officer whose primary duty it is to instruct the probationers must make for systematic and improved teaching.

The new operating theatre pleased us greatly, as it manifestly did the Theatre Sister, who had worked for long under other conditions. Spacious and well lighted, with both a north and a top light, it is painted with Paripan, of a soft cream colour, a great improvement on the dazzling white so often used. The anaesthetic room is coloured green, a restful shade suggestive of repose; the sterilising room is lined with white tiles, and the surgeon's room is again cream in colour. The lobby as well as the theatre and its annexes are tessellated throughout. In the plain doors leading to the theatre little round windows are inset, so that those whom it may concern can ascertain the progress of an operation without opening the door. Above the place where the operating table will be is a great lamp, with reflectors, on the principle of a lighthouse lamp, and freely movable latitudinally though not longitudinally.

Tea in the Nurses' Sitting Room from 4 to 5 was a most hospitable and happy function.

We congratulate the probationers at the Paddington Infirmary on the happy auspices under which their training is being carried on in this

up-to-date school, and we hope that the Board has accepted the general lines of the Syllabus recommended by the General Nursing Council, and that in the future the probationers will be prepared for the State Examination, and thus obtain admission to the State Register. In the meantime we hope the trained members of the Nursing Staff will avail themselves of Registration through the provisions of the Nurses' Registration Act.

APPOINTMENTS.

MATRON.

County and Borough Infirmary, Brecknock.—Miss Jean Richardson has been appointed Matron. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and has held the position of Theatre Sister at St. Mark's Hospital, City Road, E.C., and at the County Hospital, Bedford, of Night Superintendent at the Princess Alice Hospital, Eastbourne, and of Assistant Matron at a Leeds Hospital.

War Memorial Cottage Hospital, Waltham Abbey.—Miss Minnie S. Carey has been appointed Matron. She was trained at the Metropolitan Hospital, Kingsland Road, E., where she subsequently held the position of Night Sister, Assistant Home Sister, and Ward Sister. She is a certificated masseuse, having obtained her training at the West End Hospital for Nervous Diseases, where she held the position of Sister. She also did Military Nursing in France during the war.

ASSISTANT MATRON.

New End Hospital, Hampstead.—Miss Mary Harvey has been appointed Assistant Matron. She was trained at the Lambeth Infirmary, where she subsequently held the position of Ward Sister and Night Superintendent. She has done War Nursing as a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

West Derby Union Infirmary, Liverpool.—Miss Gertrude Riding has been appointed Assistant Matron. She received her training in the same institution.

SISTER.

Hospital de San Juan de Dios, Valparaiso, Chile.—Miss Frances and Miss Caroline A. Maguire, "Registered Nurses," G.N.C., have been appointed Sisters. Miss Frances Maguire was trained at the Richmond Hospital, Dublin, and had further experience at the Infirmary, Letterkenny, co. Dublin, after which she worked in Dublin for two years as a Queen's Nurse. She then came to London, and had experience of the nursing of private patients in a Nursing Home and elsewhere. During the Great War she had experience of military nursing at an Officers' Hospital in Brighton, and at a Red Cross Station at Chilwell, Notts. Since 1917 she has been a member of the Staff of the Registered Nurses' Society, 431, Oxford Street, London.

Miss Caroline A. Maguire was trained at the Metropolitan Hospital, Kingsland Road, E., and also worked at the same Officers' Hospital, Brighton, as her sister, and at the Red Cross Station, Chilwell, Notts. Since 1917 she has been a member of the Staff of the Registered Nurses' Society.

PLEASE NOTICE.

The Editor will be obliged if, when sending in for publication notices of appointments, Nurses will state if they are "Registered Nurses," as this title now carries with it legal professional status.

FAREWELL TO MISS EUPHEMIA ROSS.

MATRON, WESTERN FEVER HOSPITAL, S.W.

An interesting ceremony took place at the Western Hospital, Fulham, on November 30th, on the occasion of the retirement of the Matron, Miss Ross, who has held the appointment for 32 years. She was the recipient of many tokens of regard from the Staff of the Hospital, including a silver inkstand and handbag from the Medical Staff, and from the Nursing, Domestic, and Male Staffs, a handsome oak bookcase and teak garden seat, these latter being chosen by Miss Ross herself.

The presentation was made by the Medical Superintendent, Dr. Bruce, who gave an interesting account of the Matron's services at the hospital, recalling the various changes and improvements which have taken place during her term of office.

Dr. Bruce referred to the wonderful activity displayed by Miss Ross as Matron for thirty-two years and told of the first years at the hospital, recalling the time when only one-story wards existed and only one room for all the female staff, nurses and maids, which did duty for dining-room and sitting-room. He caused much amusement by saying that the first dance was held in the laundry, which, although cleverly "camouflaged," presented more an appearance of a room prepared for an obstacle race than a dance. Dr. Bruce went on to tell of the great interest Miss Ross had always taken in the welfare of the nurses and how even up to last year she had played tennis, and had always displayed sympathy with all recreations. He also told what an interest Miss Ross had always shown and how she had helped the cause of State Registration of Nurses as a member of the Matrons' Council of Great Britain and Ireland, and of the Royal British Nurses' Association. He finished by saying that it was well known that Miss Ross had never failed in being a friend to any nurse or member of the domestic staff who went to her in trouble.

Miss Ross, who was looking very charming, thanked the staff by saying she loved books and would put hers in the case, and everyone knew how she enjoyed the sunshine so she would sit in the garden of her house on the pretty garden seat. Miss Ross said she would not say "good-bye," as she was not going to live very far away and would be pleased to receive visits from any of the staff. She was coming up to visit the Western Hospital, but would come on the day the nurses played the finals for the Tennis Cup.

Great fun was caused by a huge black cat who walked straight across the room, everyone saying, "Black cat for luck."

A beautiful gold wristlet watch was then shown to the staff—a gift from her fellow-Matrons of the M.A.B. Service, who had entertained her at dinner.

Coffee and cakes were then handed round and a dance followed, everyone wishing Miss Ross health and happiness in the future to enjoy her welcome rest, and expressing their sense of loss at her departure.

The Editor would like to express her admiration for the character of Miss Ross. They have worked together on many Committees for the advancement of professional ideals for upwards of thirty years, and during all that time in the utmost sympathy and harmony. Would that there were more women in the world possessing the courage, clear vision and loyalty of Euphemia Ross. It would be a happier place.

THE HOSPITAL WORLD.

We fear the managers of voluntary hospitals will not have a very satisfying time when they come to consider their financial condition this Christmas. All are more or less heavily in debt, and with appalling rates and taxes to be met, little is now left for charity. Mr. Morris, of the London, writes of the tragedy of it, and of the suffering entailed by the closing down of 200 beds in that poor district. The chairman of St. Mary's, Paddington, writes that if every householder in Paddington who occupies a house rated at £100 or more would subscribe a guinea a year, their financial difficulties would be at an end.

When Princess Louise Duchess of Argyll opened Pound Day in aid of the Great Northern Hospital, Mr. H. J. Tennant, the Chairman, announced that the King had issued his command that the name of the hospital should be altered to "Royal Northern Hospital." They spend £85,000 a year. Out of the half-million which it had at its disposal, the Hospitals Commission had recently granted them £11,000, but the condition was attached that they must secure donations and subscriptions aggregating a similar amount.

Princess Louise said that she knew that the King took the very deepest interest in the hospital. She was delighted to hear that such a substantial sum had been granted to them by the Hospitals Commission.

Princess Alice, Countess of Athlone, will preside at the annual meeting of presidents of the League of Mercy at St. James's Palace on Monday, December 19th, at 3.30. It co-operates with the King's Fund in support of the hospitals.

The nurses of the Royal Victoria Infirmary, Newcastle-on-Tyne, are endeavouring to raise enough to endow a cot, and out of the £1,000 they are aiming at they have already raised £500. We wish them success.

THE VICTOR HORSLEY MEMORIAL FUND.

It has been decided that the "Victor Horsley Memorial" Fund shall be invested in the names of a Board of Trustees consisting of the President of the Royal Society, the President of the Royal College of Surgeons of England, the President of the British Medical Association, the Senior Physician of the National Hospital, Queen Square, Bloomsbury, the Senior Surgeon of University College Hospital (in virtue of the office), Mr. Edward Robinson (son-in-law of the late Sir Victor Horsley), and Mr. E. J. Domville, O.B.E. (one of the Hon. Secretaries). The trustees are triennially to appoint a lecturer to deliver a lecture

in London under the title of the "Victor Horsley Memorial Lecture." No limitation will be placed on the Trustees as to the country or profession from which the lecturer shall be appointed, nor as to the subject of the lecture to be delivered.

The Fund, when the list is closed at the end of the year, will allow about £1,000 to be invested.

AS SEEN BY A PATIENT.

The following account of a hospital, by a 32-months' patient, appears in the October number of the *King's College Hospital Gazette* :—

"A hospital is a collection of corridors and stairs supported by slippery floors and contributions. A ward is a room attached to a corridor. It contains nurses, beds, patients, and fresh air in large quantities. A bed has longitude but no latitude. Its real duty is to beautify the ward. To disarrange a bed is a criminal offence. It is a far, far better thing to have a tidy bed than to be comfortable. A patient is the victim of circumstances—a conspiracy between the doctors and hospital authorities. After he has bided awhile he realises why he is called a patient. A nurse is essential for the proper running of the ward. Her chief duty is to watch patients in order to wake them when asleep. . . . A clinical thermometer is a morbid cold-blooded instrument which requires a hot-air bath twice daily. The radiant heat necessary is provided by the patient. A chart is a piece of paper clipped to a board hanging on your bed. It is provided so that specialists can play noughts and crosses with the students. Has often been mistaken for an underground railway map, but is really the life story of a thermometer set to music. . . . The medicine cupboard contains brandy and castor oil. Tremendous quantities of each are used. The brandy is used to camouflage the castor oil and is also used as a restorative when patients feel faint. No patient is ever allowed to feel faint! Screens are used by the nurses instead of Sandow's Developer and are considered part of their uniform when on duty. No nurse is allowed to take a screen with her out of the ward when off duty. Most screens do not screen. Night commences when blinds are pulled down—day commences when the night nurses have finished their midnight meal. Old patients sleep in the daytime—it is quieter. Lockers are a hospital version of dining-room sideboards. Always placed so that a patient cannot get at them, and really provided to gratify the nurses' curiosity. Lockers do not lock!"

A WORD FOR THE WEEK.

"May we hope that when we are dead and gone, leaders will arise who have personally experienced in the hard, practical work the difficulties and the joys of organizing nursing reforms, and who will lead far beyond anything we have done."—*Florence Nightingale.*

THE CHRIST CHILD SMILED.

Little Lady Rose skipped up to her nursery after dessert, holding Nanny by the hand. Christmas only a few days off had cast the spell that it weaves for children over her.

"Look, Nanny," she said, disclosing a Treasury note squeezed up in her little hand. "Twenty shillings, Daddy says it is, and I may buy just what I like with it. I should like one of those shiny necklaces like what mummy had on to-night, and a pony, and, oh, lots of things! And mummy said she is sorry she can't come out with me to spend it, she has so many parties, an' she said I was to tell you to take me out to-morrow. No, she said I was to say 'Please, Nanny, will you take me out and let me choose.' I *may* choose, daddy said, an' he said next year, with all these *taxi* praps I wouldn't have any present at all. Do we go in many taxis, Nanny? Mummy always have the car?"

Lady Rose, in her little white cot, tossed restlessly. What would she buy? Would the morning never come? Nanny more than once came in from the adjoining nursery in response to an excited cry about dollies, and perambulators, and shiny beads like mummy's.

But morning came at last, and though Nanny was very tiresome about insisting on washing, and hair doing, as usual, and the bread-and-milk—so prosaic—had to be eaten, at last they were in the Palace Stores. Nanny wisely ignored the jewellery department as mummy's shiny beads had cost a little fortune. She also ruled out the pony, and Lady Rose, bowing to an autocratic rule, accompanied her, just a little dashed, into the toy bazaar. But once there, all grievances vanished into thin air.

Perhaps Nanny enjoyed the display as much as little Rose, for she allowed her to inspect to the full the bewildering display of fascinating toys. But the child learnt that there is a limit even to what little girls with a title and twenty shillings to spend can buy, and after many disappointments the die was cast and a doll was selected. With the facile temperament of childhood, once the selection was made the toy store was blotted out for Lady Rose. She would hardly allow the long-suffering assistant to take it from her arms to pack it, but Nanny explained that as she could not take full possession until Christmas Day, she must submit to this dull arrangement.

"But let Nanny carry it?"

"Oh, no, thank you, Nanny!"

"Well, don't drop it, or mummy will be vexed."

It was cold when they came outside the stores and little flakes of snow were falling. Lady Rose, in her ermine coat and cap and white leggings thought it great fun and laughed as the flakes smote her bright cheeks and melted on her sleeve.

The store was brilliantly lighted for the sky was overcast, and the child once more became fascinated with the window display.

"And oh, Nanny, look! There is a darling dolly just like mine. I s'pose they didn't wrap up

the wrong one, did they?" she asked anxiously. They were under the shelter of the awning, so Nanny continued to be obliging, and was in good truth well amused herself. Close to Lady Rose stood a little hatless girl about her own age; yes, and coatless, too. She had wandered, as such children do, from a poor neighbourhood to feast her eyes on unattainable delights. Utterly without envy, she was tracing with a little grubby finger along the shop pane. "Oo—er," she was saying to herself. ("What does 'oo—er' mean?" thought Lady Rose.) Nanny would certainly have told her to use her handkerchief. By this time Nanny was further engrossed with a friend in the same profession out on much the same errand. Lady Rose edged a little nearer the ragged child, who, in her turn, put her finger in her mouth and regarded this dainty apparition with an unabashed and curious air. Lady Rose forgot her manners and stared back. "Little girl," she said, "haven't you got a hanky?" "No," said the child.

"You may have mine," she said, holding out a coloured morsel.

"Wot for?" asked the child.

"'Cos you've got a cold, I think," said Lady Rose, politely.

The child stared, but settled the question with the sleeve of her frock.

"Aren't you cold, little girl? Why didn't your mummy put on your coat?"

"Ain't got no coat, and ain't got no mummy, and daddy ain't got no work."

"Have you got a dolly?" ventured Lady Rose.

The child disclosed a small bundle of rag tied at one end with a piece of string.

"Yus, I got a dolly!" she brightened.

"What's it like?" said Rose.

"This here's my dolly!"

Rose considered, "Well, I shouldn't call *that* a dolly," she said.

Nanny's conversation having come to an end, she suddenly became aware of the fast falling snow.

"We must take a taxi home," she said; and hailing a passing vehicle she hurried her little charge into it.

Rose protested. "If we have taxis daddy won't give me a present next year," she finished with a sob.

"He didn't mean these kind of taxis, child. Why, whatever have you done with your parcel?"

Something that wasn't a snowflake glistened on the pretty lashes and fell down on the coat.

"I gave it the little girl," she sobbed. "And, oh, Nannie, I hope we shan't take many taxis, before next Christmas."

"Well, I don't know *whatever* your mummy will say when she hears about it, Lady Rose."

But I think the Christ Child smiled in His crib. Don't you? H. H.

"Children are the perpetual Messiah, sent into the arms of fallen men to win them back to Paradise."—Emerson.

The Registered Nurses' Society

**431, OXFORD STREET,
LONDON, W. 1**

Telegraphic Address: "BOROR: LONDON."

Telephone No. MAYFAIR 5138.

The Society has been in existence for twenty-seven years and only accepts on its staff Nurses who have had at least three years' training in a good general Hospital, and who are registered by the General Nursing Council for England and Wales.

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.

CHRISTMAS GIFTS.

It is only just over a fortnight to Christmas, and we have so many gifts to select. What shall we buy, and where?

THE CHRISTMAS BAZAARS.

For years during the War the bazaars were shorn of their glory, nor had we, except for the sake of the children, the heart to enter into "the spirit of the fair"; it is, therefore, with all the more zest that we turn to them once again, and the hope held out that in the new Budget 1s. 6d. is to be taken off the crushing income tax should serve to loosen purse strings.

AT MESSRS. GAYLER & POPE'S.

We were delighted with the variety of useful, ornamental and other articles to be found in the Christmas Bazaar of Messrs. Gayler & Pope, High Street, Marylebone. Reviewers are not an impressionable race, but the representative of this Journal was so impressed with the desirability and moderate prices of the bazaar items that in the course of her round she made quite a number of purchases.

Here, for instance, are to be found the large shallow black bowls for flowers so sought after just now, at 7s. 11d.; charming tea services for six persons, 16s. 11d.; boxes containing two cakes of soap and a bottle of lavender water or eau de Cologne, as the case may be; strong and handsome crocodile purses, both grey and brown, at 2s. 6d.; collar boxes for both stiff and soft collars, at 1s. 11½d.; fitted workboxes, 4s. 6d.; needle cases, 1s. 4d.; handkerchiefs, boxes of six, from 1s. 11d. to 5s. 11d.; and charming sachets at all prices to hold them. There is also a large collection of Christmas Cards and Calendars to suit all tastes. Amongst the seasonal presents here are also wool jumpers, 12s. 11d. to 21s., and woolly spencers, 6s. 11d. to 10s. 11d.

AT MESSRS. GARROULD'S.

The Christmas Bazaar of this well-known firm, at 150-162, Edgware Road, has not only returned to its pre-war glories, but the floor space has been extended so that the many tempting articles can be set out to the best advantage. A life-sized Father Christmas, sagely wagging his head, presides over the whole to the great delight of the children. Here are to be found mechanical toys of all kinds, including a delightful mechanical railway, Chinese lanterns, crackers and Christmas stockings, dolls of every sort of variety, all of which go to sleep, gramophones, charming dolls' washstands with toilet sets complete and glass backs which would delight the heart of any little girl, only 1s. 11½d.; a strongly made wheelbarrow at 4s. 11d.; motor cars, boxes of soldiers at all prices; a scout team truck, 1s. 11½d.; and a host of other things which have only to be seen to be appreciated.

AT MESSRS. COZENS.

At 32-50, Edgware Road, near to the Marble Arch, Messrs. Cozens have a most attractive

bazaar. Teddy bears, carts, horses, elephants, dogs, trumpets, skipping ropes, fairies, ducks, sweet stores, to delight the heart of any child, and costing only from 1s. 3d. to 3s. 6d.; dolls' prams from 19s. 11d.; paint boxes from 6d. upwards; "Jingle Johnnies," picture books, oak tea trays from 8s.; coal cauldrons in wrought iron at 7s. each; are only a few of the attractions. Those who visit the bazaar will, we feel sure, think it has been well worth while.

While so doing they should certainly visit also the dress department on the first floor. A few of the things specially worthy of note are the knitted all-wool frocks, in various colours, at 12s. 11d. and 15s. 11d.; a black silk taffeta dress skirt, with hip pocket and waist gauged into an elastic band, at the extraordinarily low price of 12s. 11d. Semi-evening dresses in a variety of beautiful shades, the skirts covered with the new radium lace with excellent effect, 49s. 6d. to 59s. 6d., and furs of splendid value, including a skunk opossum cape, lined with silk, at 59s. 6d. A very special underskirt is one in rich satin Italian, in all colours, and costing only 6s. 11d. It is specially to be commended to the notice of our readers. All these items are well worth inspecting.

CHRISTMAS SHOPPING.

HATS.

If you want a new hat—and who does not at Christmas—be sure to pay a visit to MADAME MILLS, 296, Regent Street. She will find something to suit you.

CHOCOLATES.

The name of CADBURY, Bournville, stands in the public mind for just dealing and good value. What more acceptable gift could be given at this season than some of the specialities of this firm? There is their Bournville Chocolate in attractive little red-and-white packets, delicious for eating; Dairy Milk Chocolate, both Neapolitan, and half-pound packets, Mexican Chocolate, which can be used either for eating or for making delectable chocolate for drinking; and, of course, there are delightful boxes of finest chocolates, such as the King George Chocolates which make a charming present, welcome both to children and grown-ups.

HOT-WATER BOTTLES.

For Hot-Water Bottles—always welcome gifts—the "Eclipse" Hot-Water Bottle made by INGRAM'S, and to be bought at all high-class chemists and stores, may be always relied upon. The New Patent Constructed Neck gives confidence that we shall have no trouble with leaking necks.

Messrs. A. E. BRAID & Co., LTD., 30, Gower Place, London, W.C., also make a speciality of hot-water bottles, the special features of which are that they are British made and best quality.

DRESSING INSTRUMENTS.

The HOSPITAL CONTRACTS Co., 27-35, Mortimer Street, are just now offering sets of dressing instruments, in washable cases, for the special price of 10s. post free.

THE "ECLIPSALL" NURSE'S CASE.

The "Eclipsall" Nurse's Case in Pluviusin, and fitted to meet all the ordinary requirements of a nurse, costs, post free, £3 3s. We cannot imagine any more useful gift for a district or private nurse. The case when closed has the appearance of an attaché case. The sole manufacturers are the MEDICAL SUPPLY ASSOCIATION, LTD., Gray's Inn Road, W.C.

COMFORTABLE CHAIRS.

For chairs call and ask to see those supplied by the SURGICAL MANUFACTURING CO., LTD., 83 & 85, Mortimer Street, whether for carrying, wheel or bath chairs. One which always attracts attention, and gives satisfaction is one supplied to the officers of the American Army during the war. It is moderate in price and most comfortable in use.

BOOKS.

Now is an opportunity to make a gift to a nurse of a book which she desires to have, but may not have found the convenient moment to purchase for herself. Such books are, "The Psychology of Nursing," by Mrs. Higgins, price 15s.; "A Short History of Nursing," by Lavinia L. Dock, price 17s. 6d. net; and "A Text Book of Simple Nursing Procedure for Schools," by Amy E. Pope, all published by the well-known firm of G. P. PUTNAM'S SONS, LTD., 24, Bedford Street, Strand.

And do not forget the many excellent books published by MESSRS. CHARLES GRIFFIN & CO., LTD., Exeter Street, Strand, W.C.2. "A Manual of Nursing," by Laurence Humphry, is always popular (price 3s. 6d.), and "Simple Experimental Hygiene, Physiology, and Infant Management," by K. M. Curwen (price 6s.), should meet a want.

GAS FIRES.

If you want to make a present to your home, why not instal gas fires, if you are not fortunate enough to have them at present? No maid is needed to light and stoke the fires or clean the grates. Just lay a match within the bars, turn on the tap, and you have a glowing cosy fire. Should you want advice on the subject, write to the BRITISH COMMERCIAL GAS ASSOCIATION, 30, Grosvenor Gardens, S.W.1.

THE STORE CUPBOARD.

Christmas Day falls on Sunday this year, and is followed by two Bank Holidays, so the careful housewife will see that her store cupboard is well supplied. Amongst the things which should without fail find place on the shelves are "Glaxo" with which all kinds of dainty dishes needing milk can be made; Bovril, always a stand-by for sick and well; Horlick's Milk, which no good housekeeper will willingly be without; Virol, of which a teaspoonful added to a cup of warm milk makes a wonderful tonic food; Nestlé's Milk, useful, as every nurse knows, for a variety of purposes. Then add a bottle of Zomogen, a valuable tonic food containing iron in an easily assimilable form. Stock some Subitol Soap, to keep your hands soft and white in spite of hard water and east winds, and you may face the holiday with serenity.

BOOK OF THE WEEK.

WHEN WINTER COMES.*

"... O wind,

If winter comes can spring be far behind?"

This is an unusual and clever book, and for both these qualities we are sure it will be welcomed by our readers. Mark Sabre, at the age of thirty-four, is described by his old school chum "a usefully garrulous person." "Used to call him Puzzlehead, remember, because he used to screw up his forehead over things old Wickamote or any of the other masters said, and sort of drawl out, 'Well, I don't see that, sir.' And then that other expression of his... Used to screw up his nut in the same way, and say, 'Yes, but I see what he means.' And someone would say, 'Well, what does he mean, you ass?' and he'd start gassing some rot till someone said, 'Good lord! fancy sticking up for a master!'... and old Puzzlehead would say, 'You sickening fool, I'm not sticking up for him; I'm only saying he's right from how he looks at it, and it's no good saying he's wrong.'... Jolly nice chap though, old Puzzlehead."

Later on in the book Sabre says that the reason he did not succeed was that he could always see everyone's point of view, and that you could not succeed without convictions; more than that, it was necessary to have a conviction.

"Married? O yes, he's married. Has been some time, though they've got no kids. Now there's a place you ought to go to paint one of your pictures—where he lives—Penny Green. Picturesque, quaint, if ever a place was. His wife? Oh, very distinctly nice; pretty woman, very. Somehow I didn't think quite the sort of woman for old Puzzlehead. Didn't seem to have the remotest interest in the things he was keen about, and he seemed a bit fed up with her sort of talk. But, after all, what the devil sort of woman would be? Fiddling chap for a husband, old Puzzlehead."

This introduction will give the reader some kind of idea of Sabre's unusual personality.

Brim-full of ideas, unconventional, boyish, he could hardly have selected a more unsuitable mate than his wife Mabel. She was in many ways a model woman, and was pre-eminently a model housewife.

She was annoyed when, at his introduction to the tall and short sisters she had selected as maids, whose name was Jinks, that he should have immediately dubbed them High Jinks and Low Jinks.

"Mark, I do wish you had not said that in the kitchen."

"Ha! dashed funny that, don't you think?"

"No, I don't think it the least funny." She compressed her lips. "Rebecca is not in the least like High Jinks."

He burst out laughing. "No, I'm dashed if she is, that's just it."

"I really don't see it."

* By A. S. M. Hutchinson. Hodder & Stoughton.

"O, go on, Mabel! You make it funnier. High Jinks and Low Jinks, I shall call them that."

"Mark"—she spoke the word severely and paused—"I do most earnestly hope you will do nothing of the kind."

He stared, puzzled. He had tried to explain the absurd thing and she simply could not see it.

A vague transient discomfort shot through him. This was at the outset of their married life. This fundamental difference in character was, of course, bound to have more serious consequences later on. There is much powerful and imaginative writing in this volume, as, for example, when Sabre, in his odd, loyal way, elected to keep watch at the bedside of the dying old mother of his friend who was at the front.

"Profound and awful mystery."

Within that form the spirit was preparing to vacate the habitation it had so long occupied. It gave no sign.

Seventy years it had sojourned here; now it was bound away. Seventy years it had been known to passers-by through the doors and windows of this its habitation; now, deeply retired within the inner chambers, it set its house in order to be gone.

"A lifetime within this home; now passenger into an eternity. A lifetime settled; now preparing to be away on a journey inconceivably tremendous, unimaginably awful."

There are many and varied personalities, and with a pleasant sense of humour, drawn with the skill of a master hand. Mabel, with all her stupidity and ordinariness, is no exception to this rule.

Sabre's good-hearted eccentricities land him in the divorce court. In spite of ill-natured whispers he insisted on taking pretty Effie and her illegitimate child under the shelter of his roof. Mabel, after fruitless remonstrance, withdrew from the house, taking with her High and Low Jinks. This, we confess, is very disappointing on the part of the Jinkses, who professed to adore their erratic master.

The subsequent suicide and death of Effie and the child lead to a serious situation for Sabre.

After the inquest he discovers that the father of her child was the son of his old office enemy, Twining. His chivalrous nature, overcome with fury, impels him to force the ugly truth down his enemy's throat, but when he arrives at the office he finds a broken-hearted father grieving over the news that his adored son has been killed in action.

Sabre's action is a fine one, for he forbears to clear his own name at the expense of this broken man who had thought this son perfect.

But Sabre is broken in a more real sense, as only the noble hearted can be. It is Nona, Lady Tybar, the beautiful girl who was really destined for him, who alone believed in him and remained to comfort him, though we cannot agree that he was free to marry even if Mabel had had any real grounds for divorcing him.

But for this, it is a high-souled book that can only uplift those who read it.

H. H.

OUTSIDE THE GATES.

The National Union of Societies for Equal Citizenship recently organised a deputation to the Coalition Whips, Lt.-Col. Leslie Wilson, C.M.G., D.S.O., M.P., and the Rt. Hon. C. A. McCurdy, K.C., M.P., on the Guardianship, Maintenance and Custody of Infants Bill, which, when it becomes an Act, will have the effect of making a mother the parent of her own child, at present, the child having only one legal parent, the father.

The following Women's Societies were among those represented:—

The British Federation of University Women; the Professional Union of Trained Nurses; and the Women Sanitary Inspectors' and Health Visitors' Association.

The Deputation was introduced by Colonel Sir James Greig, C.B., K.C., M.P., and Miss Chrystal Macmillan put the case for the National Union of Societies for Equal Citizenship.

Miss Green, of the National Council of Women, gave evidence as to the large measure of support given by women to this Bill.

In replying to the deputation, Colonel Wilson said that he appreciated the representative nature of the deputation, and also the troubles which had beset the Bill; that the deputation could be assured that its views would be fully represented to Mr. Chamberlain, and would receive his very sympathetic consideration.

We hope all the Nurses' Organisations will give a helping hand with this Bill next session.

"What right have we to the word 'civilisation' till we give mothers and children a proper chance."
—John Galsworthy.

TO ST. THOMAS'S "NIGHTINGALES."

Why paint the lily and adorn the rose?
No element need testify for those
Who, over all the world, may proudly claim
The fine tradition of a noble name.

"What's in a name?" In *hers* there's magic found!

Charming the ear with the same perfect sound
As when, in tones that but to him belong,
Her namesake floods the summer's night with song.
C. B. M.

COMING EVENTS.

December 9th.—Trained Nurses' Annuity Fund. Sale of Work to be opened by Her Royal Highness, Princess Christian. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. 12 noon.

December 10th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Theatre, St. Bartholomew's Hospital. 3 p.m. Social Gathering, Staff Nurses' Sitting Room. Music and Tea.

December 25th.—Christmas Day.

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 CHANCE FOR YOUNG, ASPIRING, ALTRUISTICALLY-MINDED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—You were indeed right in supposing that I should be pleased at the announcement I read in the Journal this week, *re* the Hospital at Holloway Prison. I rejoice exceedingly at the fruition of my hopes; it seems almost too good to be true! It has come sooner than I dared hope for, because the wheels of the Home Office move slowly! So, now we have the announcement in black and white, "that the Hospital at Holloway Prison is to be staffed entirely by certificated nurses." Here is a grand chance for young, aspiring, altruistically-minded nurses. If I had my time over again, I would apply most gladly for such a position. If I am not trespassing too much upon valuable space, I think the readers would appreciate the following story. A trained nurse of my acquaintance was for six months working in Holloway Prison, with another, as the result of an experiment by the Home Office. On the day she left she found a note on her bed, containing these few pathetic words: "Thank you, Nurse, for being so kind to me." She had nursed this poor girl under treatment for venereal disease. Now we may reasonably hope that the vision of the Editor of this Journal may shortly materialise, namely, the formation of an "Elizabeth Fry League of Prison Nurses," and, let us add, all State Registered.

Yours delightedly,

BEATRICE KENT, B.C.

KERNELS FROM CORRESPONDENCE.

WISH I WAS BLIND.

Visiting Nurse.—"I don't know when I felt more indignant than when I read 'An Amazing Experience,' of an ex-Red Cross Nurse, but her experience, I fear, is by no means singular. I often have a few words with the unemployed collectors, and ex-soldier salesmen, in the streets. Here is a true tale:—

"Nurse: 'Had a fair sale to-day?'"

"Ex-Soldier: 'Not enough to keep a cat alive; and look at 'em pouring into the Corner 'ouse. I believe these here companies envies me every "choc" I sells.'

"'Where are you going to get your Christmas dinner?'"

"'Oh! me! White'all, o' course! Fat lot of dinner for us down-and-outs. *Wish I was blind*; then St. Dunstan's would give a 'elping 'and.'

"I spent my last penny and rushed away.

Wish I was blind kept ringing in my head all day. May I suggest that nurses buy all the 'chocs' and sweets possible for Christmas treats from the sick and wounded ex-soldiers to be found in the streets this bitter weather. And this is England! How are the mighty fallen!"

[Is it? Sometimes when we note the hordes of foreigners to be met at every turn—fat, well-clothed, and ironical—we doubt it.—ED.]

REGISTERED UNIFORM AND BADGE.

Miss E. Macdonald, Farnham.—"May I, as a member of the profession, heartily endorse Miss Cattell's resolution *re* registered uniform and badge at your meeting of the 18th inst. How important this question is to Nursing Sisters in private practice you know better than I, and perhaps now it may take precedence and be settled soon. I know from the full reports in the B.J.N. how strenuous is the work of the Council—but this is a primary point to us!"

POOR LAW GUARDIANS DISCOURAGE NURSING STANDARDS.

Miss Ada Foster, London:—"I have desired to become a professional nurse now that in the future we are to be protected from the competition of the semi-trained and inefficient nurse, and as the niece of a Poor-Law officer hoped to begin training at a well-managed Poor Law Infirmary, of which I know something. Now, however, since reading that the Guardians are trying to deprive probationers of the Syllabus arranged by the General Nursing Council, I am determined to enter a general hospital where the Syllabus is acceptable. Well-educated young women have waited for years for a guarantee of proper education in hospitals, and now that the Nurses' Registration Act makes this possible, we have Poor Law Guardians (employers of Nurses) opposing reforms. What *do* the majority of these lay people know about nursing education? And why do they not demand representation on the General Medical Council and the Central Midwives Board, if they have a heaven-born right to dictate to professional nurses on the General Nursing Council? The treatment nurses have received in the past has made girls fight shy of nursing—and now that we see a hope of better things under the Act, we are to be discouraged by Unions of employers in their domineering ignorance."

PRIZE COMPETITION QUESTIONS.

December 17th.—What are the duties of a Sister Tutor, and how best can she be trained to perform them?

December 24th.—Give a general description of the ear. Point out how infection spreads from the throat to the ear.

December 31st.—What may give rise to hae morrhage during the first three months of pregnancy? Indicate the treatment.

The Midwife.

CHRISTMAS IN THE EAST END.

We learn from the East End Mothers' Home, Commercial Road, E., that if all the promises made materialise the patients will have a very happy time. The members of the Committee are sending plum puddings, hams, and turkeys, besides other good things. The Christmas Tree for the children is coming, with toys to put on it.

It is hoped to have two parties, for fathers and mothers, one in the largest ward, "Queen Mary," the other in the newest ward, "Pearly King." The latter is so called because the East London Demonstration Committee presented the Home with enough money to furnish the ward, and has promised to raise enough money to pay a big share of its yearly upkeep.

The "Pearly King" Ward looks perfectly charming with all its new up-to-date furnishing, and the Christmas decorations will beautify it even more.

There is a general wish, frankly expressed among the mothers of the neighbourhood, that they may be lucky enough to come into the Home for Christmas, and there will be great disappointment when those mothers who are expecting babies in December are not among the lucky ones who get in before the 25th.

The nurses are arranging an entertainment for the patients, but it can be imagined that with babies arriving at the rate which they do "down East" rehearsals are a difficult matter.

The life and soul of all the Christmas plans is of course the Matron, Miss Margaret Anderson, seconded by her very able Lieutenant-in-Chief, Miss Beatrice Page.

AMERICA AND BIRTH CONTROL.

We are informed that the paragraphs that have just been appearing telling of the arrest of some speakers and the refusal of a hearing to Mr. Harold Cox throw a most misleading light on the position of affairs in America as regards Birth Control.

Over a month ago (on October 27th) Dr. Marie Stopes lectured in the Town Hall, New York (the very Hall in which Birth Control speeches were forbidden on November 14th) to an enthusiastic audience in the presence, and with the approval, of the Authorities.

Why this apparent change of front? It should be understood that in America, just as here, there are advocates of various kinds of birth control, and Dr. Stopes lectured under the auspices of the Voluntary Parenthood League, a law-abiding and well organised Society with the highest backing, whose literature is widespread and whose meetings are received with approval. Those at the head of the organisation for which Mr. Harold Cox went to speak have many times been imprisoned already, and go to the length of defying the law rather than working for the change of the Federal Law.

Dr. Marie Stopes has just returned well satisfied with progress in America, for the day after her great meeting a private meeting of Society leaders was held at which funds were subscribed and the Committee elected for the immediate establishment of Birth Control Clinics on legal lines.

THE TREASURE COT.

What more acceptable gift could be found for an infant at this season than a Treasure Cot? Happy the baby to whom Father Christmas brings such a desirable gift. Not only is it extremely dainty, but it is also strong and durable, and moreover it folds up into a small space so that if on a visit baby can still have his own snug little bed. For older children the "Treasure Crib" will be found most useful, and amongst its commendable qualities is that the bars are so close together that there is no possible danger. The self-locking sliding side is also an attraction.

Those who are seeking presents for young children should pay a visit to the showrooms of the Treasure Cot Co., Ltd., at 124, Victoria Street, S.W., when they will be delighted with the many articles for the comfort of babies and children on view there. We can only indicate the chief of these, but those who visit the showrooms of the Company cannot fail to appreciate the boon to both mothers and infants which the Treasure Cot specialities provide.

SEVEN AT A BIRTH.

Some notes on Lagos in a recent issue of *Man*, the journal of the Royal Anthropological Institute of Great Britain and Ireland, by Mr. N. W. Thomas, and reported in the *Lancet*, state that the first-born of twins is called *Taiwo* (see the world), the second *Koindi* (come behind), because it is supposed to send the other on in front to see the world. The *Koindi*, it is said, usually dies, and in that case an image of it must be made or the mother will not bear any more children. In the case of triplets, the third one is called *Idowu* (the servant of twins). The next child is called *Alaba*, and is the servant of *Idowu*, and the next is *Idogbe*, who watches the house while others come, and is very precious. Seven are said to have been born at once in Ibadan in 1907; an eyewitness certified this fact to Mr. Thomas, who comments: "In view of the case of six at a birth on the Gold Coast, attested by an English medical man, there seems no reason to doubt the story."

THE FLOOR POLISH.

Don't forget when the house is being made spick and span for Christmas to use Shell Brand Floor Polish. As it is the first, so it is the best. Do not be put off with some other described as "just as good."

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EDITORIAL.

NURSES' LEAGUES.

We have devoted much space in this issue, and wish we could have given more, to the very important report of the Reunion of Past and Present Nurses of the Glasgow Royal Infirmary—under the Presidency of Mrs. Strong, the doyenne of trained nurses in the United Kingdom—at which the first League of Nurses connected with a Training School in Scotland was founded; and also to the report of the influential meeting of the League of St. Bartholomew's Hospital Nurses, London, the premier League in this country, founded by the late Miss Isla Stewart, of honoured memory, after she had studied the organisation of similar Associations in the United States of America. These two gatherings are typical of the two sides of the activities of Nurses' Leagues.

The Reunion of Glasgow Nurses is an example of the social side of a Nurses' League. Not only did past and present nurses of the Glasgow Royal Infirmary meet together in most enjoyable social intercourse, but they had as their guests the Chairman of the Infirmary and other members of its Board of Governors, and distinguished members of the medical profession. There, and then, the Nurses' League of the Glasgow Royal Infirmary was founded, an event of considerable importance in the history of Scottish Nurses, and it is notable that that splendid pioneer of nursing in Scotland, Mrs. Strong, presided over the inauguration of this new movement.

The meeting of the League of St. Bartholomew's Hospital Nurses demonstrated the importance of the business side of a League. At the business meetings League members can bring much influence to bear upon current events. Had the united Leagues taken con-

certed and forceful action in opposing the application of the National Insurance Act, and the Unemployment Act, to members of the Nursing Profession, there is little doubt that they would not have been included, and some form of insurance more applicable to their needs would have been adopted.

The prompt action taken by the St. Bartholomew's Hospital Nurses' League on Saturday last for the protection of their greatly valued Certificate is an instance of the uses of a Nurses' League for professional purposes. As will be seen in another column, the League unanimously passed a Resolution emphasising the professional and economic damage which would result to certificated nurses if their Certificates were not recorded on the State Register of Nurses.

The immediate popularity of Nurses' Leagues whenever founded is due, no doubt, to the pleasure felt by nurses at revisiting their Training School as an integral part of it, and there again meeting former colleagues and friends. That is an important side of their work, but their opportunities of usefulness are much wider and more far reaching. If, as in every instance they should be, they are self-governing, with officers elected by the members, they afford opportunities of education in the conduct of business, and for the expression of professional opinions of the first importance, and they are further the recognized channels through which the nurses of the world are united in the International Council of Nurses, by an organization at once simple and effective.

Only those who have attended gatherings of this great Council can realize the inspiration and the pleasure which its meetings afford, and more, the joy of seeing foreign countries and getting into touch, under specially favourable conditions, with our colleagues of other nations.

PRACTICAL PSYCHOLOGY.

WORRY.

Probably every nurse can recall a case where the patient's progress appeared to be arrested by some unknown factor, and the doctor had bidden her try to discover whether the patient were worrying about something. And when this was found to be so how little could be done to remove it, for often the worry was due to unhappy and complicated conditions beyond either doctor's or nurse's power to alter.

It is just here where a knowledge of practical psychology may prove invaluable to a nurse. The new psychology teaches that the Consciousness is a thing apart from the brain and the mental body, and that the mischief of worry proceeds outside it; the Consciousness suffers by the tyranny of his servants but cannot control them; the Will remains inactive. The Consciousness has had to dwell on a subject at once painful and insoluble. He gives it up in despair, deciding that no solution can be reached. Then the factor automatism steps in and the vibrations which have wearied the tired brain and mental body continue to repeat remorselessly, as the tendency of movement is always in that direction already practised. A restless, anxious condition giving rise to an irregular flow of energy results. Action and reaction set up a vicious circle.

This automatism or tendency to repeat former vibrations may be used as the instrument with which to conquer the worry. Thought continued on one line creates thought-forms, channels for future thought, and any much dwelt on thought tends to recur by the fascination of either pain or pleasure. For this reason painful thought should never be allowed a moment longer than is necessary. If wrong conditions can be righted, think out the best way in which to change them, then deal quickly with them. If, as often happens, they cannot be righted—at least immediately—thoughts of them should not be allowed to remain and form a strong thought-current, digging inharmonious channels in the mind into which the unemployed energy of mental body and brain will naturally flow. To attempt by an effort of will to turn back such a stream of thought is wasted energy. We may find a useful analogy in engineering. Water flowing into a dangerous channel is not pressed back into its former limits; a new and useful outlet is found for it by digging a fresh channel. So in the case of worry the already made channel should be left alone and energy applied to forming a new channel of an opposite character, using the same tool that formed the

channel for worry, namely, definite, regular, persevering thought in which auto-suggestion and automatism work beneficently instead of injuriously.

The opposite of worry is peace. Let the victim of worry, then, give five minutes, morning, noon and night, to the realisation that his centre, the real Self, is entirely at peace, that it is only his temporary vestures, which he wrongly identifies with the Self, which suffer pain and anxiety. Let him dwell on the sense of his detachment from all that can hurt, and think of himself as undying, fearless and serene. Peace will dig a new channel and in this way will replace Worry until it will become the atmosphere of the soul. With this should be formed the habit of content, realising that our fate is but the result of our use or misuse of the power of thought. Long ago a wise King of Israel, when giving a warning against association with an evil man, said, "As a man thinketh in his heart, so is he."

A nurse who understands the influence of vibrations in our lives can double her value to her patient, not only by placing simply before him the fact that his best remedy lies within himself, but also by seeing to it that those who come in contact with him bring him only harmonious vibrations, thus facilitating his control of his own thoughts. For this reason music is a great healer and for one type of patient is the best medicine. A good gramophone, or even a mediocre one at a distance, should always be available for the sick, as in all who are responsive to music it awakens the highest vibrations of the nature, which are harmonious and healing.

M. M. G. BIELBY.

NURSING ECHOES.

It is officially announced that paid acting rank held by members of Queen Alexandra's Imperial Military Nursing Service during the war of 1914-19, if followed by substantive promotion to that rank before retirement, shall count as service in that rank towards the rank element of retired pay.

We have received a letter from a Queen's Nurse asking us to notify the needs of her patients—many are acutely ill and cannot afford the extra nourishment required. They would like gifts of Bovril, Horlick's Malted Milk, Virol, Nestlé's Milk, Glaxo, Bournville

Cocoa, "or any other of the good things I see advertised in the *B.J.N.*" This correspondent reminds us that Christmas is near, and "toys, crackers, oranges and sweets" would be most welcome for an entertainment always arranged for convalescents. We hope this may meet the eye of kind friends and admirers of many Queen's Nurses, and that they may be moved to send gifts in their own districts.

What a pity it is that outsiders will interfere with nursing affairs. The latest movement has been set on foot by Mrs. Aubrey Le Blond, from the Empress Club, agitating for a Star or Medal for women and nurses who worked in France in the early days of the war, independently of British control. Considering the funny people who rushed out on the declaration of war to "nurse" the unfortunate Belgian and French sick and wounded—whose services were not sought after at home—we think "least said, soonest mended"!

The higher education of nurses is receiving encouragement, in spite of the opposition of Poor Law Guardians. The University of Leeds has conferred its Diploma upon Miss E. S. Innes, R.R.C., Lady Superintendent of the Leeds General Infirmary, and the first examination for the Diplomat in Nursing is being held this month. The course and examination will cost a nurse £10, so that all the fuss made by their anti-registration employers about a £2 2s. fee to be paid for State Registration by nurses is, of course, fictitious nonsense.

On the invitation of the Lord Mayor and Lady Mayoress of Sheffield, the annual meeting of the Sheffield Queen Victoria District Nursing Association was held at the Town Hall on Tuesday.

The annual report says that in the history of any organisation there are periods of storm and periods of quiet. The past seven years have truly been a testing time. All the organisations which could be shaken have been shaken; those that now remain in unimpaired vigour are proved to have life in themselves and to be of enduring value. "Our work remains: it has stood the test of these difficult years. In a voluntary association of this character the question of finance is always pressing its claims to the front, and, in the days in which we are living, the problem of keeping expenditure within income becomes acute. As the debit side of the balance-sheet expands, the credit side contracts, and instead of an amplification

of means there is a shrinkage. This constant consideration of money matters is very sordid, but it is very essential, for a society, to be financially sound, must 'cut its coat according to its cloth.'"

The ordinary income for the year has fallen short of the expenditure by £1,001 13s. 11d., as compared with £270 6s. 2d. last year, and the Council will be grateful for increased or additional subscriptions.

Dr. T. H. A. Valintine, the Director-General of Health in New Zealand, writes in his Report to the Minister of Health for the year ending March 31st, under the heading, "Division of Nursing":—"Miss Maclean's report as the Director of the Division of Nursing is always interesting. Indeed, she may be proud of the results achieved during the past fourteen years. The New Zealand nurse ranks high in many lands, and that New Zealand nurses have achieved such distinction is largely due to the efforts of their devoted Matron-in-Chief."

The following item in Miss Maclean's Report is of special interest:—"The regulations for the Registration of nurses under the three Acts for England and Wales, Scotland, and Ireland, passed in December, 1919, are still awaited, and therefore applications from nurses arriving from various parts of Great Britain have to be considered apart from reciprocal Registration. It is not desirable that nurses unable to register at Home should be accepted in the Dominion. It has not been found from experience that nurses coming out have been in any way superior to those trained in New Zealand Hospitals."

For services in fighting epidemics, the French War Minister has awarded the silver medal to Miss Marion Mole, head nurse of the Cambrai Ambulance, and the bronze medal to Miss Edith Dansey, a nurse at Bourg Hospital.

OUR PRIZE COMPETITION.

We regret that we are unable to award a prize this week, no paper of sufficient merit having been received. This is the more regrettable as the subject is one of great topical interest, namely, "What are the duties of a Sister Tutor, and how best can she be trained to perform them?"

WHAT'S IN A NAME?

"You're not looking very well, Mrs. Smith. I think you need a tonic." "Oh, yes! I've not been feeling well, but I'm taking these Iron Jellicoes!"—*From Kai Tiaki.*

A CRISIS IN THE GENERAL NURSING COUNCIL.

A "STRIKING" LESSON.

We owe an explanation to our readers why the resignation of Mr. J. C. Priestley, K.C., the Chairman of the General Nursing Council for England and Wales, was not reported in our last issue.

The resignation was known to the Editor of this Journal in her capacity as a member of the General Nursing Council, but as it was not notified "officially" to this professional journal, when "officially" sent to other journals, we did not feel justified in publishing it. We have inquired from the Registrar of the General Nursing Council if the "official" notification of the resignation was issued through the Office of the Council, and have been informed that it was not. We presume, therefore, that the notice of the resignation of the Chairman and the information that other members of the Council have also resigned were sent from another source. In any case, as the information has been given to the lay press, we are now at liberty to refer briefly to the matter.

The members of the Council who consider that their first duty in accepting office is to the nursing profession as a whole, have received no notification of the resignation of their colleagues, because, not unnaturally, those who organised what in effect amounts to a strike, did not attempt to induce the constitutional minority of members of the Council to follow their example. The agreement to resign (we believe provisionally) has had the effect of paralysing the work of the Council, which, when accepting nomination, the members of the Council undertook to perform; and is resulting in injury to the nurses and the public, for whose benefit the General Nursing Council was set up. The very urgent national work with which the Standing Committees are concerned cannot be proceeded with owing to no quorum of members attending the meetings, as announced in an inspired article in an unprofessional journal last week.

A "striking" lesson, indeed, to the trades-union branch of the profession!

In the meanwhile, the constitutional members are performing their duty to the best of their ability—as scrutineers of some of the hundreds of applications for registration awaiting consideration in the office—and in justice to applicants to whom Registration is

of the utmost importance, these will be presented direct to the Council should a quorum be present on Friday, December 16th, for which date the Council has been summoned.

THE RECORD OF CERTIFICATES IN THE REGISTER.

The Resolution brought before the General Nursing Council by Miss Cox-Davies at its meeting on October 28th last, proposing to deprive thousands of highly qualified nurses of the record of their certificates of proficiency in the State Register; and the support given to this serious deprivation by certain other members of the Council, necessitated firm and unflinching opposition from those who demanded that the utmost publicity should be given to the recommendation, in order to enable the nursing profession to take action in self-protection.

This action, necessarily prompt and uncompromising, has elicited the strongest expression of professional feeling; and the demand made by the minority of the Council for elementary justice to certificated nurses has been fully justified. The self-governing organisations of trained nurses and leading Leagues of Nurses have met and protested, by no uncertain resolutions, against the suggested professional damage, and appealed to the Minister of Health, over the heads of the General Nursing Council, to prevent it—which we have every hope he will do.

Sir Alfred Mond is a supremely able man of business, and he will instantly grasp, we have no doubt, the serious economic injury to the workers if their Certificates are withheld, as evidence of proficiency, from the State Register. It is up to the workers to impress him with the unanimity of their convictions on the question.

We hope the Minister of Health will speedily make it possible for the Statutory Council to perform the duties entrusted to it by Parliament as the Nurses' Registration Act provides; and that he will also reassure the nursing profession that its interests are safe in his keeping by agreeing to an amendment to the First Schedule which will secure justice to the highly qualified certificated nurses, without whose support the State Register will not be worth the paper on which it is printed.

A WORD FOR THE WEEK.

From committees, charity, and schism; from philanthropy and all the deceits of the Devil, Good Lord, deliver us.—*Florence Nightingale.*

A GREAT FORWARD MOVEMENT IN THE HISTORY OF SCOTTISH NURSING.

Monday, December 5th, marked an important epoch in the history of the Royal Infirmary, Glasgow. The occasion was a Re-union of Past and Present Nurses of the Glasgow Royal Infirmary at a Dinner held in the Athenæum Restaurant. A very large and representative gathering drawn from every generation of nurses since the year 1879, when Mrs. Strong was first appointed Matron, to the youngest Sister at present on duty in the Infirmary, united with unbounded enthusiasm and most delightful memories to make the evening a complete success.

The chair was taken by Mrs. Strong, and among those supporting her were: Miss Donaldson, Matron, Royal Infirmary, Glasgow; Miss Thomson, Matron of Perth Royal Infirmary; Miss McLaren, Matron of the Ophthalmic Institution (Royal Infirmary, Glasgow); Miss Filley, Matron, Greenock Infirmary; Miss Cameron, Matron, Schaw Convalescent Home, Bearsden; Miss Deane, Matron, Cottage Hospital, Kilsyth; Miss Stewart, Matron, Upper Town Sanatorium, Longriggend; Miss Blyth, Matron, Duke Street Prison, Glasgow; Miss Heriott, Matron, Blantyre Cottage Hospital; Miss Stewart (Member of the General Nursing Council for Scotland), Scottish Nurses' Club; Miss Allan, Park Nursing Home, Glasgow; Miss Williamson, Assistant Matron, Royal Infirmary, Glasgow; and a large number of Nurses, not only from all over Scotland but from England and other parts of the Empire.

The large Hall in the Restaurant had been most tastefully and daintily prepared, and the table decorations of deep red carnations, asparagus fern and pink roses, were exquisite. Owing to lack of accommodation, only a few outside guests could be invited, but there were present: Mr. James Macfarlane, Chairman of the Board of Managers; Dr. Maxtone Thom, Medical Superintendent; Mr. James Craig, Chairman of the House Committee; Mrs. Balmain, Lady Manager; Professor Glaister, Glasgow University; and Mrs. Thom, Royal Infirmary, Glasgow. Letters of apology were read from Miss Melrose, R.R.C., late Matron, who is at present in Italy; from Sir Donald McAllister, Principal of the University of Glasgow; Mr. John Glen; Mr. Cross; Mr. Morrison Smith; Miss Elmslie, R.R.C.; and Miss McTavish.

The Dinner was worthy of the highest Scottish traditions, and the toasts were worthily rendered in Binet Medallion Rouge, the kind gift of the Chairman, Mr. Macfarlane, and Mr. James Craig.

THE TOASTS.

"THE KING."

The toast of "The King" was duly honoured.

"THE ROYAL INFIRMARY."

Dr. J. Maxtone Thom, then, in a masterly speech, sketched the great history of the Royal

Infirmary, Glasgow, with a striking allusion to Lord Lister, and he augured even more triumphs in the future than those already won.

Mr. Macfarlane, replying, stated that no gathering in which he had been privileged to take part since his association with the Glasgow Royal Infirmary gave him more pleasure or made him feel more proud than on that truly wonderful occasion which they were met to celebrate. He emphasised the point that the success of any Institution or any movement depends upon the freshness and youthful enthusiasm of the movement. Such gatherings as these helped to keep up that enthusiasm.

"THE DISTINGUISHED GUESTS."

Miss Donaldson, in proposing "The Distinguished Guests," said: Mrs. Strong, Ladies and Gentlemen, the mighty past of the Glasgow Royal Infirmary, about which we have just heard from our Superintendent (Dr. Thom) and our Chairman (Mr. Macfarlane), is both romantic and thrilling, and I rejoice with you in your great inheritance; what concerns us all deeply is that we should see and measure in what direction we, as a Training School, and as a profession, are now tending. I trust that we shall not be looked upon as falling into the error of judging this generation mainly by its surface currents; but to the clear vision, illuminated by the experience of the past, there are dangers ahead, even in this memorable year, when, after forty years' wandering in the wilderness, we as a Profession, have crossed the "Red Sea" and hail the "Promised Land" now in sight. (Loud applause.)

There are always ages of sowing and ages of reaping, and, we doubt not, the future promises to be more productive of triumph than the past, and yet the anxiety remains, lest by any mistake or cowardice on our part, the fruits of victory elude our grasp. It is for this reason, I am so glad to be allowed to propose the health of our "Distinguished Guests" to-night, for their sympathy, their ripe experience, their knowledge of men and affairs, will be of inestimable value to us in helping us to shape aright our course. There is no doubt that the victory will only be assured to us by constant and expert vigilance, by wisdom and prudence and self-effacement, by proclaiming those great ideals of the Nursing Profession in season and out of season, for which the battle of our great ones has been fierce and strong. The youth of the Profession, whose heritage has been won for them by the older generations, must be bound to us by the chains of a mighty love and a great enthusiasm. It is for this reason, therefore, that we are seizing the opportunity of bringing before this representative body the concrete proposition of a Glasgow Royal Infirmary Past and Present Nurses' League.

One of the noblest sentiments of our beloved country is that loyalty which binds a man or woman to his public school, university or hospital with an affection purged of all rancour and jealousy; it is a stimulus to all honourable conduct

and noble effort—a part of the Poetry of Life! My own beloved training school in London and the Glasgow Royal Infirmary evoke these feelings in our breasts to-night, and, without doubt, such loyalty and devotion have an infinite potency for good, a potency spiritual in its force, and in things spiritual there is no conflict between intensity and expansion, for the *deepest* sympathy is potentially also the widest. He who loves not his home, his country, his university, his Alma Mater, how shall he learn to love humanity in general!

The outcome of this great representative gathering is to be the birth of our Nurses' League and the beginning of a great forward movement in the history of Scottish Nursing. Forward my Sisters—that the enemy snatch not the fruits of victory from us at the very moment of our triumph.

We sleep and wake and sleep! but all things
move;
The Sun flies forward
to his brother Sun;
The dark Earth follows
wheeled in her Ellipse,
And human things re-
turning on themselves,
Move onward, leading
up the golden year."

Miss Williamson, supporting Miss Donaldson, said: I am glad to have the privilege of supporting Miss Donaldson's toast to our guests. It is a great pleasure to have them with us to-night. Some of them have been our lecturers; some of them have been our entertainers; and from them all we have received unflinching consideration and courtesy; and we are delighted they should honour us with their presence to-night.

Miss Williamson warmly supported the proposal to form a League of the Glasgow Royal Infirmary Nurses.

Miss Marshall said: I rise to support the Toast proposed by Miss Donaldson and to say a few words about the proposed League. Those of us who have been connected with the Royal Infirmary for many years and owe our professional standing to its training, and who are still members of its present nursing staff, have long felt the need of some such organisation.

Professor Glaister, who replied for the "Distinguished Guests," spoke of the pleasure he felt at being present. His long association of close on fifty years in one capacity or another as student,

lecturer to the nurses, examiner to the nurses, and lastly manager, naturally made him, he said, feel a deep and warm interest in anything connected with the Royal Infirmary. He thought the idea of the formation of the proposed League one of the happiest conceptions of which he had heard.

"THE PAST NURSES."

Sister Mitchell, proposing "The Past Nurses," said: It is with feelings of great pleasure that I rise to-night to propose the Toast of "The Past Nurses" of the Glasgow Royal Infirmary. We all know what we owe to the former nurses of our great institution. Why, the whole fame of our Training School rests upon their shoulders. They have gone forth into the world and acquitted themselves so well that honour and glory and praise have been bountifully bestowed on the Glasgow Royal Infirmary.

Miss Filley, Matron, Greenock Infirmary, in reply, spoke of the joy with which she looked back upon the days of her training. Mrs. Strong's talks with her nurses in those days seemed to stand out more clearly than anything else, and even to-day the wonderful foundation principles she then expounded seemed all that it was necessary to say, indeed, they still appear to be up-to-date.

"THE PRESENT NURSING STAFF."

"The Present Nursing Staff" was then proposed by Miss M. R. Stewart, who said: It gives me great pleasure to propose the toast of "The Present Nursing Staff of the Glasgow

Royal Infirmary," and I couple with it the name of the Matron, Miss Steuart Donaldson.

Miss Donaldson has come to Glasgow with a fine record of past attainments. She has gained much experience as an organiser and administrator, and by her valuable services during the War she has won distinction and honour. Miss Donaldson will find in the Glasgow Royal Infirmary a wide field for, and loyal support in, the carrying out of her professional ideals. The Nursing Staff of the Royal, in the past, has been singularly fortunate in its Matrons. It was Mrs. Strong—happily with us to-night—who first brought the higher system-



MRS. STRONG,

The Doyenne of Trained Hospital Matrons.

atic training of nurses into being, she was followed by Miss Melrose, and now the present staff, with Miss Donaldson at the helm, promises well for the future. One almost envies the new recruits to the profession, now a registered profession, and may I say at this point how essential it is that every nurse should register at once. What with better conditions, shorter hours on duty, and more adequate remuneration, the present-day nurse has every chance of doing well.

Miss Mitchell, in proposing the Toast to the "Past Nurses," has generously acknowledged the work done by them, we, with every confidence can trust the present staff to "carry on."

Ladies and gentlemen, I ask you to drink to the health of the Matron and the present nursing staff of the Glasgow Royal Infirmary.

Sister Rodriguez, in reply, said: Mrs. Strong, ladies and gentlemen. As Miss Stewart has said, there are easier times ahead of us. We are reaping the benefits of the long and persevering fight which it took to bring about State Registration, but with State Registration we now have the State Examination. Our first glance through the Syllabus, and the prospect of our new responsibilities in the preparation of nurses for the examination, rather appalled us Sisters, but realising the splendid training we received during our period of probation in the Glasgow Royal Infirmary, we feel quite capable of teaching any Syllabus set down by the State for the examination of nurses. We are grateful to the nurses of the past for the fine traditions they have handed down to us. It will be our aim at all times to maintain that tradition.

"THE CHAIRMAN."

Sister Nisbet said: I feel that it is a great honour to be called upon to propose the health of our Chairman, Mrs. Strong, whom we are all so pleased to have with us to-night. She has been one of the greatest pioneers in the Nursing Profession. Every nurse here could speak of the great improvements which she instituted during her term of office, and the great efforts she has since made for the improvement of the conditions of the Nursing Profession.

Sister Craig supported Sister Nisbet, and said: We of the earlier Glasgow Royal Infirmary Nurses know what Mrs. Strong has done for the Infirmary, and for the nursing profession generally. We hope she will be long spared to be a felt influence amongst us. I, therefore, have much pleasure in upholding Sister Nisbet's Toast. Ladies and Gentlemen—Mrs. Strong.

The toast was received with great enthusiasm.

THE CHAIRMAN'S REPLY.

In reply, Mrs. Strong said:

Ladies and Gentlemen, I am expected to make a speech to-night, but you have left me nothing to say.

I do not think that such a gathering as this should be without a mention of Mrs. Bedford Fenwick's name. I do not think that anyone has given more—herself and her money for the advancement of the nursing profession—than Mrs. Bedford Fenwick. She began the battle

thirty years ago, in the face of opposition from many London Matrons, and you must not misunderstand me, even of Miss Nightingale.

Miss Nightingale said that in forty years' time probably Registration would be required, if our Hospitals kept up the level, and Nurses made the best use of their time, but fortunately we have got it in thirty years. If it had not been for Mrs. Bedford Fenwick we would not have had Registration to-day. (Loud applause.)

Professor Glaister says that now that the Registration Bill is through that the ball is at your feet. Now, although that is so in a sense, you must remember that you are not at the end of things; you are just at the beginning; you must not stop there. Do not lose your individuality. Form your ideals and stick to them, and let them be noble ones. Do not allow the idea to get into your work that when the bell rings, you automatically stop work.

In the olden days we never thought about hours; we often were on duty night and day. The best, however, is not got out of nurses under these conditions—the patients suffer, your health suffers—therefore your hours must be regulated.

Above all, do not let yourselves become machines; keep your souls as well as your bodies in health. Keep yourselves interested, as the more interested you are the better qualified you are for your work. Unless every faculty is cultivated you will not make good nurses. The mental needs of your patients must be considered as well as the physical. When man is ill—I mean man in the large term—his sensitiveness is highly increased, and if you are tired mentally or physically, your patient will at once know.

My final word to you all is—Keep your Ideals.

A delightful informal Reception was then held when greetings were eagerly exchanged and handshakes of old friends, after years of separation, were heartily given. A long queue formed up at the "top table" to get the signature of "Rebecca Strong" on Menu cards. The singing of "Auld Lang Syne" brought a memorable and epoch-making evening to a close.

Auspice Cælo.

BRADFORD ROYAL INFIRMARY NURSES' LEAGUE.

At a meeting of the Council of the Bradford Royal Infirmary Nurses' League, held December 10th, the following Resolution was unanimously passed, copies of which were sent to the Minister of Health, the General Nursing Council, and the Hospitals Association:—

"That this meeting of the Council of the Bradford Royal Infirmary Nurses' League, with a membership of 200 certificated nurses, considers it essential to the professional status of the majority of 'Existing Nurses' that the word 'certificated' be entered on the State Register against the names of nurses holding certificates, and urges that the necessary steps be taken to make this possible."

M. B. VICKERS, *Hon. Secretary.*

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

CHRISTMAS GREETINGS.

We offer to all Members of the Association our good wishes for a happy Christmas, and hope that the New Year holds, for them all, much prosperity and happiness. We trust that many of them will find time to pay a visit to their "home from home" during the Christmas week, even if it may not be possible for them to be with us on Christmas Day. It has been suggested that several may wish to eat their Christmas dinner at the Club, and we shall be very glad if we can have, before 23rd inst., the names of those who propose to join us then, as well as any proposals for helping to make our first Christmas Day in the new Club one which all will remember with pleasure.

ROMAN HYACINTHS.

Gathered somewhere from the breast of Mother Earth, a thing of no comeliness, no beauty to make it desirable, but linked to it in a way unknown, were great cosmic forces, hidden within it, from seership and from science, lay the Secret of Life. And, because of this, they had wrapped it about with a handful of earth in a rough, red bowl of clay. And the dynamic forces of the Secret played about it, Light called it to stream upward in its passionless purity to worship the Sun God, so that, from the vessel of clay and the handful of earth, there had arisen a miracle of delicate beauty, a fragrance faint and elusive, too subtle almost to reach the senses. But "the heart of a friend" had found in this fragrance, in the dainty perfection of white bells clinging to slender stalks, some kinship with the feeling that prompted her to lay on life's rough pathway an offering of love.

And so there lies among dull parchments, in the litter of the world's affairs, this bit of the writing of God, this living loveliness with its mysterious lessons of growth and decay, its deep unspeakable messages from within the veil, lifting one for moments into the mountain, far from those things that lie scattered about and which belong but to time, guiding us to touch, as it were with our finger tips, the things that are of eternity; from the finite it would lead us to glimpses of the infinite, from the known to the fringes of the unknown. For matter holds imprisoned in this

frail loveliness of the flowers, majestic thoughts, majestic secrets, majestic aspirations, and a glory veiled by the finiteness of the human mind. Yet clear, none the less, comes the message of the friend who has chosen the writing of God to bring me a Christmas-time greeting, and from the white bells, hanging with dainty grace to the fragile stalks, there rings out, into the harmony of the spheres, the old, old message of goodwill to men, the message two thousand years long, telling how the Christ has descended to stretch himself upon the cross of matter, and, with hands up-raised in benediction, to spread throughout the world, throughout the ages, the power that lies hidden deep in the love of a surrendered life.

TRAINED NURSES' ANNUITY FUND. SALE OF WORK.

On the afternoon of Friday, 9th inst., we held our Annual Sale on behalf of the Trained Nurses' Annuity Fund. We are unable, before going to press, to arrive at a definite calculation of the net result of this Sale, as there have been one or two expenses, in connection with it, of which we have not ascertained the full amount. The profit, arising from the Sale, will, however, be something over £100.

Her Royal Highness the Princess Christian arrived punctually at noon to open the Sale of Work, and was received by Mr. and Mrs. Price, Mrs. Rice-Oxley, Mayoress of Kensington, Mrs. Hayes Palmer (who presented Her Royal Highness with a beautiful sheaf of chrysanthemums), Mrs. Charles Balfour, and several of the nurses. Mr. Price gave a short report of the year's work, and then in a few words Her Royal Highness declared the Sale open and expressed her good wishes for its success. The following letter was then read from the brother of the late Miss Amy Elizabeth Good:—

Bantry,
December 7th, 1921.

DEAR MISS MACDONALD,— I am afraid that I can only very inadequately express my gratitude to you and to each Member of the Royal British Nurses' Association for the touching references to my sister contained in your letters and in the Journal you were so kind as to send me.

It was the greatest consolation to me to learn

how highly she was esteemed by her fellow-workers.

To perpetuate her memory by founding the "Amy Elizabeth Good Annuity" is a loving act, and I am deeply touched by the exceeding graciousness of your Royal President in permitting it, and also in allocating to this purpose the funds already collected for the third Princess Christian Annuity. It is to be regretted that so little is known here of the good of the Royal British Nurses Association, but in reading the Journal one gets some idea of the works of mercy done so cheerfully by the nurses, and I am proud to remember that my sister was a beloved fellow-worker.

It would, I know, have comforted her could she have known that she was to be kept in memory by the nurses providing, in her name, an annuity for a sister nurse.

May the Almighty ever bless your noble Association.

Yours most gratefully,

A. T. GOOD.

We have to thank the following for their kindness in helping us in the drawing-room, where all the pretty work was laid out:—Mrs. and Miss Price, Misses Booth, Brown, Cattell, A. Cutler, Dempster, Giffen, Gillighan, Howard, Pike, and Schuller. Miss A. E. Jones sold the delectable sweets she had herself made, and also many delicious cakes sent us by various members and their friends. Miss Holles and Miss Beatrice Cutler presided in the dining-room, where many delightful little tea parties collected at the tables to enjoy the good things provided.

We cannot close our report without expressing thanks to the domestic staff at Queen's Gate for the willing service which they gave to the work of raising fresh funds for the Association's work of benevolence—to Mrs. Burrell, our very expert cook, and to the others for their clever management of their tables, and their unflinching, quiet courtesy, which is so often a matter of comment from visitors to the Club.

CHRISTMAS GIFTS FROM THE NURSES TO HIS WORSHIP THE MAYOR OF KENSINGTON.

The Royal Borough of Kensington has "adopted," as its own particular foster-child, the village of Souchez, which lies in the devastated regions of France. Several members, in residence at the Club, went last week to a very interesting lecture by Dr. Rice-Oxley, Mayor of Kensington. The account which he gave of existing conditions in this once flourishing and happy little town was sad in the extreme. Where once there were happy homes and thriving shops, scarcely one stone is left upon another, and from among the débris there rise such pathetic little sign-posts to show where once there stood a shop or workhouse, and to indicate that the former owner still holds his title to the small patch of land, and hopes yet to erect some sort of dwelling there. In the meantime, whole families find shelter in long corrugated iron buildings, which look far from comfortable. The

lecture was illustrated by lantern slides, and Dr. Rice-Oxley made a very eloquent appeal for help for the scheme of the Borough Council to assist this village, which suffered so severely from the ravages of war.

One part of the scheme evidently lies very close to the heart of the Mayor of Kensington, and that is the plan of the Council to see that the little children of Souchez have their Christmas presents. Each little girl there is to have a doll, and we suggest that Members of the Association who have time to spare might, each one, dress a small doll, and forward it at an early date to the Mayor, Kensington Town Hall, S.W. We hope that many will decide to help the children in the "town of sad memories" to a happy Christmas, and at the same time they will thereby make a graceful acknowledgment of Dr. Rice-Oxley's goodness to several of their fellow-members. For, soon after we came into residence at Queen's Gate, he most kindly came forward and offered to act as Hon. Physician to the Club. Further, it is to be remembered that, side by side with the fathers of many of those little children of Souchez, there sleep men of Kensington, for the regiments, which were engaged round Souchez, were largely recruited from the district in which our Association now has its headquarters.

THE UNEMPLOYMENT INSURANCE ACT.

The position of Nurses under the Unemployment Insurance Act is a matter which is still claiming the attention of the profession, and, up to the present, there is no immediate prospect of success for the efforts of those who have been urging the Ministry of Labour to provide for the exemption of Nurses from the operations of the Act.

The problem before the Nurses' Societies at present appears to be that of deciding whether they will still press for complete exemption or whether they will unite in trying to evolve some workable scheme, under paragraphs 17 or 18 of the Act, to minimise the inconveniences which arise for nurses if it is administered in the ordinary course.

So far as we can learn from those who have corresponded with us, the large majority of our members would prefer total exemption, but the Ministry hold out no hopes that this is attainable. Persistence sometimes works wonders, however, and if it would appear that the Nurses are still anxious for exemption, it may yet be possible to procure this. We shall be glad if they will give their attention to the subject and let us know their views. A copy of the Act can be procured from H.M. Stationery Office, 28, Abingdon Street, S.W. 1.

NOTICE.

The Members of the administrative staff of the R.B.N.A., while appreciating very deeply the goodwill which prompts the nurses to send gifts at Christmas-time, have established, in the office, a rule that this is not to be done, and hope that everyone will respect their wishes in this connection.

ISABEL MACDONALD,
Secretary to the Corporation.

LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

A General Meeting of the League of St. Bartholomew's Hospital Nurses was held on Saturday, December 10th, in the Clinical Theatre of the Hospital, at 3 p.m. The President (Miss Helen Todd) was in the chair, and there was a very good attendance of members.

On behalf of the League, the President conveyed to Lady Baddeley, who was present, its warm congratulations on her position as Lady Mayoress of London. It was proud to have the Lady Mayoress as a member of the League. Miss Todd also announced, at Lady Baddeley's request, that she invited the League to an "At Home" at the Mansion House, at a date not yet fixed, but probably in March or April—an invitation which was received with applause.

Lady Baddeley thanked the League for its congratulations.

Arising out of the minutes, the President said no application for loans from the Benevolent Fund for training purposes had been received.

It was agreed to send a vote of condolence and sympathy to Miss Waind on the death of her sister—a Bart.'s nurse.

A NEW CLAUSE TO THE CONSTITUTION.

The next item on the agenda was a Resolution to alter Clause 3 of the Constitution, which provides that

"The Qualification for Membership shall be the Certificate of the Hospital."

And that the Clause should henceforth be—

"The Matron and Assistant Matron shall be *ex-officio* members of the League. All other Members must hold the Certificate of efficiency granted by the Hospital."

Letters in support of the Amendment to Clause 3 were read; and a letter from Mrs. Hey Groves, regretting her inability to be present, and stating that if it were possible to vote by proxy she should like to record her vote against the proposal, as she thought it inadvisable under any circumstances.

Miss Pote Hunt then briefly moved the Resolution.

This was seconded by Mrs. Spencer.

The President said the time had come to alter the Constitution.

Miss Clara Lee expressed the view that it would be lowering the standard of the League to admit those from without.

Mrs. Spencer said that the Matron and Assistant Matron, if they did not hold the certificate of the hospital, would only be members of the League so long as they held office.

Mrs. Lancelot Andrews supported the new Clause.

The Resolution was then carried with one dissident.

RECORD OF CERTIFICATES OF PROFICIENCY IN THE STATE REGISTER.

The President then said that Miss H. L. Pearse had communicated with her, asking to be allowed to bring up the question of the record of certificates of proficiency in the Register to be issued under the authority of the General Nursing Council for England and Wales. There was nothing in the Bye-laws to prevent it.

Miss Pearse then moved the following Resolution:—

Emergency Resolution.

"That this meeting of the League of St. Bartholomew's Hospital Nurses (which comprises over 1,000 certificated nurses) desires to express its conviction (1) that certificates, whenever held, should be recorded upon the State Register of Nurses if the Register is to be of public utility, and of any value to the nursing and medical professions; (2) that it would be detrimental to the professional and economic interests of the nurses to deprive them of the evidence of their proficiency, and that the omission of this record would inevitably alienate the support of numbers of certificated nurses, upon whose co-operation the success of the Register mainly depends."

Miss Pearse said that the proposal that the State Register should be compiled without recording certificates of proficiency had come as a shock to her. She could not imagine any Register without this fundamental information. As an instance of the value set by nurses upon their certificates, she instanced her own case. Owing to inadequate information she, in the first instance, obtained a year's training and then did private nursing. So strongly did she then feel the necessity for obtaining a certificate of proficiency from a recognised school that she began all over again and obtained the Bart.'s certificate.

She emphasised the point that it would be detrimental to the professional and economic interests of nurses not to record their certificates. To those reaching the end of their nursing careers it did not matter except sentimentally, but to the younger nurses it would be a matter of serious economic disadvantage, as the Register would no doubt be used as a Directory by Public Authorities, and if, when they consulted it, they found no evidence of a nurse holding a certificate they would be liable to pass her over, as out of date, in favour of one placed on the Register by virtue of her holding the certificate awarded by the General Nursing Council after Examination. That would be a great economic disadvantage to her.

It might be possible that adjustments should be made to meet the case of nurses trained in hospitals which, in the past, did not give certificates. But sentimental reasons in favour of any particular hospital should not be allowed to weigh against the interests of the whole profession.

Miss Clara Lee seconded the Resolution.

Discussion was then invited, and Miss Breay said that she cordially supported the Resolution. In the first place she thought that they should support those members of the General Nursing Council who were working under difficult circum-

stances to defend the interests of the nurses, and to secure the record of their certificates on the State Register.

She cordially endorsed the view expressed by Miss Pearce that the omission of these certificates would be most prejudicial to the younger nurses, including those now training, and who, with their positions to make, and their living to earn, would have to compete with those who, in 1924, gained the certificate, after passing the examination, of the General Nursing Council. They would be at a disadvantage throughout the whole of their nursing careers, and would rank somewhat as those midwives on the Roll of the Central Midwives Board who are known as the "old bona-fides."

Moreover, if two nurses had gone in for the same examination before November 1st, 1919, and one had passed and the other had failed, their record in the Register would be identical if certificates were not recorded. Was that fair?

It must be remembered that the Nurse-Training Schools had, so far, acted as the examining bodies for nurses, and that their certificates corresponded more or less with the certificates and degrees obtained by members of other professions. They were the only evidence of proficiency which a nurse, up to the present time, could produce, and all voluntary Registers of Nurses hitherto published had recorded certificates, including the latest, that of the College of Nursing, Ltd.

The President had referred to the statement that a considerable number of the General Nursing Council had resigned; it might perhaps be said that they had gone on strike, and the Matrons could not complain of the Nurses' Unions ever again, when they had practically adopted strike tactics, and instead of carrying out the duties which they undertook to perform when they accepted office, were holding up the business of the Council to the injury of the nurses. It was said that these resignations were not connected with the certificate question. Perhaps in time the reasons for them would be forthcoming, but the question before the members of the League at the present time was a straight issue. Did they wish the record of their certificates in the State Register, or did they not? It was inconceivable to her that this proposal should have been made; in her view, it was an unjust and cruel proposition. She had much pleasure in supporting Miss Pearce's resolution.

Mrs. Spencer agreed with all Miss Breay had said.

Miss Le Geyt also supported the resolution. She thought it important from the point of view of the public that certificates should appear on the Register. Was it fair to women now training that their whole professional status should be lowered for ever, as it would be if their certificates were not recorded?

The President asked if any one could say what reasons influenced those who did not wish certificates recorded.

No one responded, and the Resolution was then put to the meeting and declared from the chair to be carried unanimously.

The President then said she supposed the meeting would wish the Resolution to be sent to the Minister of Health.

Miss Le Geyt asked leave to make a further proposal:

"That copies of this Resolution be sent—

"(1) To the Minister of Health asking him to sanction any amendment to the Rules which may be necessary to ensure that certificates be recorded;

"(2) To the Treasurer and Almoners of St. Bartholomew's Hospital asking them to support the certificated nurses of the Hospital in their effort to prevent what in their opinion would be a great injustice;

"(3) To the General Nursing Council for England and Wales."

The President said the fullest publicity possible would be ensured by these means.

The Resolution was then seconded and carried unanimously.

CONGRATULATIONS TO THE PRINCESS MARY.

The President proposed that the congratulations of the League should be sent to Princess Mary on her approaching marriage. The Hospital was very closely connected with the Royal House, and she felt sure this would be the wish of the League.

The proposal was carried by acclamation.

WORK IN NYASALAND.

Miss Simpkin gave a very interesting account of her work in Nyasaland, after which the members present adjourned to the Nurses' Home, where Sister Annie Zunz had, with her usual skill, arranged a most delightful tea, which enlivened, with much friendly chat, was greatly enjoyed.

THE PASSING OF A GREAT SOUL.

There are some people whom misfortune and affliction embitter, and some who rise to heights of greatness which, but for their affliction, they would not have attained. To the latter class belongs Sir Arthur Pearson, whose tragic death leaves so many people the poorer. A keen journalist, in a premier position in the journalistic world, the loss of his sight must have been a devastating disaster, but he not only rose superior to it, but his character took on an added beauty and sweetness. From thenceforth he made the care of others similarly afflicted his special charge, and all the world knows how he brought to bear on his work for the blind the energy, capacity, enthusiasm and sympathy which had made his literary work so great a success. St. Dunstan's, and all that it stands for, is to-day his best, as it will be his most enduring monument, and in the hearts of men, some little more than lads, who, in the moment when their lives seemed in ruins around them, he rescued from despair, and showed that life still held happiness and usefulness, there is the glow of gratitude which is his best reward.

We hope that the work which he so successfully inaugurated will be maintained as a permanent memorial to his memory.

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BIRMINGHAM THREE COUNTIES CENTRE.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PREVENTIVE MEDICINE.

On Tuesday, December 6th, in the Lecture Theatre of the General Hospital, Birmingham (by kind permission of the Governors), Dr. G. A. Auden, M.D., F.R.C.P. (School Medical Officer), gave an interesting lecture on "The School Medical Service in Relation to Preventive Medicine."

In 1907, as the result of repeated representations from Royal Commissions and Scientific Bodies, the Medical Inspection of School Children became a duty of every local Education Authority. The Medical Inspection of School Children may be viewed from two aspects.

The first, which may be called the selfish aspect, is based upon the fact that schools act as a clearing house for infectious diseases, and it is part of the Police duty of the State to prevent the spread of infectious diseases by the appointment of Medical Officers who will visit the schools for this purpose. The second and altruistic aspect lies in the recognition that it is the duty of the State to see that conditions of life are rendered increasingly favourable for successive generations, and that, as the children are aggregated together at school, this can be effected by the appointment of School Medical Officers.

Till about 1880 Public Health endeavour was largely directed to the improvement of the conditions of environment, but during the last thirty years the centre of gravity has shifted, and it is the individual rather than the environment who is now the peculiar care of the Medical Officer of Health, for example, the prevention of Infant Mortality, of Tuberculosis, Puerperal Fever, and the like.

Dr. Auden rapidly enumerated the main defects revealed by School Inspection:—

1. The large number of children incapable of benefiting by instruction as a result of physical deformities: These children as future citizens have a right to demand such educational provision as is suited for their limited capacities.
2. Children suffering from sense defects, whose disability may be alleviated by treatment or operation, eye defects, ear defects, &c.
3. Children suffering from a continuance of those post-natal conditions which tend to produce a high infant mortality rate, *i.e.*, Rickets, Diarrhoea, Pulmonary Infections.
4. Children suffering from infectious diseases.
5. Dull and backward children, of whom 10 per cent. are to be found in every school population.

In order to deal with these problems it is necessary to regard them not only as school problems, but from the wide standpoint of Public Health, for although much work for the individual has been done, so far no constructive policy for the prevention of those defects has been evolved, and the causation of conditions producing the untoward results has yet to be discovered.

The lecturer advocated the wider adoption of open-air conditions in the schools in the interests of the children; he pointed out that health is a unity, and that there is no dividing line between the health of the infant, the school child, the adolescent, and the adult. There should, therefore, be no division of responsibility and of effort, but a unity of control, both central and local, is necessary. Centrally, this unity of control has been partially secured by the Ministry of Health Act, whereby all the powers and duties in respect of Medical Inspection and treatment of children hitherto exercised by the Board of Education have been transferred to the Minister of Health.

Locally, however, much remains to be done. Education Committees are appointed primarily to administer education, and any question of health must necessarily assume a secondary importance, especially now that education proper is such a heavy financial burden; on the other hand, the function of a Health Committee is the promotion of health measures. In the interests of economy and efficiency, therefore, the time is ripe for the consideration of the transfer of all its medical activities from the Education Committee to the Health Committee of all local authorities.

G. M. E. JONES,
Hon. Press Secretary.

THE HOSPITAL WORLD.

The Lady Mayoress of London—the first Lady Mayoress in the world, we should imagine, to be a certificated Nurse—is holding a Sale of Work and Fancy Fair on behalf of St. Bartholomew's Hospital, at the Mansion House this week, on the 14th and 15th December, from 12 o'clock to 8 p.m. each day. Lady Baddeley is very devoted to her old Training School, and we hope her efforts upon its behalf will be generously supported.

Considerable bequests to hospitals by the late Mr. James Parkinson, Old Colwyn, have been cancelled by a new will just proved, in which he says: "By a previous will I had intended leaving three-fourths of my estate to hospitals, but as it would benefit the majority of the loafers formerly called workers I leave the money in trust for the benefit of the Royal National Pension Fund for Nurses, of 15, Buckingham Street, Strand, as nurses, unlike three-fifths of the loafing wastrels generally, have never wantonly and even maliciously gone on strike without the slightest provocation, sense, or justification."

We desire to draw the attention of our readers to the Subscription Form printed on the back of the cover of this issue. The present time is opportune for becoming an annual subscriber to the BRITISH JOURNAL OF NURSING on preferential terms. Will those who already subscribe through the Office draw the attention of friends to this form?

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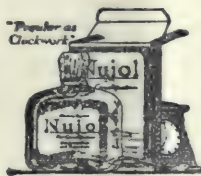
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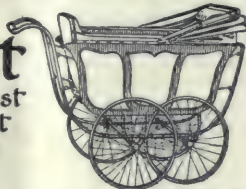
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APPOINTMENTS.

MATRON.

Middleton in Wharfedale Sanatorium, Ilkley.—Miss Katrine Edis has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and has been Matron of the Tuberculosis Hospital, East Pilton, Edinburgh, and of the Infectious Diseases Hospital, Leith.

Tanfield Infectious Hospital, Lanchester.—Miss N. Heapy has been appointed Matron. She was trained at the North Devon General Infirmary, Barnstaple, and Bucknall Fever Hospital, Stoke-on-Trent, where she was afterwards Charge Nurse and Assistant Matron. She has also been Night Superintendent at the General Hospital, Southport, and Home Sister at the Derby Isolation and Tuberculosis Hospital.

ASSISTANT MATRON.

Maternity Hospital, Brownlow Hill, Liverpool.—Miss Frances E. Evenden has been appointed Assistant Matron. She was trained at the Southwark Infirmary, and the General Hospital, Bristol, and has been Sister at the Southwark Infirmary, and the Bagthorpe Infirmary, Nottingham, Theatre Sister at Bromley Infirmary, Kent, and Maternity Sister at Ecclesall Infirmary, Sheffield.

HOME SISTER.

Infirmary and Dispensary, Warrington.—Miss E. Paterson has been appointed Home Sister. She was trained at the Blackburn and East Lancashire Infirmary where she has held the position of Sister. She has also been Sister at the Royal Infirmary, Montrose, and Night Sister at the Warrington Infirmary.

SISTER.

West End Hospital for Nervous Diseases, Regent's Park.—Miss Florence G. Smith has been appointed Sister of the Children's Ward. She was trained at the Essex County Hospital, Colchester, and has been Staff Nurse at the East London Hospital for Children, Shadwell.

North Middlesex Hospital, Edmonton.—Miss E. Heap has been appointed Junior Maternity Sister. She was trained at St. Mary's Infirmary, Islington, and has held the position of Sister at the Uxbridge Infirmary.

Clare Hall Sanatorium, South Mimms.—Miss Maude A. Butler has been appointed Sister. She was trained at the General Hospital, Wolverhampton, and has held the position of Sister at the General Hospital, Newark, the Royal Gwent Hospital, Newport, Mon., at the Bradford Sanatorium, and the Chepstow Pension Hospital. She is a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

Beckett Street Infirmary, Leeds.—Miss Ada Leivesley has been appointed Sister. She was trained at the Ormskirk Infirmary, and has been Sister at Chesterfield Infirmary.

Miss Annie Pearce has also been appointed Sister in the same institution. She was trained at the Royal Infirmary, Manchester.

Royal Albert Edward Infirmary, Wigan.—Miss Annie Morris has been appointed Sister. She was trained at the Royal Infirmary, Oldham, and at the Park Hospital, Hither Green.

Infirmary and Dispensary, Warrington.—Miss A. Bridson has been appointed Sister. She was trained at the General Infirmary, Rochdale, and has been Sister in a Military Hospital at Cairo, and on a hospital ship.

SCHOOL NURSE.

Norfolk Education Committee.—Miss Annie Costain has been appointed School Nurse. She was trained at the Beckett Hospital, Barnsley, and has been Staff Nurse at the Bootle Corporation Hospital, and at the Beckett Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Edith E. Batten is appointed to Manchester (Ardwick), as Assistant Superintendent; Miss Violet A. Heward, to West Sussex C.N.A., as Assistant Superintendent; Miss Fanny Hope, to Norwich, as Senior Nurse; Miss Amelia K. Graham, to Scarborough; Miss Lucy Haines, to Kettering; Miss Margaret Hardstaffe, to Coventry; Miss Kate Hartland, to Horsham; Miss Ethel M. Jeary, to Rushden; Miss Ethel N. Newcourt, to Three Towns; Miss Lily M. Tatton, to Horsham.

PRESENTATION OF PRIZES.

The President of the Bristol General Hospital (Mr. George A. Wills) occupied the chair at a social function at that institution, when Mrs. H. W. Beloe recently presented prizes to the nurses.

The President said the report the Committee had received from the Matron on the year's work had been as satisfactory as usual. Nineteen nurses had completed their training during the year and the examination reports had been carefully considered by the Nursing Committee, with the following results: *Gold medal*, Nurse Isabella Swift; *silver medal*, Nurse Adeline Jacob. *The Lottie Culverwell Memorial Prize* (given by Mrs. Samuel Hosegood to the best nurse of her year), was awarded to Nurse Isabella Swift. Five courses of lectures have been given during the year, and two prizes have been awarded for each subject, viz., *Surgical nursing*—1st, Nurse Isabella Swift; 2nd, Nurse Doris Timmins. *Medical nursing*—1st, Nurse Ellen Jones; 2nd, Nurse Isabella Swift. *Anatomy*—1st, Nurse Violet Woodington; 2nd, Nurse Mildred Reynold. *Physiology*—1st, Nurse Violet Woodington; 2nd, Nurse Winnifred Cox. *Practical nursing*—1st, Nurse Ellena Rowsell; 2nd, Nurse Hilda Crosse.

Twenty-three nurses have taken a course of training in midwifery and have passed the examination of the Central Midwives' Board. Nine pupils have trained in massage and medical gymnastics and have passed the examination of the Chartered Society of Massage and Medical Gymnastics. Two pupils have trained in medical electricity and have passed the examination of the Society.

AN ADVANTAGEOUS OPPORTUNITY.

Mills, Ltd., Milliners, 296, Regent Street, W.1, who have such a large *clientèle* amongst members of the nursing profession, are removing on January 2nd, 1922, to 3 and 4, Prince's Street, Cavendish Square, two doors from Oxford Street. In preparation for the rebuilding of the present premises Mme. Mills is holding a great rebuilding sale, and our readers who appreciate her millinery will, no doubt, take an early opportunity of paying her a visit.

COMING EVENTS.

December 16th.—Meeting of General Nursing Council for England and Wales. Ministry of Health, Whitehall, S.W. 2.30 p.m.

December 25th.—Christmas Day.

LETTERS TO THE EDITOR.

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

WHAT NEXT?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I note with agreement that you advise correspondents to sign their names to letters addressed to the B.J.N. on the burning question of the proposal recently made in the General Nursing Council by Miss Cox-Davies, to exclude the record of Certificates of proficiency of Existing and Intermediate Nurses from the State Register, and I hasten to comply with your suggestion. May I make quite clear what is meant by Existing and Intermediate Nurses, as so many of my colleagues appear befogged in the matter? An Existing Nurse is one who, according to the Rules for the General Part of the Register (a) holds a certificate of training for not less than three years' training in a General Hospital or Poor Law Infirmary, or (b) has had not less than twelve months' training in a General Hospital or Poor Law Infirmary, together with two years' subsequent practice as a nurse in attendance on the sick before November 1st, 1919.

An Intermediate Nurse is one who holds a certificate for not less than three years' training in a General Hospital or Poor Law Infirmary between November 1st, 1919, and July, 1924, when the Rules for Examination come into force.

These terms of classification, "Existing" and "Intermediate," have really nothing to do with qualifications, and it is on the question of what qualifications shall appear in the State Register that nurses have a right to express an opinion, and whose duty it is to do so *before it is too late*.

That any member of the General Nursing Council should be so out of touch with well-trained nurses as not to realise the value which they attach to their Certificates, and be willing to play the part of the White Queen in "Alice in Blunderland," and with one fell swoop sweep them all away as of no significance whatever, is amazing, and only proves how human it is to err, and, moreover, how all important it is that the meetings of the G.N.C. should be open to the Press.

In this deplorable instance, had the Resolution been passed behind closed doors, 3,000 certificated nurses might have found themselves deprived by half a dozen votes, when the Register appeared, of their most cherished possession—the documentary evidence of their efficiency as highly qualified professional nurses; evidence which has always been recognised and inscribed in the Registers of analogous professions.

Parliament, influenced by reactionary employers, has kept the Nursing Profession waiting twenty years for legal status, but during that time the Training Schools have not stood still. They have trained—and trained well—these thirty thousand women, and by constituting themselves the

Examining Bodies have created a generally-accepted standard, without documentary evidence of which the leading appointments in the profession are not obtainable! Are these documents to be contemptuously treated as scraps of paper by the G.N.C.? Are the votes of the Matrons of Training Schools to, deprive their colleagues of the record of Certificates awarded to them by the Governing Bodies, of which they themselves are salaried officials? Surely the Managers of the Training Schools should take some action in this matter, or instruct their Matrons to warn the Nursing Staff that the Certificates awarded are a snare and a delusion! But that Nurses should be deprived of the record of their Certificates of proficiency on the State Register is unthinkable.

It would mean professional degradation and economic damage, as once the State Examination is in force to qualify for Registration, and a Certificate awarded to this effect, "Existing" and "Intermediate" Nurses would merely rank as "old *bonâ fides*," unless the record of their honourable qualifications appears in the published Register. Could any suggestion be more unjust? May I invite my colleagues by every means in their power to help to avert such a catastrophe?

Yours faithfully,

HENRIETTA HAWKINS.

LEADING THE WAY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—With reference to your account of the opening of the Nurses' Home in this week's B.J.N., I beg to say that the Paddington Board accepted the Syllabus recommended by the G.N.C., and that the nurses have been working according to it for the last six months with the object of entering for the State Examination in 1924. The trained members of the staff have in many cases applied for Registration.

Yours faithfully,

GERTRUDE E. COPEMAN, *Matron*.

Paddington Infirmary, W.

[We have received quite a number of private letters welcoming the Syllabus from Matrons whose Boards have, by making some reforms, and additions to the teaching of probationers, made it possible to prepare them for the State examination to be held in 1924. The smaller hospitals and infirmaries, and those of a special nature, are not able to figure out just how they can meet the requirements of the G.N.C.; and it is just this very urgent part of its duty to consider and define a system of conjoint training that, with others, is being held up for the time being.—ED.]

PRIZE COMPETITION QUESTIONS.

December 24th.—Give a general description of the ear. Point out how infection spreads from the throat to the ear.

December 31st.—What may give rise to haemorrhage during the first three months of pregnancy? Indicate the treatment.

The Midwife.

THE STEPNEY INFANT WELFARE CENTRE.

The Duke of York, on Tuesday last, visited the Stepney Infant Welfare Centre and Babies' Home, at 587, Commercial Road, E., in support of which a ball was held on Wednesday, at the Hotel Victoria, Northumberland Avenue.

The Centre is doing very useful work in a very poor neighbourhood. The children are brought to it until they are five years old, thus they can have expert supervision from birth until they come under the observation of the School Medical Officer. This is a very important and necessary work, as it is found that at the age of five, unless children have had the advantage of medical supervision during the first five years of their lives, many defects which might easily have been remedied have become either permanent or much more difficult to cure.

ROTUNDA HOSPITAL, DUBLIN.

We are sure that graduates of the Rotunda Hospital School of Midwifery, and other friends of the Hospital, will be pleased to learn that a few members of the Nursing Staff have recently presented to the Hospital a photographic portrait in sepia of Miss Lucy Ramsden, formerly Lady Superintendent, as a mark of their affection and appreciation. The portrait, which is the work of Messrs. Stanley (Dublin), is suitably framed and inscribed, and has been hung in the Nurses' Sitting Room.

Miss Ramsden was trained at St. Thomas's Hospital, London. She was appointed Assistant Matron, Rotunda Hospital, in 1892. In 1895 she was appointed Sister-in-Charge of the Gynaecological Department, Thomas Plunket Cairnes Wing, which post she held for two years. In January, 1897, she was promoted to the office of Lady Superintendent, which post she resigned in 1918. She was thus in the responsible service of the Rotunda Hospital for nearly twenty-seven years. During that period the activities of the Hospital multiplied almost three-fold, so that Miss Ramsden's tenure was a period of continuously increasing responsibility and work.

It will be remembered that on the occasion of her resignation in 1918, the Governors of the Hospital passed a special resolution expressive of their high appreciation of her services and of their deep regret at her resignation. At the same time many members of the Nursing Staff in all parts of the world joined in presenting her with a very handsome silver tray as a mark of their esteem and grateful appreciation.

Miss Ramsden now resides in London, where

she takes an active interest in Child Welfare and kindred work.

"AUDI ALTERAM PARTEM."

Mr. Harold Cox, who has just returned from a brief visit to the United States, relates in the *Sunday Times* the true inwardness of the opposition to the meeting in New York which he was invited to address on the subject of birth control, for the express purpose of discussing whether birth control is morally justified. The special purpose of his visit was "to preach that it is impossible permanently to prevent war as long as the populations of the world increase at their present rate. Expanding races must seek new outlets for their industries, or new fields of emigration for their peoples. They thus come into conflict with other races, and the rivalry that ensues finally leads to war."

That birth control is morally justified is held by such high authorities as Dr. Gibbon FitzGibbon, Master of the Rotunda Hospital, Dublin, and Lord Dawson, Physician to the King, whose speech on this subject aroused so much interest at the Church Congress in October.

Mr. Harold Cox states that the hall in New York, where the proposed meeting was to have been held, was filled some time before the hour of opening, and a crowd was in the streets trying to get in; there were no disorderly elements of any kind. "Suddenly two policemen appeared, and announced that the meeting could not be held. After a short delay it transpired that the Secretary to the Roman Catholic Archbishop of New York was present in the hall and had requested the police to stop the meeting. In order to test the legality of this extraordinary proceeding, Mrs. Margaret Sanger stepped to the front of the platform and commenced to address the audience so as to force the police to arrest her. She was formally arrested and a charge brought against her next morning. But the police failed to put in any evidence to justify the charge and the case was at once dismissed by the magistrate. . . . A few days later another meeting was held on the same issue, in a larger hall, and the police, instead of stopping it, guaranteed and gave protection against possible disturbance."

Many of the New York papers commenting with indignation on the incident which occurred at the first meeting, quoted the constitution of the New York State which guarantees the right of free speech to every citizen.

Mr. Cox points out that had Mrs. Sanger not insisted on challenging in the court the right of the police to stop the above meeting no other meeting could have been held on any similar subject, and reminds us that "the price of liberty is eternal vigilance."

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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EDITORIAL.

THE PRIVATE NURSING PROBLEM.

It is not only in this country private nurses are finding that their work, though varied and interesting, presents difficult problems economically. Miss Hester Maclean, R.N., Director of the Division of Nursing in the Department of Health, New Zealand, writes as follows in her report on "Nursing" submitted in the Annual Report of the Director-General of Health to the Minister of Health in that Dominion:—

"Owing possibly to the increased cost of living and consequently higher fees, or possibly to the better health of the community owing to preventive medicine, private nurses have not been so continuously employed as in the past, many having been for weeks at a time waiting for cases. Probably the work of private nurses has been largely affected by the difficulties of house accommodation and domestic help, which cause many invalids to go to private hospitals, or to avail themselves of the more open doors of the public hospitals, who would otherwise have been nursed in their homes. It is difficult to see what can be done in this matter. It is a great hardship for a nurse to be for any lengthened period out of work, and consequently earning nothing, but living expenses going on. The only remedy appears to be for private nurses to be State servants on a regular salary, all fees to be paid to the Public Account. This would bring more nurses under the benefits of superannuation, and thus provide for the old age of a class of workers who can otherwise never hope to make more than a hand-to-mouth living. . . .

"The whole problem of private nursing hinges on the fact that in order to have anything at all approximating to the number of

nurses required during times of much sickness or epidemic there must be numbers out of work in normal times."

Miss Maclean has stated briefly and succinctly the position in regard to private nursing as it appears in this country also.

The difficulty of domestic labour, the increased cost of living, and the increased fees charged by nurses do not only affect the employment of private nurses, they are also prejudicial to the sick. The decision to employ a nurse is sometimes put off so long that she arrives only in time to make the last hours of the patient more comfortable, and to perform the last offices, when, if her services had been secured sooner, she might have nursed him back to health; or if, happily, the patient eventually recovers, the nurse's services are, for financial and domestic reasons, dispensed with at the earliest possible moment, and the patient, if he escapes a relapse, misses the skilled care in convalescence which is so essential to his complete recovery.

The question of the fees charged by private nurses is an important one. With board, lodging, washing, and travelling expenses added to a £3 3s.—£4 4s. fee, the cost to the patient for the nurse's services cannot be less than £5 5s. to £6 6s. a week. It is evident that only a limited number of patients can afford to employ private nurses on these terms.

The solution of the question may be, as Miss Maclean thinks, to make private nurses State servants, or it may be found in the establishment of a system of insurance against the expenses of illness.

We think it would be productive of good result if representatives of private nursing co-operations and associations were to meet and discuss the possibility of adopting a uniform scale of fees, as well as the general situation in regard to private nursing.

NURSING ECHOES.

We have to thank many readers for kind letters and good wishes for a Happy Christmas, for which we are, as ever, grateful. We only hope that if possible each reader of the *B.J.N.* will take a look round and do some little thing to make sure that every man who made such great sacrifices for us during the war may find himself among friends, enjoying some of the good things he has helped to provide for us.

For the next fortnight the generous Yuletide spirit will reign supreme in our hospitals, and lovely flowers and plants, Christmas trees and brighties, will enliven the scene and chase pain away. It is good to let ourselves go at this season to give and take all the fun possible. Personally we prefer a peep into the Children's Hospitals and wards; one is never too old to feel a thrill of excitement in opening parcels and bulging stockings, and longing to be that star-crowned, blue-eyed fairy glistening at the very top of the tree. We are glad to hear that a real pre-war Christmas is to be the order of the day in the hospital world this year—now that good cheer has come down in price.

"Sister says as I can choose me Christmas dinner this year" (alas! probably his last), a little pale-face recently told us.

"And what 'ave you chose?" a near-by neighbour inquired.

"Well, it's to be a real good tuck-in—two 'elpings of juicy goose, onion stuffings, apple sauce, with a lib'ral supply of brown gravy, brown taters, and sprouts."

"Not 'arf. Where you going to stow it all?"

"Just you 'old 'ard. To be follered by—"

"If you aint busted."

"I'm a telling yer—to be followed by wine trifles—no teetot'l pudding for me—cheese and biscuits, and everything as ever is for dessert. Oranges, gripes, nuts, bull's-eyes."

"Specially gripes. How about yer corfin?"

"Well, what abawt it?"

"Aint you guv the order for it—polished hoak and brass fittings?"

"Your father a corpse collector?"

"What if 'e is?"

"Well, you guv 'im my complements of the season, and tell 'im as everything comes to 'im as waits."

"Y're a good plucked 'un."

Just what we were thinking.

Then Sister: "Arn't they too wonderful?"

"Indeed yes—just British," we agree.

The programme arranged at the Prince of Wales's General Hospital, Tottenham, where Miss Bickerton is a past mistress of hospitality, may be taken as the scope of hospital festivities:—

Monday, 26th, 3 to 6 p.m., Patients have each two friends to tea.

Thursday, 29th, 3 to 6 p.m., Patients' Children to Tea and Entertainment. Also friends of Hospital, 3.30 to 6.

Friday, 30th, 3 to 6 p.m., Poorest of Out-patient Children.

Saturday, 31st, 3 to 6 p.m., Out-patient "Old People." Tea, 6 p.m., Nurses' League.

Friends and doctors give encouragement to all these subdued high jinks, but it is the unselfish personal participation of the Nursing Staff in the arrangements which carries them off so triumphantly.

This year Sister Fowler has written and arranged an Eastern Fantasy, in three Acts, called "The Dream," in which all the parts will be played by Sisters and Nurses. They will also give "The Area Belle," and there are to be songs, recitations and dancing. Merry doings indeed!

The London Temperance Hospital Nurses' League are very pleased with the result of their Sale of Work on December 3rd. It realised £51, which was beyond their expectations. At a meeting of the League held on December 13th it was unanimously agreed that £20 be sent to Ispahan for the support of the London Temperance Hospital bed for one year; that a certain sum be set aside for a memorial to their beloved friend, Dr. Ironside (this will take the form of something specially needed at the Mission Hospital—an appliance, or apparatus, as the case may be); that the usual yearly donation be sent to the Nurses' Missionary League; and that a sum of £5 be handed over to the Matron for the Christmas Fund.

A very satisfactory result of the afternoon's work.

December 29th is "View Day" at St. Marylebone Infirmary, and invitations have been issued by the Infirmary Committee, of which Miss M. E. Broadbent is Chairman, to visit the Infirmary from 3 to 6 p.m. Tea at 4 p.m. R.S.V.P. to Miss Cockrell, the Matron,

who desires to have it known that she will welcome any "Marylebone" nurse who is free and able to pay them a visit on that day. Marylebone Infirmary is a very fine institution, to which an excellent Training School is attached, and of which the Parish is exceedingly proud. We have no doubt many friends will be pleased to pay it a visit on the 29th, and note what wonderful improvements are taking place in our leading State hospitals. To appreciate them one must know something of Workhouse Infirmaries in the past.

The *Poor Law Officers' Journal* reports that at a recent meeting of the Bethnal Green Board of Guardians the Hospital Committee, reporting on the Nurses' Registration Act, 1919, and appointment of Sister-Tutor, said: "We beg to advert to the Board's decision at its meeting on the 4th October last, to appoint a Sister-Tutor at the Hospital, in order that the Probationer Nurses may receive the prescribed training laid down in the Syllabus issued by the General Nursing Council. We now have to report that advertisements have failed to produce a candidate suitable for the appointment, and having made inquiries of King's College for Women, we find that there are no properly qualified persons at the present moment available. In the circumstances we have made arrangements for the Matron of the Hospital, Miss E. Dodds, to give the necessary lectures to the Probationers until such time as a suitable candidate is obtained, and we have desired the Dean of King's College for Women to register the Board's name, in order that one of the students at present undergoing the course may be sent to us for the appointment about June next. In the meantime we are of opinion that the Guardians should defray the expense of the technical books necessary in connection with the training of the Probationer Nurses, and we have, therefore, recommended the Finance and General Purposes Committee to approve of expenditure in this connection not exceeding seven guineas."

We are pleased to note matrons continuing to take some part in the teaching of the nurses. Sister-Tutors we must have, but it is good for "Matron" to continue active Chief of the nursing staff, and we should regret to see her altogether dissociated from teaching, and thus ceasing to exercise much of her personal influence with probationers.

Lady Reading, the wife of the Viceroy of India, has started a fund for the threefold purpose of raising additional income for the Lady Hardinge Medical College for Women, establishing a hospital for Indian women and children in the Hills, and creating an All-India Nursing Association for Indians on the lines of the Lady Minto Association, which caters for Europeans.

The Board of the Johannesburg Hospital has decided that members of the Nursing Staff are not to smoke in the institution except in their bedrooms. The reason for this decision is that the Matron reported that cigarette smoking had considerably increased among the nurses, and that there had been several minor accidents owing to carelessness on their part. She recommended that smoking be strictly confined to the bedrooms; that smoking in sitting-rooms, corridors, and public places should be forbidden; and that the expense of any damage to hospital property caused by smoking by the nurses should be borne by the offenders.

Smoking in bedrooms, and presumably in bed, appears to us even a more dangerous proceeding than smoking about the building.

"THE VIRGIN STILLS THE CRYING."

The Virgin stills the crying
Of Jesus, sleepless lying;
And singing for His pleasure
Thus calls upon her treasure:
"My darling, do not weep,
My Jesu, sleep!"

O lamb, my love inviting,
O Star, my soul delighting,
O Flower of mine own bearing,
O Jewel past comparing!
"My darling, do not weep,
My Jesu, sleep!"

My Child, of Might indwelling,
My Sweet, all sweets excelling,
O Bliss, the Fountain flowing,
The Dayspring, ever glowing,
"My darling, do not weep,
My Jesu, sleep!" *Barnby.*

"For unto us a child is born, unto us a son is given: and the government shall be upon his shoulder: and his name shall be called Wonderful, Counsellor, The mighty God, The everlasting Father, The Prince of Peace."

CAUSE OF DIABETES MELLITUS.

BY LUTHA WALKER, M.D.

(Spokane, Washington.)

So much has been written recently on the cause of diabetes mellitus that it is hard for a nurse to know just what is the latest information on the subject. She is frequently confronted with the question from her patient or her patient's relatives: "Just what kind of kidney trouble is sugar diabetes, and what causes it—too much sugar in the diet?" and she has become so accustomed to answering—"No, it isn't kidney trouble at all; it is thought to be trouble with the pancreas, while the kidneys are only the accommodating organs that relieve the overloaded blood of its excess of sugar"—that she is in danger of dismissing the subject from her mind at this point. I wonder if, as nurses, you would not like to consider the matter more fully.

It has long been known that besides the function of secreting pancreatic juice, the pancreas also manufactures an internal secretion which the blood takes up on its journey through this organ, and which, when distributed to the various cells of the body, makes it possible for them to use sugar. If for any reason this internal secretion is absent, the cells are unable to burn sugar and the blood becomes overloaded with it, when it is dumped into the kidneys and excreted in the urine. The pancreatic function of producing an internal secretion is attributed to the Islands of Langerhan, tiny bodies found throughout the organ. Any amount in excess of 0.1 per cent. to 0.2 per cent. of sugar in the blood is an irritant and will be excreted by the kidneys. It is interesting to note that sugar is also an irritant to the kidneys, and in order to excrete it they require great quantities of water, which gives rise to the polyuria always to be noted in cases of diabetes mellitus.

While in more than one-half of the cases studied the pancreas has shown decided pathological changes in its structure, it is not always to be blamed for the appearance of sugar in the urine. It has more recently been learned that the pituitary gland, that little organ at the base of the brain, has a very decided action over the assimilation of sugar, and that disturbances of the posterior lobe of this organ will be followed by glycosuria. Likewise, the suprarenals and the thyroid, two other internal secretion glands, have experimentally been found to exert a controlling influence over sugar metabolism.

It is well known that when carbohydrates, whether in the form of starch or sugar, are taken in excess of the amount needed for immediate use, the liver takes much of the digested product from the blood and manufactures it into glycogen, in which form it is stored, later to be reconverted into glucose and doled out to the blood as it is needed by the system. Now if this glycogenic function of the liver is interfered with, either through organic liver trouble or through disturbance of the nervous system, the blood, much of the time, will have more sugar than its normal capacity will permit it to handle, i.e., 0.2 per cent., and the kidneys will be called upon to eliminate it. Indeed, a temporary glycosuria may occur in a normal person at any time, if he eats excessively of sugar, especially if it be of the simple sugar class, for very little or no digestion is required of this product, and although the liver may be working overtime to care for the excess, the digestive organs may be loading up the blood so rapidly that the kidneys have to come to the rescue. This temporary glycosuria is of no pathological significance; it requires only a few hours of time for the system to adjust itself. The nervous system is known to have a direct influence upon sugar metabolism, especially the sympathetic system, but just how, has not been agreed upon by students of this subject.

There is one other phase of the study that is well worth our attention. Contrary to former teaching, there are some cases in which the kidneys are actually at fault, for instead of allowing the blood to carry its allotted amount of sugar, they extract it when the blood is carrying even less than 0.1 per cent., much as they do albumen in cases of Bright's disease. This, however, is very rare, and should not be considered of sufficient weight to cause one to agree with the commonly accepted opinion of the laity that diabetes is a kidney disease. That the kidneys do eventually become diseased in cases of diabetes mellitus is due to the fact that sugar is not a normal constituent of the urine, and will, in time, so irritate the organs as to bring about grave pathological changes in their structure.—*American Journal of Nursing.*

OUR PRIZE COMPETITION.

We regret we are unable to award a prize this week. Presumably nurses are too busy with Christmas preparations in hospitals, infirmaries, districts, and elsewhere, to take time to write prize competition papers.

A CHEERFUL CHRISTMAS MESSAGE.

By DR. A. C. BURNHAM, *Medical Director of the American Red Cross in Europe.*

(ABRIDGED.)

Christmas this year in Central Europe will be the brightest Noel these countries have seen in many a long year. Everywhere, except in Russia, conditions are better than last year, particularly among the children. Mass starvation has largely disappeared, infant health has steadily improved, and the older children are healthier and better nourished than at any time since the end of the war.

Many millions of money for the relief of child-suffering have been poured into European countries during the past three years, by various foreign organisations. They have had their effect, and there is no denying a great improvement in the general situation. An American Christmas will still be celebrated this year at 500 Red Cross child-health stations in a dozen European countries but this relief work has reached its final stage, except in Russia, and the middle of the coming year has been fixed for the withdrawal of the last medical and relief units of the American organisation.

While there are still many children suffering from malnutrition and undernutrition in Central Europe, it may be said that there is practically no starvation in the same sense as has been reported in Russia. Among the refugees who still crowd many localities, there are still considerable groups of children whose families have no means of support, and who are therefore dependent on charity. But these groups, speaking comparatively, are not large, and under normal conditions could be readily absorbed.

Excluding these groups of refugees, and again always excluding Russia, the general trend during the last three years has been one of steady and gradual improvement. The impressions of a trained health worker among the children even of stricken Austria or Poland, where conditions were originally the worst, is that to-day the children are beginning to approach the status of children in other countries. They have a more comfortably-fed appearance, and they begin to laugh and play like other children.

Central Europe as a whole is not yet self-supporting, but food supplies are more plentiful and reserve stocks are larger than at the Christmas season a year or two ago.

The chief difficulty to-day in the Central European countries is an economic one. In the case of persons living on small middle-class incomes, on savings or on war pensions, the economic burden of inflation is almost unbearable, and the children of such families do not get enough food to enable them to get "back to normalcy." However, such cases are not in general subjects for foreign relief, but must be eventually decided by the internal economy of the country.

There is another distinct class of sufferers from present-day economics—the populations of certain isolated communities, especially in the mountainous sections of Austria and Slovakia, where life has been made almost impossible because of political changes which have deprived the inhabitants of their income or market. But with these qualifications, it can be fairly said, that outside of Russia, there is no widespread starvation in Europe at present. The American Relief Administration has recognised this fact by greatly curtailing its plans for child feeding this winter.

During the war there was a rapid decrease in births, which reached its climax in most European cities in 1918. At the same time there was an increase in deaths, even when military deaths were excluded from calculation. But 1919 and 1920 saw rapid decreases in the death rate, and at the same time a really remarkable increase in births. Even in Vienna it is expected that the 1921 birth rate will, for the first time in seven years, show the so-called "natural excess." In France for the first time in many years there is now an appreciable annual increase of from 4 to 8 persons per thousand inhabitants, compared with a pre-war increase of less than one.

General health conditions throughout Central Europe also provide food for optimism. With the exception of the ordinary infectious diseases, such as scarlet fever and diphtheria, there is comparatively little infectious disease. Cholera, which has assumed alarming proportions in Russia, has not crossed the border, except in a few isolated cases.

Tuberculosis increased enormously during the war period. In children it is seen chiefly in the form of bone and gland tuberculosis. Since the Armistice there has been a gradual but steady fall.

There are no outstanding epidemics of smallpox, typhoid or recurrent fever this winter. In the Balkans malaria and intestinal parasites are still abnormally prevalent.

The most serious disease, particularly among children, is anaemia, due to long-continued malnutrition, but the number of children suffering from severe grades of this disease is decreasing. Rickets, due to deficient diet during infancy, has claimed many victims in all the Central European countries, and for years to come, there will be need for orthopedic treatment to correct resultant deformities.

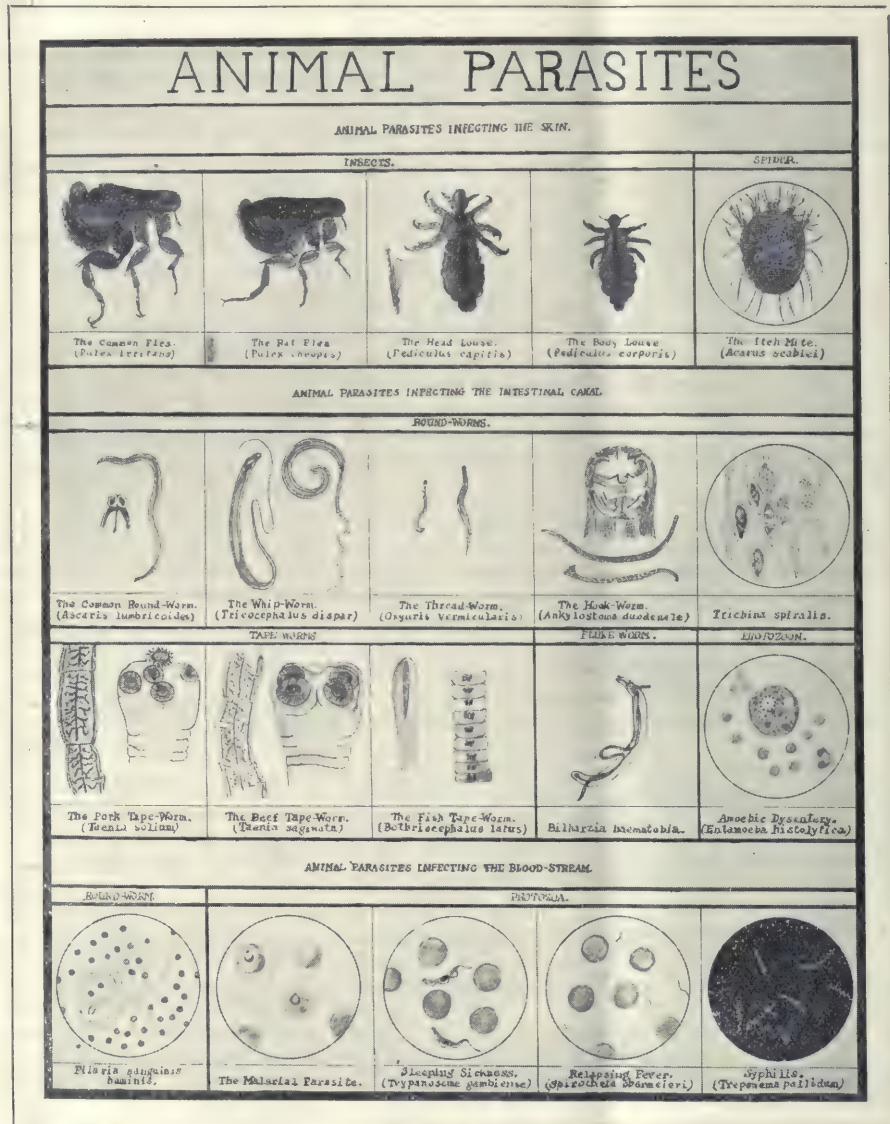
But it is a cheerful Christmas message to say, as one can say squarely and truthfully, that Central Europe is approaching normalcy as far as child-health is concerned. Economic conditions are less favourable. Hospitals, medical schools and dispensaries are having a difficult time to exist, and the purchasing power of money continues to fall terribly. But this is largely a problem to be worked out by the political salons of the world, and is only in part within the scope of the great private relief agencies.

ELEMENTARY PARASITOLOGY.

We commend to nurses a booklet on "Elementary Parasitology," by Mr. Thomas T. O'Farrell, F.R.C.S.I., D.P.H., President of the Section of Pathology, R.A.M.I., published by Fannin & Co., Ltd., 41, Grafton Street, Dublin, price 1s. net, or interleaved 1s. 6d. net. The booklet has been compiled from notes of lectures delivered to First-Year Nurses at St. Vincent's Hospital, Dublin. The Preface states that "for the First Year it has been considered advisable to deal more extensively with Animal Parasites, many of which are visible to the naked eye. A detailed consideration of Bacterial Diseases is undertaken more profitably during a later period of the Nurse's training when she will be in a better position to appreciate the clinical significance of bacteriological observations."

The object of the Notes is not to replace actual demonstrations, but to assist the Nurse in remembering the things she saw during Class. The printing is clear and large, and the illustrations of parasites, many times enlarged, admirable and valuable. Thus, of the Animal Parasites, we have those infecting the skin, the intestinal canal, and the blood stream; and of Vegetable Parasites—Moulds (Hypomycetes) and Bacteria (Schizomycetes), including the various forms of Cocci and Bacilli. We venture to say that the large majority of nurses who study this booklet will have a far clearer idea of Parasitology and its importance than they ever had before.

In his introductory paragraph the author points out that "Illness among human beings is generally ascribable to one of six causes:—(1) Congenital Defects, such as abnormalities in development; (2) Irregularities in Growth, such as the formation of Tumours; (3) Functional Derangements in the normal regulation of organs, as in Diabetes; (4)



Injuries; (5) Poisons; (6) The Invasion of the body by some foreign Animal or Plant which poisons or otherwise interferes with the system." A Parasite is defined as "an animal or plant which preys upon a living organism; the termination—ology—means a treatise or science; Parasitology, therefore, is a study of the Parasites." The terms Animal Parasites and Vegetable

Parasites are used in a very wide sense. They include both large and small living creatures. "Under Animal Parasites we have such a relatively large animal as a Worm, as well as the minute parasite of Malarial Fever, which can be seen only with the help of an extremely strong magnifying glass. Vegetable Parasites include Moulds (a common though not disease-producing species, known as Green-mould, is sometimes seen on stale bread) as also the minute Bacteria or Microscopical Plants which cause diseases such as Consumption and Typhoid Fever."

ANIMAL PARASITES WHICH INFECT THE SKIN.

These are the Common Flea (*Pulex irritans*), the Rat Flea (*Pulex cheopis*) which conveys plague from rat to man, the Louse (*Pediculus*), the Body-Louse (*P. corporis*) which lays her eggs in clothing, and the Head-Louse (*P. capitis*) and the Itch Mite (*Acarus scabiei*) which belongs to the spider family. The female burrows into the skin and lays her eggs, causing intense itching. The condition is highly contagious, and the parasites are carried in the clothes and bedding.

ANIMALS WHICH INFECT THE INTESTINAL CANAL.

(A) *Worms*: the principal are Tape-worms (*Cestodes*), Fluke-worms (*Trematodes*) and Round-worms (*Nematodes*). All three types lay eggs, the discovery of which in the excreta of the patient provides a ready means of diagnosis.

(B) *The Amœba of Dysentery* (*Entamoeba histolytica*). This parasite belongs to the Protozoa, the lowest form of animal life. It causes the most severe form of Tropical Dysentery. It is transmitted from man to man by the infected excreta, the common House-fly frequently acting as an intermediary by picking up the parasites from infected material and depositing them on food.

ANIMAL PARASITES WHICH INFECT THE BLOOD STREAM.

With the exception of the *Filaria Sanguinis hominis* found in the blood in Filariasis, a tropical disease, the majority of Blood-parasites, which belong to the family of Protozoa, are extremely small. They include the parasites of Malaria, Sleeping Sickness and many other tropical diseases. Protozoa also include the *Spirochetes*, some of which remain in the blood stream, as in Relapsing Fever, and others become localized in the tissues of the body such as the *Spirochete* of Syphilis.

VEGETABLE PARASITES.

"Probably," we are told, "the most important disease producing parasites belong to the vegetable world. They hold a very low order in the scale of plant life (*Thallophytes*). The individual organisms are so small that they can be seen only with the aid of a microscope, and are therefore called Micro-organisms, or, more popularly, Microbes." In addition to the Moulds and the Bacteria already mentioned, the Yeasts (*Blasto-mycetes*) belong to this type, but are not dealt with. The *Moulds* are: (1) Moulds affecting the hairy skin—ringworm of the scalp, and ringworm of the beard; (2) Moulds affecting the Glabrous Skin—ringworm of the body

and *Tinea versicolor*; (3) Moulds affecting the Skin generally, *Favus* being the most important of these diseases.

The *Bacteria* are the most elementary form of plant life; they are commonly called micro-organisms. The study of Bacteria is called Bacteriology. They are to be found everywhere, in the air, soil, and water. Very many—in fact the majority—are useful, but some are harmful and cause disease. Those which are parasitic for man are referred to as the Pathogenic or Disease-producing Bacteria. "Pathogenic Bacteria are responsible for such diseases as: Abscesses, Puerperal Fever, Meningitis, Gonorrhœa, Pneumonia, Typhoid Fever, Food-poisoning, Bacillary Dysentery, Cholera, Plague, Diphtheria, Consumption, Leprosy, Anthrax, Lock-jaw, and many other conditions."

We advise all probationers, as well as trained nurses, to study this booklet. It will give them a clear idea of the many parasites which may infect the human body and their method of attack.

We are indebted to the publishers for our illustration of Animal Parasites, a second one of Vegetable Parasites is equally interesting and illuminating.

PROGRESS OF BOVRIL.

A very satisfactory report was presented at the thirteenth ordinary general meeting of the Bovril Australian Estates, Ltd., held on December 15th at the registered offices of the company, 152-166, Old Street, E.C., at which the Chairman, the Hon. Sir Cornthwaite H. Rason, presided. The Company now hold 10,000,000 acres of land on lease for twenty-one years in the northern territory of Australia, during which the Chairman stated there must be vast developments. Even if the leases were not renewed at the end of that time, they would still have their immense herd of cattle, horses, camels and mules, besides stores and plant of every description. The satisfactory announcement was made that on December 31st warrants for the half-year's dividend on account of 1921 at the rate of 7 per cent. (less income tax) would be posted to the shareholders.

Sir George Lawson Johnston (Vice-Chairman) spoke of the position of the voluntary hospitals in this country and described the system in Canada and the United States of America, from which he had just returned, of the provision for paying patients, which brought in a steady revenue to the great hospitals of those countries.

THE PASSING BELL.

We regret to record the sudden death, on December 16th, from heart failure, of Sister Miriam Howell, Sister-in-Charge of the operating theatres at the Middlesex Hospital, and for thirty years a devoted and faithful member of the nursing staff of that hospital. A memorial service is being held in the Hospital Chapel at 10.30 a.m. on Thursday, December 22nd, and the funeral takes place subsequently at Brookwood Cemetery.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Twentieth Meeting of the General Nursing Council, convened to be held on Friday, December 16th, 1921, at the Ministry of Health, Whitehall, did not take place, as there was not a quorum, and, therefore, no business could be transacted. The members present were Mrs. Bedford Fenwick, Miss Susan A. Villiers, Miss Isabel Macdonald, Miss E. Maude MacCallum, and Mr. Christian.

At 2.30 p.m., the Registrar (Miss M. S. Riddell) announced that there would not be a quorum as she had received letters from Miss Dowbiggin and Miss Cattell, stating their inability to be present.

Mrs. Bedford Fenwick said the Members of the Council present knew there would not be a quorum, but it was their duty to attend and there they were. They would wait for fifteen minutes and then adjourn. This was agreed.

Important business on the Agenda and the 500 Applications for registration to be recommended for appointment by the Council were thus unfortunately held over.

A QUESTION IN THE HOUSE.

In the Orders of the Day for Wednesday, December 14th, the following question was down not for oral answer, to which a written reply was given on Monday, December 19th:—

GENERAL NURSING COUNCIL.

Sir H. Nield asked the Minister of Health whether he was aware that the chairman and two-thirds of the members of the General Nursing Council for England and Wales have resigned office and, in consequence, that the work of the Council has been wholly suspended; what are the circumstances which have brought about this deplorable state of things; and, in view of the importance of the State Registration of Nurses proceeding, what steps have or will be taken to put an end to the deadlock which has arisen?

Sir A. Mond: The Chairman of the Council has resigned and two-thirds of the members have resigned with him or have intimated their intention of doing so unless he can be persuaded to withdraw his resignation. I have asked the resigning members to see me, and I am hopeful that the difficulties may be adjusted. But I cannot at this stage make any statement as to what further steps may be necessary to take.

Sir Herbert Nield, K.C., is member for Ealing.

In reply to several letters on this question we prefer to wait events—as a full and sufficient statement cannot be made at this stage. Those nurses we have urged to register will, we feel sure, realise that their professional interests are, as they have ever been for the past forty years, our first consideration.

THE GENERAL NURSING COUNCIL FOR SCOTLAND.

NOTE OF PROCEEDINGS.

A meeting of the General Nursing Council for Scotland was held at 13, Melville Street, Edinburgh, on Wednesday, December 14th, 1921, at 2.30 p.m. Sir John Lorne MacLeod, G.B.E., Chairman of the Council, was in the chair.

The Registrar submitted a letter from the Scottish Board of Health, recommending that the fees for Nurses in training before issue of Rules should be raised to the same fees as those charged by the General Nursing Council for England and Wales and the General Nursing Council for Ireland. After considerable discussion, the Council decided that the fees should be raised to the same scale as the other countries, namely, £2 2s. in the case of the first part of the Register, and £1 1s. in the case of any second or subsequent part of the Register.

It was decided, however, that such increase should not take effect until March 1st, 1922, so that all applications received by February 28th will be accepted at the present scale.

In regard to re-registration of nurses already registered in another country, it was pointed out that, under the Rule understood to have been adopted by the English Council, such a nurse was required to fill in an Application Form and forward Certificates of Training and Certificates of Character, &c., exactly as if she had not already done so before being placed on the Register of the other country. This was felt by the Council to be giving unnecessary trouble to the nurse, and the Registrar was instructed to communicate with the English Council on the subject and point out that in the view of the Scottish Council the procedure for re-registration in the second country should be made as simple as possible and that evidence of existing registration in the first country would appear to be all that was necessary for re-registration in the second country.

How would this arrangement pan out in the case of a nurse who was registered in a Dominion overseas ten to twenty years ago, and who has been working at home for several years? We know of such cases.

THE NEW CHAIRMAN OF THE GENERAL NURSING COUNCIL FOR SCOTLAND.

Sir John Lorne MacLeod, G.B.E., Kt., has been appointed Chairman of the General Nursing Council for Scotland. He is a solicitor, is LL.D. Edinburgh University, and a J.P. for the City of Edinburgh and for Argyllshire. Sir John has been Lord Provost of Edinburgh, and Lord-Lieutenant of the County of the City, and has held other public positions. He was formerly member of the School Board and of various other educational bodies. In politics Sir John is a Liberal, and he is unmarried.

WHERE TO REGISTER.

The time is getting on when "Registered Nurses" will each have votes for the nurses they wish to represent them on the General Nursing Councils for a period of five years. Nurses with a sense of personal and professional responsibility will therefore be wise to apply for registration at an early date.

Applicants who desire to do so can take their original certificates with a copy, and have the former verified at the Office and take it away again. This saves trouble on both sides. Hours from 11 a.m. to 1 p.m. and 2 to 5 p.m.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

THE PROFESSIONAL UNION OF TRAINED NURSES.

It would seem from THE BRITISH JOURNAL OF NURSING that certain Poor-Law Guardians are very much concerned about the Syllabus of the General Nursing Council, their opinion being that the standard is too high. That, of course, will depend entirely upon what the Guardians require of probationers in their infirmaries.

I could give the name of one, which is almost within the sound of Bow Bells, where the probationers are required to stoke the furnaces when the stokers are off duty. When their duties are as comprehensive as that, it will be hard for them to find time to work up to the standard of the General Nursing Council, but is it not time that a girl should enter a hospital in the same way as her brother does, *i.e.*, as a student, and not as—I had almost said a charwoman, when I recollected that in all probability the charwoman would refuse to do the stoking, and many other things besides which are required of a probationer?

MAUDE MACCALLUM,

Hon. Secretary.

"WASTE NOT, WANT NOT."

Under the title, "Waste Not, Want Not: How to Make a Little go a Long Way," the Food Education Society, Danes Inn House, 265, Strand, W.C. 2, has, by request, prepared notes for distribution by Education Authorities, in schools and continuation classes, and by Relieving Officers. These hints on healthful economy are approved by the highest authorities on food and cookery, and should also prove useful to social workers, teachers, heads of households and institutions. Specimen copy, 2d., post free, with prices for quantities; or with "Economical Dishes for Workers" and "Facts for Patriots," 7d.

INTERNATIONAL NEWS.

A GIFT FROM MISS NUTTING TO THE G.N.C.

In the summer Professor Adelaide Nutting, of the Department of Nursing and Health, Teachers' College, Columbia University, New York, honoured the Headquarters of the General Nursing Council for England and Wales, 12, York Gate, London, with a visit. She was greatly impressed with the environment, and in a letter received this week addressed to Mrs. Fenwick, Professor Nutting encloses £5, and writes:—"How happy a memory I have of those two days in London with you and Miss Brey. . . . Will you kindly use the enclosed to place within your Council Headquarters some small thing, book or picture, from your colleague across the seas—with warmest good wishes for the continued success of the work."

Indeed, we feel sure every Registered Nurse will wish to expend this gift and connect it by some means with the name of the donor, honoured as she is throughout the nursing world. If we might make a suggestion it would be that the monumental work "A History of Nursing," of which Adelaide Nutting and Lavinia Dock are joint authors, should be worthily bound, contain their autographs, and be donated to the Council.

We thank Professor Nutting for her generous thought of us.

From the Foreign Department (under the editorship of Miss Dock) of the *American Journal of Nursing*, we may quote the following paragraphs and expression of opinion. It is good for us to see ourselves as others see us in these international days:—

LETTERS FROM ENGLAND.

"From England Miss Nutting sent delightful accounts of her visits with nursing leaders. She wrote:—

I saw a good deal of our good friends Mrs. Fenwick and Margaret Brey. Under Mrs. Fenwick's immediate guidance I visited the Headquarters of the Nursing Council and also the new Club of the Royal British Nurses' Association. You may be sure I missed nothing. The whole picture was a delight to the eye of one who knew what it all represented. The new headquarters is a most interesting combination of dignity and charm and is at once properly official and very sweet and home-like. They were fortunate in finding a fine old house near Regent's Park of the kind one sees in London, but nowhere else in the world as far as I know. It is pleasant and spacious without and within, and while it might have been devoted purely to equipping the necessary offices for one Register a quite different element has been introduced. From the moment you enter the door to the last comfortable little suite of rooms on the top floor, you are conscious of a most inviting atmosphere. Such artistic colour schemes of walls and wood-work, such exquisite bits of old furniture and those touches everywhere which speak of rare taste and loving devotion. . . . One could hardly imagine a more attractive place in which to set up the machinery that finally brings the nurse under the direction of a professional body created by the State. . . . There is

still a great task to be done in England, and that is to find some way of uniting the two factions in nursing. I ventured to say this, in effect, at the little dinner of farewell to Miss Donaldson, who was leaving London for the Royal Infirmary, Glasgow—a nurse who, by the way, is also an Oxford University woman. The new club of the R.B.N.A. is also most attractive, and American nurses in London are welcome to share its tranquil, afternoon-tea-by-the-fire atmosphere.

“Seldom indeed do life-long workers and warriors see so fully the embodiment and fruition of a life-long struggle as has been the rich reward of Mrs. Fenwick and Miss Breay. And we do not doubt that kindly time will heal the wound scars left from the period of contest. Yet we believe there will always be sharply contesting and opposing groups in English nursing. It is a part of the far greater originality and diversity of personality that characterises the British people. And would we have it reduced to a general uniformity? There might be some gain, but much, much would be lost.”

In this opinion we are warmly at one with Miss Dock.

THE PROGRESS OF NURSING EDUCATION.

A correspondent writes from New York of the progress now going forward in the Department of Nursing and Health at Teachers' College. “We have again a large group of students, coming from many quarters of the globe, eager for all that we can give them and more. And we are much encouraged in finding that the educational qualifications of each year's entering class are appreciably higher than those of the previous year; for instance, over a hundred of this year's group are working for the degree of Bachelor of Science as well as for the Diploma of the College in their own professional field. And a dozen or so others are working for the degree of Master of Arts, just a peg or so higher. Of course, in one way these degrees may mean little, but they affect markedly the estimate of the public in so far as nursing and the education of nurses are concerned. And that helps to bring into our schools of nursing that better type of candidate for which we everywhere are suffering, and which forms the bed-rock, the indispensable foundation for all of our future work. . . . And by the way, it will interest you I am sure to know that the scarcity of applicants is not so marked as it has been, and that about all of our better schools are showing not only an increased number of applicants but also of better qualified women.

HONOURABLE RECOGNITION.

“Speaking of degrees reminds me of the great pleasure which all of us feel in the honour which Mt. Holyoke College has conferred upon Miss Goodrich. The Honorary Degree is an unusual one—Doctor of Science (Sc.D.); and we all feel particularly elated that it should have come to a member of our Faculty, and to one whose untiring efforts in behalf of Nursing should be fittingly recognised. There are five members of our

beloved profession now who have received Honorary Degrees Lillian Wald, an LL.D. of Mt. Holyoke; Mary Gardner, an M.A. of Brown University; Anna Maxwell, an M.A. of Columbia; and now Miss Goodrich and Miss Stimson, Doctors of Science of Mt. Holyoke. Isn't it stirring?”

It just is stirring. And in our opinion this honourable recognition is the direct result of the encouragement of the higher education of nurses in the United States. During the past thirty years no country has moulded so many really fine women in nursing ranks as the United States. They are a class, which injurious economic dependence does not touch. Well-educated, encouraged to think and aspire, their upbringing, and hospital system, have left them entirely free from servility and moral cowardice. Such women can attain and sustain the most honourable recognition. The great American Republic merely honours itself in crowning and encouraging its illustrious daughters.

THE GREEK NURSING UNIT.

Months soon slip away, and, no doubt, now that hostilities are quiescent between the Greeks and Kemalists Turks, the little band of British nurses will soon be returning from Smyrna and Athens, and from all accounts they will leave their work with much regret, as they have enjoyed a real strenuous time, and greatly enjoyed the travel and wonderful change of environment. It will be something lovely to look back upon in future years.

Sister Bellamy, who is acting Matron at Maraslion Hospital, Athens, writes: “In making my morning round I always pop my head out of one of the upstairs ward windows, from which you get a clear and uninterrupted view of the Acropolis and the magnificent rock on which it stands, with the monument of Philopappos beside it; and beyond the blue, blue sea, and in far distance the mountains of the Islands—a perfect picture. I am always afraid I cannot enjoy it enough. Then there is Sykabetos, which is just beside our hospital with the Church of St. George on the top. It is quite a friend. I always go out and say ‘good morning’ to it. I shall simply hate leaving it. With the drachmé at 99.25 to the £1, Greece is very poor just now, and I fear cannot afford us much longer. When it was suggested that we should leave our Director raised his hand to heaven. ‘Mais, mon Dieu,’ he cried, ‘we cannot spare you; we love you too much.’ We have a very soft spot in our hearts for the Maraslion, and ‘our lambs,’ as we call the patients. As Matron and Sister Dumvill as Theatre Sister we still have plenty to do.”

GREEK THANKS TO LORD MAYOR.

The Central Union of Political Associations of Greece has addressed to the Lord Mayor of London a telegram expressing the deep gratitude of the Greek people towards the British nation for the

sympathy manifested towards the oppressed peoples of the East at a meeting held recently at the Mansion House.

It is to be hoped that we shall not let sympathy suffice. What is required is practical financial assistance.

LEGAL MATTERS.

A correspondent from Portsmouth, pleading for the registration of Nursing Homes, sends us a report of a charge of theft preferred against a middle-aged woman for stealing two bottles of whiskey, chinaware and other articles, to the value of £8 from various addresses. Sentenced to three months' hard labour, the defendant was told by the magistrate that drink was the reason of her downfall. During the investigation the local Press reports "the story was taken up by Miss May Beatrice Packer, of the Nursing Home, 7, St. Andrew's Road, Southsea, who said that on Friday, December 2nd, she engaged the defendant as a night attendant for a week. Witness did not know that the woman was working 'days' anywhere else. On Sunday, the defendant showed her several articles of crockery ware, which, she said, had been given her by a friend at Ryde."

It would be interesting, especially to the patients in the above-mentioned Home, to know what professional qualifications, if any, this systematic thief possessed, to entitle her to act as their "night attendant." We agree with our correspondent that the registration of Nursing Homes is urgently necessary.

HEARD IN THE TRAIN.

"Oh, yes! I can vouch for the truth of it as I know the person. She went to France for an operation for appendicitis. After she returned to England the pain returned. She consulted a specialist, who informed her she was suffering from appendicitis. She told him of her operation, but he stuck to his diagnosis. Under the circumstances, she consulted another and yet another specialist, who both formed the same opinion. The last surgeon, however, said he would write to the French surgeon—which he did. The French surgeon replied that he remembered operating upon the lady in question, but what he removed he was unable to say."

This little tale was capped by a second, which, however, it was allowed could not be vouched for.

"You know, of course, in appendicitis one loses all sense of taste." Well, this person had appendicitis, and a friend made him some jelly, and at the same time boiled down some soap. The appearance of the two things was so much alike that the patient was by mistake given the soap, which, his sense of taste being absent, he ate contentedly.

"But the curious part of it, my dear, was that it completely cured him."

APPOINTMENTS.

SUPERINTENDENT.

North Islington Infant Welfare Centre, 6, Manor Gardens, Holloway.—Miss Agnes Mary Davies has been appointed Superintendent. She was trained at St. Pancras Infirmary in General Nursing and holds the following additional certificates: Central Midwives' Board, Sanitary Inspectors' certificate for Gynæcology and for Fever Nursing. Miss Davies has been on the staff of the East End Mothers' Home, second Assistant Matron and Home Sister at the City of London Military Hospital, and Health Visitor and Clinic Nurse under the Willesden Urban District Council.

MATRON.

Carr House Infectious Diseases Hospital, Doncaster.—Miss E. Cocking has been appointed Matron. She was trained at the Royal Infirmary, Sheffield, and has been Sister of the Women's and Children's Medical Ward at the Royal Infirmary, Wigan, and temporary Theatre Sister at the same institution.

War Memorial Hospital, St. Anne's-on-Sea.—Miss Winifred Waters has been appointed Matron. She was trained at Ancoats Hospital, Manchester; and has since been Matron of an Auxiliary Hospital at Warford in Cheshire; and of Billinge House, Blackburn.

Harwich Cottage Hospital.—Miss Annie Macmillan has been appointed Matron. She was trained at Dulwich Infirmary, and was on the staff of the Miller Hospital, Greenwich, Charge Nurse at the Brook Hospital, Woolwich, District and Maternity work at Gloucester, and Matron of the Hoylake Cottage Hospital.

Richard Murray Hospital, Blackill, co. Durham.—Miss Fanny Drewitt has been appointed Matron. She was trained at the Royal Free Hospital, London, and the Rotunda Hospital, Dublin; and has been Matron of the City of Carlisle Maternity Hospital.

Victoria Hospital, Guernsey.—Miss Mildred E. Robilliard has been appointed Matron. She was trained at the Royal Infirmary, Manchester; and has been Sister at the Victoria Hospital, Guernsey; and Night Sister at the Coventry and Warwickshire Hospital.

SISTER-TUTOR.

Southwark Hospital, Southwark.—Miss Florence Victoria West has been appointed Sister-Tutor. She was trained at the West Ham Infirmary, and has been Head Nurse, Night Superintendent and Third Assistant Matron at the West Ham Infirmary.

SISTER.

Whitehaven and West Cumberland Infirmary.—Miss Mabel Dow has been appointed Theatre and X-Ray Sister. She was trained at the Adelaide Hospital, South Australia, where she held the position of Sister. She has also taken a course of training in X-ray work and medical electricity at the West London Hospital, Hammersmith.

HEALTH VISITOR.

County Borough of Stoke-on-Trent.—Miss E. M. Thomas has been appointed Health Visitor. She was trained at the City of Westminster Infirmary and the City of London Maternity Hospital. She has also held the position of Senior Charge Nurse at the Gloucester Infirmary; Sister at Eastville Infirmary, Bristol; and Superintendent Nurse at Southmead Hospital, Bristol.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES,
DECEMBER 15TH, 1921.

1. How would you deal in the district with (1) a case of acute hæmoptysis before the doctor's arrival; and (2) how would you prepare for a major operation?
2. District Nurses are expected to instruct their patients as to how their homes may be kept healthy and how they may be improved. How would you try to carry out this part of your duties?
3. What is a common cause of ophthalmia neonatorum? What are a district nurse's duties in regard to its prevention and how can she assist in its cure?
4. What are the chief difficulties connected with the use of cow's milk for feeding an infant? Give some of the methods adopted for diminishing these difficulties?
5. 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?
6. (a) In what special points have you observed that the average working-class mother seems to fail (1) in the healthy physical bringing up of her children, and (2) in their moral upbringing? What are some of the causes of this failure and how can you best advise and help her? or (b) How would you manage to obtain information from patients, or their friends, concerning such matters as income and whether they are insured without offending or hurting their feelings?

EXAMINATION OF NURSES.

On November 15th and subsequent days, the Scottish Board of Health held an examination for the certification of trained sick nurses and of trained fever nurses. The examination was held at Glasgow, Edinburgh, Dundee and Aberdeen. The examiners were Professor Glaister, The University, Glasgow; Dr. Ker, City Hospital, Edinburgh; Dr. Robertson, Deputy Medical Officer of Health, Edinburgh; and Dr. Richard, Govan Poorhouse, Glasgow, who were assisted in the practical part of the examination by Miss Merchant, Matron of Stobhill Hospital, Glasgow, and by Miss Clark, Matron of the King's Cross Hospital, Dundee.

In all 173 candidates presented themselves for examination. The results were as follows:—

Elementary Anatomy and Physiology.—57 candidates. 41 obtained a simple pass, and 16 failed. No nurse obtained distinction.

Hygiene and Dietetics.—61 candidates. Five obtained distinction, 46 a simple pass, 10 failed.

Medical and Surgical Nursing (for Poor Law and General Trained Nurses).—38 candidates. One obtained distinction, 36 a simple pass, 1 failed.

Medical and Surgical Nursing (for Fever-trained Nurses).—49 candidates. One obtained distinction, 44 a simple pass, 4 failed.

Midwifery.—23 candidates. One obtained distinction, 20 a simple pass, 2 failed.

Infectious Diseases.—39 candidates. Four obtained distinction, 34 a simple pass, 1 failed.

CERTIFICATES OF EFFICIENCY.

Thirty-three candidates have now completed the examination in general nursing, and fifty the examination in fever nursing, and subject to the completion

of three years' training in hospital to the satisfaction of the Scottish Board of Health, are entitled to (1) the Certificate in General Training, or (2) the Certificate in Fever Training granted by the Scottish Board of Health.

THE HOSPITAL WORLD.

The Minister of Pensions announces that there is no truth whatever in the report, which has again obtained currency, that ex-Service men who have not yet been identified are confined in mental institutions. Such statements have no foundation in fact, and cause much unnecessary anxiety to the relatives of dead soldiers who were first reported as missing.

According to the latest information in possession of the Ministry no soldier in any of the asylums remains unidentified. There is only one unknown man in an asylum in England, and it is believed that he is an Abyssinian.

The "Not Forgotten" Association gave a Christmas party for the wounded in the Riding School of Buckingham Palace on Tuesday, from 3.30 to 6 p.m. Princess Mary was present. The Association will also give a Christmas "stocking" to a thousand cot cases (bedridden men) who are in hospital during Christmas week.

At a meeting of the General Council of King Edward's Hospital Fund for London it was announced that the late Lord Mount Stephen had left the residue of his large fortune to the Fund. This is indeed a welcome gift. One hundred and eleven grants amounting to £210,000 to London Hospitals were announced. The London got £14,250; Guy's £12,000; St. Thomas's £11,000; and Bart's £8,700.

Lady Pearson has accepted the office of President of St. Dunstan's rendered vacant by the death of Sir Arthur Pearson. We are glad to hear that St. Dunstan's Massage Clinic in the City of London is being used by increasing numbers of city men.

We learn that the Concert organised by Mrs. W. B. Paterson, in the Great Hall, on behalf of "Bart's" has resulted in the handsome profit of £150, for which she has sent the Treasurer a cheque.

The League of Subscribers to the Edinburgh Royal Infirmary have the happiness to record that notwithstanding the many difficulties of the past year, the subscriptions have exceeded by £4,800 the subscriptions of last year. This is considered evidence that the working people are determined to stand by the Infirmary. Two years ago they set out to raise £10,000, and it is satisfactory to know that they are now up to £17,000, and hope to do even better than that in the years to come.

A Great Tonic Food

Virolised Milk.

VIROLISED Milk stands in a class alone as a restorative for physical and mental fatigue. While its wonderful tissue-building properties are essential to young children, its value to adults is no less marked. Virolised Milk is a simple and natural tonic food, easily taken.

Add a teaspoonful of Virol to half a pint of *warm* milk—the milk should not be boiling, as the Vitamines which are essential to health and resistance to disease are present in Virol, and their vital principles are destroyed by excessive heat. Virol also makes the milk digestible.

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While the presence of Vitamines is claimed on behalf of many preparations, Virol is the only one whose claims are supported by the publication of independent scientific tests carried out on the manufactured article sold to the public.

VIROL

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A hospital secretary has been letting himself go in the *Pall Mall Gazette* on the inadvisability of having women on hospital boards. Of course, he writes what he terms "flapdoodle," but here and there he inserts a word of truth:—

"Ladies," he writes, "are so very sensitive; that is one reason why most of them are not fitted for work on hospital boards, where argument, while always practical, is occasionally fierce and unladylike."

The genteel attitude of the average woman on committees, where, if not maintaining the passivity of the cabbage, she hesitates to express her opinions with any degree of conviction, is no deterrent to the average man. *He* just tramples on.

EVACUATION OF WOUNDED IN LAPLAND SNOW.

In his thesis for the degree of M.D.Vict., Dr. A. H. Macklin, who is now on his way as surgeon in the *Quest* to the Antarctic again, gives, says the *Lancet*, a good account, with excellent pictures, of the difficult country in Lapland about Murmansk, in which he was fighting in the North Russian *Syren* Expeditionary Force in 1918-19. The country was within the Arctic Circle, and very cold, though not always very cold as the Gulf Stream just touches the Murman coast. Major (as he then was) Macklin had to organise the evacuation of the wounded and sick from the mobile columns, and would seem to have done it well. The wounded man was carried out of action probably in a man-drawn sledge, but men could not carry him far, so the orderlies quickly changed him into another sledge drawn by reindeer or ponies, after they had dressed his wound and wrapped him in a special bag against the cold, and thus he went to the regimental aid-post. Here he was given food, had his wounds dressed and splints applied, had his feet dry rubbed and anti-frostbite socks put on. Then, his feet packed in dry hay if available, he was rolled up in his special bag again with a hot-water bag, and sent on. The "special bag" was a wadded quilt, 7 ft. by 7 ft., of wool and cotton in a close-woven cloth cover (*not* waterproof); this was secured round him, the foot-end turned up to prevent draughts, and a blanket tucked round his shoulders as well. He was then laid amongst hay in a sledge with a hood over him. At relay posts the animals might be changed, the patients got hot food, urinals, bed-pans, and were held for resuscitation if necessary, and in time they reached the advanced dressing station. The great problem was to avoid cold and frostbite. Dr. Macklin, whose two years' experience as a dog-driver with Shackleton in the Antarctic, as well as his service in the war in the Italian Alps, give his opinion weight, recommends against frostbite of feet: 1, No oil or grease. 2, Dry rubbing of feet, three pairs of socks, each successive pair a size larger than the

last, and then loose boots; no constriction; two loose pairs of socks being better than three that are tight. Conditions were very different in North Russia from those in the other theatres of war. It sounds odd to find 20 reindeer in the war establishment of a medical unit ("10 to draw, 10 to break trail"). In that country, too, matches were very valuable; so while the "establishment" shows "Rations, 425 lb.," there also appears "Matches, 17 boxes."

NATIONAL CLEAN MILK SOCIETY.

The Council of the National Clean Milk Society (3, Bedford Square, W.C.1), which was founded in 1915 to raise the hygienic standard of milk and milk products and to educate the public as to the importance of a clean and wholesome milk supply, is appealing for public support.

The Society provides lecturers on any aspect of the milk question, demonstrators to show how easily clean milk can be produced, and technical advisers to help producers or distributors. It has lantern slides and photographs for use by its lecturers or for hire by public authorities, &c.; it furnishes exhibits as to the value of milk and the need for its improvement; and has published many pamphlets dealing with the various aspects of the milk situation.

COMING EVENTS.

December 25th.—Christmas Day.

December 29th.—View Day, St. Marylebone Infirmary, Notting Hill, W. 3 to 6 p.m. Tea in the Board Room, 4 p.m.

A WORD FOR THE WEEK.

THE CHRISTMAS QUEST.

"And remember, my son, the King whom thou seekest is not to be found in a palace, nor among the rich and powerful. If the light of the world and the glory of Israel had been appointed to come with the greatness of earthly splendour, it must have appeared long ago. For no son of Abraham will ever again rival the power which Joseph had in the palaces of Egypt or the magnificence of Solomon throned between the lions in Jerusalem. But the light for which the world is waiting is a new light, the glory that shall rise out of patient triumphant suffering. And the kingdom which is to be established forever is a new kingdom, the royalty of unconquerable love.

"I do not know how this shall come to pass, nor how the turbulent kings and peoples of earth shall be brought to acknowledge the Messiah and pay homage to Him. But this I know. Those who seek Him will do well to look among the poor and lowly, the sorrowful and the oppressed." —*The Other Wise Man—Van Dyke.* From *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.

KERNELS FROM CORRESPONDENCE.

A WORD ABOUT SISTER TUTORS.

Miss H. Griffith writes in answer to the Prize Competition question which appeared on December 10th:—

(1) The Sister Tutor must be capable of teaching in accordance with the General Nursing Council Syllabus.

Her duties are to lecture to first year nurses who are best divided into two classes "A" and "B"—juniors and seniors. Class "A," the junior class, would need the most elementary teaching to begin with. Class "B," who are usually examinees—at the end of their first year—would need more advanced lectures. The Sister Tutor would correct the abstracts written by the nurses after each lecture delivered. Some nurses may require individual coaching—this is done by the Sister Tutor. She also attends *all* lectures given by the Honorary Physicians and Surgeons—usually to second and third year nurses, and corrects the written abstracts of those lectures written by the nurses; and gives special coaching when necessary.

The Sister Tutor holds classes for invalid cookery for all nurses in training—demonstration and practical.

(2) The best training for the post of Sister Tutor is obtained by a special course—lasting one year—at King's College for Women or Bedford College for Women, where the student is instructed in Chemistry, Physics, Biology, Anatomy, Physiology and Domestic Science.

The candidate for this course of training who is anxious to become a Sister Tutor is necessarily a trained nurse.

Additional qualifications such as the C.M.B. Certificate and the C.S.M.M.G. are a great advantage to the Sister Tutor.

* "GETTING HO'D."

Miss Ada Martin.—"Do not let nurses delude themselves that because the Nurses' Registration Act is in force their old Anti-registration enemies are down and out. Not a bit of it. Just now they are very active, and anything they can do to obstruct the work of the General Nursing Council they will do. The aim of employers, such as Poor Law Guardians and others, is to secure power on the Council. 'They want to get ho'd,' as we say in Lancashire when an acquisitive neighbour wants what another has got. Why cannot we nurses be left alone, as medical practitioners are, to manage our own affairs?"

[In another twenty years, perhaps, the Nursing

profession will prove capable of managing its own affairs. If so, its members must cultivate a much greater sense of personal responsibility and loyalty to their cloth than they at present possess. They must also take the trouble to understand business and public affairs. This we very sincerely hope they will do. At present their economic dependence places them at a disadvantage, and a very limited number have the courage to risk self-interest for the common good.—ED.]

A LASTING GIFT.

Somewhat Lonely.—"I don't look to have many gifts this Christmas, so I intend to give myself one, and spend £1 is. in buying myself State Registration. Much better than gobbling it up."

[Indeed, we agree.—ED.]

REPLIES TO CORRESPONDENTS.

In reply to several correspondents who have asked our advice *re* "Where to train," we may observe the matter is simple. The supply of well-educated young women offering themselves as probationers to be trained as professional nurses is unfortunately strictly limited. The Nurses' Registration Act has entirely altered conditions, and nurse probationers have as much right to know, as have medical students, if the course of training and the educational Syllabus in operation in a hospital or infirmary is calculated to prepare them for the State Examination and to qualify them for State Registration. Let every applicant ascertain from the Matron before signing a contract whether the Syllabus of the General Nursing Council has been adopted by the Board of Management. This Syllabus has been in print for six months, and although not yet officially approved by the Minister of Health, many of the leading Nurse Training Schools have adopted it, and if probationers refuse to enter those institutions which ignore it, standards will be levelled up all the sooner. The "go as you please" policy of Hospital Committees and Boards of Guardians cannot now continue. The matter is entirely in the hands of applicants for training. We draw the attention of our readers to the letter which appeared in our last issue from the Matron of the Paddington Infirmary, and shall be pleased to give publicity to any notification from other Matrons to the same effect.

PRIZE COMPETITION QUESTIONS.

December 31st.—What may give rise to haemorrhage during the first three months of pregnancy? Indicate the treatment.

January 7th.—What is jaundice? In what way do the urine and faeces in this complaint differ from the normal? Describe the after treatment of a patient who has had the operation of cholecystotomy performed.

The Midwife.

CONFERENCE ON INFANT WELFARE.

The Report of the proceedings of the Second English-speaking Conference on Infant Welfare, held at the Central Hall, Westminster, on July 5th, 6th, and 7th, is now published (price 2s. 6d.) by the National League for Health, Maternity, and Child Welfare, for the National Association for the Prevention of Infant Mortality, 117, Piccadilly, W.1, and contains many interesting papers, and the discussions upon them.

We note an interesting point put forward by Miss M. E. Broadbent, a member of the Metropolitan Asylums Board, and Chairman of the Infirmary Visiting Committee of the St. Marybone Board of Guardians, in a paper on "Accommodation for Mothers and Infants under the Poor Law," namely, that "owing to the statutory view that childbirth in a healthy woman is a normal process, the maternity wards have usually been attached to the workhouse and not to the Infirmary, where the buildings are separate, and where this arrangement exists, only those patients whose cases show some complication, or who are suffering from some form of disease, would be sent to the Infirmary or Hospital. Another regulation, taking the same view, has not allowed the Guardians to admit the healthy wife of an able-bodied man until labour is imminent, when the case becomes one of 'sudden and urgent necessity,' which over-rides the regulations."

Miss Broadbent referred to the "settlement laws" under which the Guardians work, which are very little known even to the Guardians themselves, and which she considers are often the cause of the dislike of the Poor Law. Her impression is that "the so-called 'pauper taint' has much of its origin in the quite natural dislike to the searching and often inquisitorial investigation which is made by the Relieving Officers, especially in the case of a birth, to determine the legal settlement. The laws are exceedingly complicated, but, put very briefly, settlement is acquired by birth or residence, and an illegitimate child, born in a Poor Law Institution, will take the settlement of the Parish in which it is born, unless it can be proved within a certain time in what place the mother's settlement is. This necessitates communication with the relatives and local Poor Law authorities, and in the case of a girl who has left her native place in order to hide her condition, the hardship is sometimes very great."

"The Guardians are making experiments in different parts of the country with a view to removing the care of sickness from its present connection with the Poor Law, and in one town the Poor Law Infirmary has become the Municipal Hospital. In another it is being linked up with the general hospital, with admission through an Almoner instead of through the Relieving Officer, while, in still another, provision is made for the

admission to the maternity wards of married women whose husbands arrange to pay approximately the full cost of their maintenance.

"The whole question of the future of the Poor Law and of the organisation of the accommodation for maternity cases is in suspense, and great variations of practice exist in different towns, and even in neighbouring Boroughs of London. The present position is undoubtedly anomalous, and it would seem very desirable that the various bodies, official and voluntary, which are making provision for maternity beds, should be co-ordinated, and should agree to work on the same principles with regard to conditions for admission and payment."

Several questions were asked in the discussion on this paper by Mrs. Breckinridge (Director of Child Hygiene, American Committee for Devastated France), who enquired: (1) What provision is made in England for the treatment of the eyes to prevent *ophthalmia neonatorum*; (2) What provision is made for handling unmarried mothers who go on having children; and (3) What proportion of the unmarried mothers in this country are feeble-minded?

Miss Broadbent thought the questions far too difficult to answer without notice, but it was elicited by the Chairman that there is no prophylactic prevention in regard to *ophthalmia neonatorum* enforced by law.

Dr. H. Scurfield said: "The answer is, there is no regular provision. The custom varies in the different lying-in hospitals in this country. At one hospital they will use the nitrate of silver solution, and in another they will not. . . . It is quite certain that a great number of the *ophthalmia neonatorum* cases are preventable."

Later in the session Dr. Scurfield (late M.O.H., Sheffield) moved a resolution, which was carried unanimously:—

"That this Conference is of opinion that a great deal of unnecessary loss of sight is still being caused by the failure to secure adequate preventive measures and prompt skilled treatment for *ophthalmia neonatorum*, and urges the Ministry of Health to institute an inquiry into the causes of such failure."

The Central Midwives' Board visits with severe censure, and in bad cases with removal from the Roll, any infringement of the Rule that in cases of discharge from the eyes of an infant, however slight, a midwife shall advise the relatives to call in medical assistance, and shall herself notify the Local Supervising Authority. But in most of the American States the adoption of prophylactic measures at the birth of the child are enforced by law, under penalty, and it is claimed that *ophthalmia neonatorum*, and possible consequent blindness, is thus prevented.

On the other hand, medical opinion is by no means unanimous as to the desirability of employing prophylactics as a routine measure.

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SATURDAY, DECEMBER 31, 1921.

Vol. LXVII

EDITORIAL.

NURSING IN 1921.

During 1921 interest in the Nursing World has centred chiefly on the work of the General Nursing Councils for England and Wales, Scotland, and Ireland.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

Early in the year the General Nursing Council for England and Wales decided upon the form of Certificate to be issued to State Registered Nurses, and adopted a Seal, bearing the figure of Hygeia, Goddess of Health, the national floral emblems, the name of the Council, and the date of its foundation. Both the Certificate and the Seal with which it is stamped are very handsome, and will be greatly valued by the Registered Nurses whose applications for Registration conform to the Statutory Rules.

On February 23rd the agreement for the lease of the Headquarters of the Council at 12, York Gate, N.W., was signed, a furnishing committee was appointed which, with infinite pains, furnished and decorated it in a most charming manner at moderate cost, and on June 10th it was fittingly opened by Her Royal Highness Princess Christian, who, from the year 1887, has given her support to the movement for State Registration of Nurses.

On April 28th an important informal Conference on Nursing Education was held under the presidency of the Chairman of the Council, Mr. J. C. Priestley, K.C. It was a most successful gathering, attended by over 300 Matrons, Superintendent Nurses, and Sister-Tutors, the principal work of which was to consider the Draft Syllabus of Lectures and Demonstrations and Training in General Nursing recommended by the Education and Examination Committee. It demonstrated not only the appreciation of the action of the Council in consulting the heads of the Training Schools before the Draft Syllabus assumed its final form, but also the great interest aroused in the Council's work.

The following places have been decided upon as the first examination centres, to be added to if necessity arises:—London, Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle-on-Tyne, Cardiff, Carlisle, Norwich, Nottingham, Portsmouth, Exeter and Sheffield.

The question of equivalent standards for Registration is one which has engaged the attention of the Council. The standards decided upon by the English and Irish Councils were practically the same, both requiring evidence of training in a general hospital. The Scottish Council, on the other hand, proposed to place nurses trained in Fever Nursing only on the General Register. Until this difficulty was adjusted the signature of the Rule in regard to Reciprocal Registration by the Minister of Health was in suspense.

With this exception the Rules framed by the Council under Section 3 of the Nurses' Registration Act, 1919, for the admission of Existing and Intermediate Nurses to the Register were signed by the Minister of Health on July 14th, and on November 26th the Minister forwarded to the Council the signed copy of the Reciprocity Rule with Scotland and Ireland which will be laid before Parliament at the beginning of next Session.

In regard to the proposal that Removal from the Register should be automatic in the three Kingdoms, the Council adhered to its Rule 29, which gives a nurse, removed from the Register of Scotland or Ireland, an opportunity to show cause why her name should not be removed from the English Register. If she does not desire to do so her name will be removed; but should she desire to show cause, the case will be dealt with as if the complaint had been originally made to the English Council.

The meeting of the General Nursing Council on July 14th was an important and memorable one. The Rules drafted by the Council (with the exception of Rule 16) were signed by the Minister while it was in session, the Registration Committee were empowered to open forthwith the Register for Existing and Intermediate Nurses, and the Syllabus of Educa-

tion for Nurses on the General Register drafted by the Education and Examination Committee was approved, and its publication sanctioned. A Deputation was also received from the Conference of Representatives of Poor Law Training Schools.

Since that date the Council has approved the Syllabus of Training in the Nursing of Sick Children, and the Syllabus of Training in Fever Nursing. It has also been agreed that the Mental Nursing Syllabus of the Medico-Psychological Association shall be adopted by the Council for Mental Nurses until July, 1924. The Syllabus of Training for Mental Nurses and the Syllabus for Male Nurses are still under consideration.

At its meeting on November 18th the Minister officially notified the Council that the Rules for the admission of Existing Nurses had been laid before Parliament for the twenty-one sitting days required by Section 3 (4) of the Act, and the time within which an Address to the Crown could be moved praying for their annulment or modification had accordingly expired. These Rules provide that the first Register shall be published "as soon as possible after the 1st July, 1922." And that the first State Examination shall take place in July, 1924, "on which date the training and examination rules come into operation."

It will thus be seen that solid foundations have been laid by the Council for its future work, and with the opening of the Register in July a step forward of great importance was taken, and applications have come in steadily, close on 4,000 having been received. At present many nurses do not appear to appreciate the importance of submitting their certificates of training for inspection. It is natural that they should prize these certificates, and whenever possible they should themselves take them to 12, York Gate for verification. But we know that the greatest care is taken of those sent by post for inspection, and that they are returned, after the copy sent with them has been verified, by registered post.

The labour of inspecting the applications and references of applicants for registration by members of the Registration Committee has been immense. In compiling a State Register, it is the duty of the Council to do so with the utmost care, and we fail to see how this can be done unless documents are submitted for inspection to those responsible to Parliament for compiling a correct and trustworthy Register. Let the Nursing Profession realize its privileges under the Acts and give a helping

hand to those devoting time and trouble to their interests.

The suggestion that certificates should not be entered on the State Register is one which has aroused intense feeling amongst certificated nurses. We believe that this suggestion has arisen from a misinterpretation of the First Schedule in the Rules, and that the footnote which refers to classification of classes of nurses only, has been understood to refer to qualifications. In any case the Minister of Health has shown that this difficulty can be overcome by an Amending Rule, and this appears to be the best method of dealing with the situation. An Amending Rule has been placed on the Agenda of the Council.

The Council has approved the compilation of a small pamphlet 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, and of a leaflet for the use of nurses to facilitate the work of Registration. It has also approved the appointment of accredited lecturers, to visit Examination Centres and explain the working of the Act and Rules, and has approved the holding of a Conference with the Scottish and Irish Councils before the Examination Syllabus of the English Council is finally drafted, in order to promote uniformity between the three Councils in the teaching and examination of nurses.

It is, we are aware, a disappointment to many nurses that the designs for the Registered Uniform and Registered Badge have not yet been decided. This is a matter which must receive the early attention of the Council.

It will be realised that the English Council has a year of very good work to its credit, and we hope that in the New Year the duties it undertook in accepting office will be successfully continued.

The responsibility of electing their own representatives on the three General Nursing Councils will need, in the near future, to be carefully considered by Registered Nurses. This is a professional duty of the first importance.

THE GENERAL NURSING COUNCILS FOR SCOTLAND AND IRELAND.

The General Nursing Councils for Scotland and Ireland have drafted Rules for Existing and Intermediate Nurses which are for practical purposes uniform with those of the General Nursing Council for England and Wales. An attempt was made, during the 21 days while the Draft Rules framed by the

General Nursing Council for Scotland were laid on the table of both Houses of Parliament, by a group of Scottish Members of the House of Commons, to secure the alteration of the Rules so that nurses trained in the nursing of infectious diseases only, should have the right to admission to the General Register. This would have been most unfair to general trained nurses, and both the Scottish Nurses' Association and the Glasgow Royal Infirmary Nurses passed Resolutions supporting the Rules as framed. These Resolutions were read by Captain Elliot, M.P., in the Debate which took place on October 25th, on the motion of Lieut.-Col. Henderson, that an humble Address be presented to His Majesty, praying him to modify the Rules made by the General Nursing Council for Scotland in the above connection.

Captain Elliot, in a brilliant and logical speech, emphasised the views of the nurses, and the question when put was negatived. The Rules thus stand as framed by the Scottish Council, and emphasise the advisability of nurses taking political action on their own behalf.

The standard for admission to the Registers will therefore be the same for England and Wales, Scotland and Ireland, and nothing (now that the financial arrangement is just) should stand in the way of arranging reciprocity between the three parts of the Kingdom. Consultations between the three Councils for the benefit of the nurses and the public should smooth out questions of difficulty.

ADMIRABLE WORK DONE.

The following telegram has been received from the Queen of the Hellenes by Mrs. Bedford Fenwick, Hon. Superintendent of the Registered Nurses' Society, 431, Oxford Street, London, W. :—

"Full of gratitude admirable work done by English Sisters. Thank you again most sincerely for all.—SOPHIE."

Thus the old traditions of 1897 are repeated. The Sisters have been treated with the kindest consideration by Queen Sophie, and we feel sure British Sisters will always be only too happy to help Greece to care for sick and wounded whenever necessity arises.

Sisters C. Evans, Oakley Williams, Nunn, Post, Browne, and Baxter may arrive home any day from Greece—greatly to their regret; the eight months' active service has so soon passed away.

Sisters Bellamy and Dumvill remain on duty at the Marasilion Hospital, Athens, until it is closed.

OUR PRIZE COMPETITION.

WHAT MAY GIVE RISE TO HÆMORRHAGE DURING THE FIRST THREE MONTHS OF PREGNANCY? INDICATE THE TREATMENT.

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Garrett Anderson Hospital, Euston Road, N.W.1.

PRIZE PAPER.

Hæmorrhage during pregnancy either comes from uterus, cervix, or lower genital tract. Bleeding from the uterus is always due to the tearing through of the attachments of ovum to the uterine wall; from the cervix or vagina it may be due to the breaking down of any lacerations of previous pregnancies; and from the vulva it may be due to varicose veins, which cause much trouble in some women.

Early hæmorrhage in pregnancy must never be dealt lightly with; if from the uterus, it may be due to four serious conditions.

Abortion is the term used for the expulsion of the ovum from the uterus before the fourth month and before the complete formation of the placenta. It may be just threatened or it may be inevitable, in which case it is either complete, incomplete or missed.

In threatened abortion there is bleeding, with or without dilatation of the cervix; in inevitable abortion there is severe abdominal pain, much bleeding, and the ovum can be felt protruding through the cervix when examination per vaginam is made. Abortion may be due to disease, especially syphilis, Bright's disease, or tuberculosis; or to over-fatigue, drugs, injury, strong aperients, or malformation of uterus.

In threatened abortion, put patient to bed quickly, give hot-water bottles if cold, send for doctor, and do not give aperients or enema until ordered or until pain and hæmorrhage have quite subsided. Give light diet only.

For abortion, send for doctor, put patient to bed, keep everything passed for inspection. If a complete abortion, the whole ovum and its membranes are expelled; if incomplete, parts of same will be retained by uterus and set up dangerous conditions unless quickly got rid of. The doctor will probably give an intra-uterine douche, so plenty of hot water, and apparatus well sterilised, should be ready.

After-treatment of an abortion is just as important as of a normal labour. Patient should be kept in bed at least ten days, and given light diet until bowels have acted well. Castor oil is best given on the second day to ensure an evacuation. Swab vulva and surrounding parts twice daily with lysol or other antiseptics.

Douching may be ordered; if so, apparatus must be boiled for twenty minutes before use, and usual aseptic precautions carried out. The same dangers attend abortion as labours—namely, sepsis and hæmorrhage—therefore temperature and pulse-rate need a watchful eye night and morning, and temperature 99 or over, or pulse-rate over 90, must be regarded as suspicious. If severe hæmorrhage should occur, packing vagina with sterile swabs, or douching, may be ordered.

Molar Pregnancy, missed abortion or false conception, as it is known, is the dying of the ovum without expulsion, and so hæmorrhage takes place between the chorion and decidua, causing the chorionic villi to be compressed by blood effusion, the foetus dying and a carneous or fleshy mole developing.

Treatment.—Send for doctor if a brownish or red discharge takes place, or on expulsion of any substance from vagina; keep patient warm in bed; treat generally as for abortion.

Hydatidiform Mole is very uncommon, but may be suspected in the case of an abnormal size of abdomen to date of amenorrhœa, or if a loss of blood is noticed; often cystic bodies like currants are present.

Extra-uterine Pregnancy is a very dangerous condition. The ovum develops outside the uterus in one or other of the Fallopian tubes; the tube may burst and internal hæmorrhage result. The patient may have no warning of an abnormal condition, or she may have pain and irregular hæmorrhages. On the slightest suspicion of such condition a doctor must be sent for, as an abdominal operation will be necessary, and tube and ovary removed on that side. The after-treatment will be the same as an ordinary abdominal operation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. Bielby, Miss P. Thomson, Miss M. James, Miss J. Browne.

Hæmorrhage during the first three months of pregnancy may be due to threatened or inevitable abortion resulting from the use of drugs, ergot and quinine being taken to induce criminal abortion. Amongst Russian peasants who eat rye bread, abortion is common. Lead poisoning in any form, specific fevers, especially pneumonia and smallpox, as pyrexia and hyperpyrexia kill the embryo.

QUESTION FOR NEXT WEEK.

What is jaundice? In what way do the urine and fæces in this complaint differ from the normal? Describe the after treatment of a patient who has had the operation of cholecystotomy performed.

NURSING ECHOES.

1921.

LE ROI EST MORT.

At midnight of the last December day
I heard the gentle closing of a door,
And then I knew that one had crept away
Who would recross the threshold nevermore.

A figure old and bent with features hid
And footfalls growing fainter down the path,
While there is left of all we hoped and did
Memory only, and the aftermath!

C. B. M.

Before our next issue the New Year will have been acclaimed in a spirit of hopefulness. May 1922 bring good fortune to all our readers.

It has been announced in the press that Mr. L. G. Brock, C.B., an Assistant Secretary of the Ministry of Health, interviewed the resigning members of the General Nursing Council on behalf of Sir Alfred Mond, Minister of Health, on Wednesday, December 21st. The gist of the conversations has not been so far made public, but Mr. Brock has stated "that the resignations had nothing to do with the question of the Syllabus or the entry of Certificates of qualification of existing nurses in the Register."

This being so, no other question is for the moment of any vital interest to the Nursing Profession, and we hope we may conclude that Existing Nurses will soon be relieved of any anxiety as to the record of their Certificates in the published Register, and Future Nurses encouraged to train under the Syllabus unanimously recommended by the General Nursing Council.

We have been informed on good authority that the Committee of an important London Hospital, whose excellent Matron's health has failed after twenty years' exceedingly hard work, have announced that they cannot afford to give her any pension. As the cause of illness will prevent this lady being subjected to any strain for the future, this appears to us a very hard case indeed, and we hope our information is either incorrect or that the Committee will in justice see fit to reconsider its decision. The salaries of matrons and nurses in the past have not been on a scale on which they could save sufficient to live upon in old age, and when ill-health is added, surely after years of service the Committee of a charitable institution should deal humanely with an official

who has served them and the public long and faithfully.

The Queen Victoria's Jubilee Institute for Nurses, as representing the District Nursing Associations, or Federations of Nursing Associations set out in a defined Schedule; and the Approved Societies or Federations of Approved Societies set out in a second Schedule, are prepared to enter into an Agreement, for the period of one year, to nurse patients belonging to the Societies enumerated, subject to the right of either side to give three months' notice to terminate the Agreement.

The District Nurses in the employment of District Nursing Associations in Schedule 1 will, in their respective areas, attend (in accordance with Rule 3 of the Regulations for District Nursing Associations in affiliation with the Q.V.J.I.) the members of Societies set out in Schedule 2, except in such infectious cases as are prohibited by the public health authorities. The nurse may be summoned either by or on behalf of the insured member, or by the Society. In every case in which the nurse attends, a voucher will be issued by the Society to the patient, which will be signed by the nurse at each visit. Vouchers will only be issued by the Society in respect of members entitled to additional benefits, and will provide in the first place for not more than ten visits. Every Society is to pay in respect of each of its members nursed one shilling per visit, which will be taken to represent 75 per cent. of the cost of providing the nursing, it being open to the Nursing Association to collect not more than 4d. a visit from the member if they think fit (1s. 4d. being taken as representing the cost of a visit). A Society may, however, make special arrangements with the appropriate Association in regard to the nursing of any particular member or members of the Association. The Agreement does not apply to midwifery, or maternity nursing of insured persons, except where the incapacity continues after four weeks. The accounts are to be rendered by Queen Victoria's Jubilee Institute for Nurses to the Societies, accompanied by the relative vouchers, and are to be paid quarterly by the Societies to the Q.V.J.I.

The Associations referred to in Schedule 1 agree that they will not, while parties to this Agreement, offer or give more favourable terms to any other Approved Society, and that in the event of such terms being already arranged, notice to terminate such an Agreement shall forthwith be given. A Joint Committee is to be set up representing Approved

Societies and Nursing Associations, to settle any necessary details in regard to the scheme, and any dispute or difficulty in connection with its working, and its decision will be final.

Miss Earle, Matron of the Royal Hospital, Sheffield, is very grateful for the splendid response to her appeal on behalf of the hospital in the form of pound days. So successful were these, that in addition to sufficient material being supplied to make the plum puddings and mince pies, there will be something to hand over to the General Fund after the paying of all bills for the supplying of extra fare for the festive season. One marked feature of the days was the bringing by really poor people of their pound of goods to swell the pile. Miss Earle takes this opportunity of thanking all her old nurses who contributed, and hopes they will also remember the bazaar to be held next year. Particulars of this will be forthcoming later.

The tragedy of the "Bournemouth murder" has a lesson for nurses (of course, a nurse figures in the case). Other decoy telegrams were sent, one to a well-known Bureau, asking that a young, pleasant nurse-companion for a girl of 20 might be sent to Boscombe Grange by a specified train. In response a nurse left London on Wednesday, December 21st, by the 5.30 p.m. train from Waterloo, arriving at Bournemouth at 8.22. No one met the train, and she went to the address given—Boscombe Grange—to find that it is a boarding house, and no one of name Butler (the name given in the telegram) was known there. She therefore stopped the night and returned to London next day.

There is always an element of risk in nurses going to cases which are not known to the Superintendent of an Association or Co-operation, unless booked through a doctor, and this should be done whenever possible. In any case, if a nurse is sent she should always be given explicit directions as to how to proceed to the case. In the course of their duties private nurses care for all kinds of cases, and go to many strange places, but it is a necessary precaution that a nurse should proceed alone to her destination, and not in the company of a stranger who may wish to call for her with the ostensible reason of conveying her quickly to her case, but whose real motive may be a sinister one. We know one Superintendent who made an invariable rule never to allow a nurse to be fetched by a strange employer.

GLIMPSSES OF CHRISTMAS.

As usual, the house staffs and nursing staffs in the hospitals combined to give the patients the best of good times at Christmas. Carols in the wards, Christmas-trees for the children, parties for the out-patients; and Father Christmas and Santa Claus, with the help of fairies, disposed of a prodigious amount of gifts from the trees. Dinner on Christmas Day brought to mind the pre-war days when rationing was unknown, and the war cloud was "no bigger than a man's hand" on the horizon.

Typical amongst such entertainments was that at the London Temperance Hospital. The tree on Monday evening in the Children's Ward was a dream of delight, and on Tuesday, at the entertainment given in the Out-patient Hall, the Nursing Staff excelled themselves in the two sketches, most amusingly given, "Such is Fame" and "No Servants." The chorus "Where my caravan has rested" was received, as it deserved, with much enthusiasm. Mr. Douglas Graeme (we seemed to recognise the distinguished senior surgeon under this pseudonym) brought down the house as "A Visitor from America," and his apt topical allusions to members of the nursing staff. The character songs (in costume) of England, Scotland, Ireland, and Wales were greatly appreciated, and a most enjoyable entertainment was brought to a conclusion with the singing of "Auld Lang Syne" and God Save the King. Before the company dispersed—the visitors to their homes, the nurses to their wards, the patients to their beds—the Chairman, Major Rigg, O.B.E., M.A., on behalf of those present tendered a hearty vote of thanks to the Sisters and Nursing Staff for their talented performance, to the Matron (Miss K. A. Smith, R.R.C.) for her sympathy, to the Senior Surgeon (Mr. Herbert J. Paterson, M.S., C.B.E.) for his important contribution to the fun. This was seconded by Mr. Deputy Brough—who said he had had no idea that there was so much histrionic talent amongst the nursing staff—and carried by acclamation.

CHRISTMAS AT THE ROYAL INFIRMARY, GLASGOW.

Festivities took place on different days in every ward, with entertainments and concerts provided by the resident doctors and students, assisted by the nurses. The wards were beautifully decorated with evergreens and lamp-

shades of every tint, and looked like fairyland. A Christmas tree glistening with tinsel and lights and loaded with presents was fixed in the centre of each ward. Delightful teas, presided over by the Sister, were dispensed in every ward before the entertainment began, attended by the chief surgeon or physician and his assistants, the resident doctors, and many friends, including the Superintendent, Dr. J. Maxtone Thom, and the Matron, Miss Steuart Donaldson.

On Christmas Eve Father Christmas visited the wards and filled the patients' stockings with gifts and toys, and great was the joy and fun early on Christmas morning. The patients' dinner takes place on New Year's Day.

On Monday the night nurses' Christmas dinner, consisting of turkey and plum pudding and dessert, was presided over by the Matron at 8.30 a.m., and 80 nurses sat down. At 1.30 all the day nurses, numbering 180, gathered in the big dining hall, where Matron again presided, while the wards were looked after by the residents, students, and sisters. Speeches were made, and everyone was happy. At 7.30 p.m. the Sisters' dinner was held in the board room, at which the Matron and her assistants were present, everything being most exquisitely served. Toasts were drunk, and yet another example of the usefulness of the corporate spirit was exhibited.

Every morning before daybreak a choir of picked nurses to the number of 50, conducted by the Matron, visited the wards and sang carols, to the great delight of the patients, who sent urgent messages to the nurses "to come again, please."

The spirit of comradeship and goodwill was most marked, and the nurses, on whom much extra work fell, were yet glad to have been able to cheer and uplift the sad and suffering in this great Infirmary.

The little out-patient children were not forgotten by Father Christmas, and the delight with which they eagerly clutched the toys and books showed how needed is the spirit of love and sympathy in this crowded, poverty-stricken area of a big industrial town, where unemployment is so prevalent.

There are still numerous entertainments to be given, including the dinner for the domestic and male staff, and culminating in the New Year's gathering, when the Board of Management meet the Nursing Staff. There is also January 24th to look forward to, when a delightful dance for the nurses has been arranged by Sir John and Lady Reid in the Trades Hall.

NURSING AS A VOCATION.

Of the many avenues open to women in these latter days, none presents more *real* advantages than professional nursing. Advantages? queries the critic: Is not the trained nurse's life a particularly hard one from start to finish? From those never-to-be-forgotten days when she is the "little pro." at everyone's beck and call, right on to the time when she reaches the topmost rung of the ladder, and signs herself "Matron," the vocation is one of hard work, worry, and short commons! Is it, my pessimistic friend? We shall see! If the succeeding lines fail to prove you in error, these will have failed in their objective.

In choosing a calling or vocation in life, two issues present themselves: First, how am I going to serve my fellow men in this; and second, how is it going to benefit myself? Pre-eminently the vocation of nursing is a lifelong service to suffering humanity, but the benefit to the aspirant herself is immeasurable. During the hard days of training—no one denies they are really hard—the mind of the individual is being moulded to discipline in every aspect—regularity, punctuality, order, exactitude, observation, keenness, versatility and, above all, the relative value of everything that is best in life. While a similar gradual evolution is taking place in the soul—rare qualities of kindness, sympathy, compassion, charity, are being daily developed. Seldom would one need to say to a veteran nurse: "Judge not that ye be not judged," for, with an overwhelming pity, she tends the degraded and sin-steeped patient in the same tender compassionate way as she does the saintliest of mankind. One had evidence of this again and again during the Great War. What matter whether the wounded soldier was friend or foe, he had the same claim upon her tenderness, and the same share of her ministering help and care. If the walls of those war hospitals could speak, methinks the old, old text would echo and re-echo down the corridors of time: "He came not to be ministered unto but to minister." The glory of self-sacrifice is its own reward. Let materialists cavil and cynics sneer; "Service for Others" is still the wonderful motto of the nursing profession.

Now let us endeavour to "boil down" some facts regarding nursing as a vocation. It is a hard training, says one. It isn't well-paid, suggests another. There is too much red tape, voices a third. All, in a measure, true. 'Tis a hard school. As probationers we have to fetch and carry, scrub and clean, do menial service, endure in silence, often wrongfully, and oftentimes with but little consideration and seemingly little sympathy. But these conditions are graving tools which fashion character, stamina, grit, endurance, patience and pluck. As our training proceeds we realise how necessary, in the main, was the tightening of the screw of service, and live to bless those who applied it most. Besides which the *esprit de corps* of hospital life made us all sharers of one another's joys and sorrows, and many a seeming ill was exploded by discussion.

When the days of training are over and we have "earned our parchment," there is still much to learn in administration, teaching and controlling others, "ruling with diligence and showing mercy with cheerfulness"; and here let this fact be emphasised—that the most obedient probationer makes the most tolerant staff nurse and sister; for human nature is a constant quantity and the attributes of heart and brain and mind which made us successful juniors, elect us as competent and trustworthy seniors. We advance step by step. A long spell of work in the wards is the best qualification for higher posts. The Matron and Assistant-Matron who is most successful with her staff is the lady who knows from intimate experience every difficulty of ward work and administration.

Let us look now at the second objection to nursing as a vocation. It is poorly paid! To this we must reluctantly assent, although evidences are not wanting to-day that this wrong is being slowly righted. The greater the pity that the British public should be so tardy in assigning to the work of its best friend a proper market value. At the same time nurses think less of remuneration than of success in their work somehow, and restored lives are compensation for the lack of "needful," so prevalent among us. Then our third critic says: "There is too much red tape!" If, by "red tape," you mean law, order, discipline, and all that these stand for, then your accusation stands condemned; for again, these are blades in the graving tool, the standard of whose work speaks for itself. If, on the other hand, you mean petty restrictions and endless rules about trifles, you are right; but these trouble the faithful nurse, who does her duty as well as she knows how, and is loyal to her superiors, not at all. They simply don't apply to her, and that's all. Surprising how little trouble we find in this old world, when we learn not to make it for ourselves! The same opprobrium has often been cast on our splendid army and navy, but "facts are chieftains that winna ding." Discipline in its best and broadest sense produced the men who won the war. So our hospital régime produces the women, whose dauntless spirit and power of endurance win the war against disease every time. Nursing as a vocation stands first among the many avenues of woman's work to-day. It is pre-eminently "ours," and methinks yields the greatest satisfaction at the end of the day.

Nursing may not appeal to certain types of femininity, but to the girl of gentle, sympathetic, temperament, prone to dwell on the needs of others, nursing makes a strong appeal. A well-educated, dignified, refined girl may find in this sphere something which appeals to her rather than to another cast in a coarser mould. Both are needed in the scheme of life; but humanity is best served by fitting a round peg into a round hole. So if nursing is your vocation, get busy in learning all its arts and sciences; and be assured that from your ministry to others flows great enrichment to your own life.

A. E. M.

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

DISINTERESTED AND DEVOTED WORK FOR THE ASSOCIATION.

MISS GRACE ANDERSON.

DEAR MISS MACDONALD,—

May I be permitted, through the medium of our Supplement, to thank the Members of the R.B.N.A. who have united in sending me a cheque to buy something for my Bungalow, as a memento of their friendship. I value this friendship very deeply, and it will indeed be such a pleasure to me to have here something that I feel is, in a sense, a part of our R.B.N.A. It will always have about it memories of all our happy days together.

Please give everyone my best wishes for Christmas and the New Year.

I am, Yours sincerely,

GRACE ANDERSON.

No. 1 Bungalow,
Lake Road,
Hamworthy.

The above letter may require some explanation. A number of the nurses in the Association arranged among themselves a short time ago that Miss Grace Anderson should have from them some memento of all she did for them and for their Association. They have sent her a cheque that she may make her own choice of a gift. In the R.B.N.A. Miss Anderson has many friends and, indeed, its Members owe to her a deep debt of gratitude for help which she gave at a very critical period in the history of English nursing. When the Office was overwhelmed with work, during the months subsequent to the date upon which Major Barnett was successful in drawing a place in the ballot, and when the claims upon our financial resources were very great, Miss Anderson came to us between her cases to help in addressing envelopes or in doing other work. One morning she arrived, and, to our surprise, as calmly as she might have stated that she was going to a case, announced that she had made up her mind to give a year's work to her Association. And she was more than as good as her word. For longer than that she lived at her own expense, and came with the regularity that one would expect of a paid worker, to give long months of clerical work, taking merely the ordinary holidays. Only those working with

her at that time can realise what her self-sacrifice meant to the Association and to the struggle in which it was then engaged. Last autumn she and Miss Erskine (another Member of the R.B.N.A.) started an enterprise of their own, and Miss Anderson went out from our Offices as unostentatiously as she had entered them, with her cheery "Don't mention it," when we tried to thank her. But we hope that the gift which Miss Anderson is to choose for her bungalow will not be regarded by her as merely a token of affection from certain of her fellow members, but that she will also regard it as a tangible memento of work which stands to her credit in the Association which she loves so well and, while the Association lasts, that work must live and influence the profession.

Many nurses would risk giving up a lucrative practice for a year to gain a needed rest, some would do so to ease the lot of a sufferer whose means would not allow of payment for services rendered, a few would make the sacrifice to sow ground for the nurses of the future to reap. In that last category, the noblest of the three, stands the name of Grace Anderson.

LECTURE BY THE ASTRONOMER ROYAL.

"ECLIPSES."

It is impossible to give any full report of the lecture by the Astronomer Royal on "Eclipses" given recently at the Club because it was illustrated from beginning to end by lantern slides, and therefore no adequate idea can be conveyed in our report of the wonders described. To the popular Medical Honorary Secretary of the R.B.N.A., Mr. Herbert Paterson, C.B.E., F.R.C.S., we owe the privilege of listening to a most fascinating lecture. His friendship with the Astronomer Royal dates back to their University life at Cambridge, and it was at Mr. Paterson's request that the Astronomer Royal consented to give a lecture before the Association. In introducing Sir Frank Dyson Mr. Paterson took opportunity to congratulate him upon having been awarded, a few days previously, the medal of the Royal Society, a greatly coveted honour.

The subject of Eclipses is particularly interesting at the present time, and, at the commencement of his lecture, the Astronomer Royal took us back

to the data of astronomical research in ancient China, and referred to many very old historical references to eclipses, mentioning that the first of which we have an absolute record occurred in 1064 B.C.; to the men of Babylon we owe the fact that evidence of its occurrence has survived.

The observations of the astronomer, Sir Norman Lockyer, in connection with the eclipse of 1868 had proved to be of great value, for he had shown how an eclipse could help towards a closer observation of the sun or the moon as the case might be. When observing the eclipse referred to the astronomer observed great flames from the moon's surface. Sir Frank Dyson gave some very interesting information on this, and told how certain gases were discovered to be connected with the condition observed. Photographs were put on the screen showing those flames, which it has been calculated cover an expanse of hundreds of thousands of miles.

Other slides indicated the position of certain planetary bodies during an eclipse, and not the least interesting slides were those which depicted scenes from Sir Frank's travels in many lands, when he was sent out to make certain astronomical observations. One very wonderful photograph showed the peculiar effect of a solar eclipse on the surface of the earth, and others depicted its effect in connection with light.

In thanking Sir Frank Dyson for his lecture, Mr. Paterson spoke of his brilliant career, remarking that he had attained to the highest position that any British Astronomer can—that of Astronomer Royal.

Miss Kent also spoke of the great pleasure which the lecture had given to the nurses, and how intensely interesting they had found it. The members then sat down to the very delightful tea which Miss Holles had arranged for them, and later enjoyed an impromptu concert in the drawing room.

THE REPORT OF THE AUSTRALIAN BRANCH.

The half-yearly reports of the Australian Branch have just reached us and they show that the daughter Association is in a very healthy condition. There is a steady increase in the Membership and it gives the Committee special pleasure to report that Dr. Ian McNeill's name has been added to the list of medical members.

The private staff of the Branch Association has a very satisfactory report to make, and indeed there were four hundred more calls for nurses than could be met. A kind expression of congratulation and good-will appears in the report in connection with the new enterprise of the parent Association in taking over 194, Queen's Gate, and mention is made of the fact that Miss Graham, late Matron of the Adelaide Hospital, who is now in England, has been elected a member of our Council in London. Reference is also made to the appointment of the Secretary of the Australian Branch of the R.B.N.A.,

to a seat on the Nurses' Board of South Australia, by His Excellency the Governor in Council, under the Nurses' Registration Act, 1921. The Committee congratulate Miss Uren on receiving the Decoration of Honorary Serving Sister to the Grand Priory of the Order of the Hospital of St. John of Jerusalem, and also offer their hearty congratulations to the following:—Miss Harrold, appointed Matron of Adelaide Hospital; Miss Davidson, appointed Matron of the Repatriation Hospital, South Australia; Miss Kitson, appointed Matron of the Millicent Hospital; Miss Sinclair, appointed Matron of RuRua Hospital; and Miss Nicholls, appointed Matron of Bedford Park Hospital.

The marriages of Misses Abbott, Jacka, Ledgeley, Macklin, and Paltridge are announced, and with deep regret the Committee report the death of Dr. Poulton, one of the first members of the South Australian Branch. The Committee have welcomed back Dr. Helen Mayo, who has been paying a visit to England, and they also refer to the appointment of Dr. E. W. Morris to a position in London under the Australian Government, and hope that, while in England, he may be able to help the Branch Association.

Incidentally we may mention that it gave a number of our members in residence at the Club, and two of our Medical Honorary Officers who could be present, very great pleasure to meet Dr. and Mrs. Morris when they accepted an invitation to dine at 194, Queen's Gate recently.

“PROBLEM TALKS.”

We have been requested to make the suggestion that nurses should occasionally meet for “a problem talk,” when questions of interest could be discussed. It is proposed that such questions should not refer only to professional matters, but to any question on which some discussion might be helpful. The nurse who has asked us to put before our readers the proposal to have “a problem talk” suggests that members send up some subjects on which they would like to have ten minutes' discussion, and later some special afternoon or evening could be set aside for this.

OBITUARY.

It is with deep regret that we have to report the death of Miss Miriam Howell, one of the early members of the Association. Miss Howell, for many years, was a Sister at the Middlesex Hospital, where she was held in great respect. After a day on which there had been many operations on patients under her charge, she complained of being tired and then quite suddenly collapsed and died almost immediately. The news of her death has been received with deep sorrow by a wide circle of friends, although they comfort themselves with the thought that she died as she would have wished—in harness.

ISABEL MACDONALD,
Secretary to the Corporation.

PRACTICAL POINTS.

Miss Hazel L. Jennings gives the following simple directions for the "Equipment and Procedure for Intubation" in the *American Journal of Nursing*. Many nurses are certificated in these days without preparing for this operation.

EQUIPMENT: Table (high and firm), Bath Blanket, Safety Pins, Roll (hard roll at upper edge of table), Paper Bag, Gauze, Gowns, Mouth Prop, Intubator, Tubes (three sizes and threaded), Scissors.

PROCEDURE: The nurses and doctors put on gowns. Gauze is tied over the mouth and nose.

The bath blanket is placed diagonally on the table with the top corner turned down. The other corners are laid in narrow folds. A covered sand-bag makes a good roll for the top of the table.

The other equipment is placed on a table conveniently near.

The patient is placed on the table. The bottom corner of the bath blanket is brought over the feet. The left corner is brought across the patient and tucked under his right arm. The right corner of the blanket is brought across and tucked under the left side of the patient. The blanket is then pinned closely at the neck. This restrains the arms and feet of a child very well.

The roll is placed under the patient's shoulders and his head rests on the table.

The doctor's assistant holds the patient's head firmly and a nurse restrains the movements of the child.

The mouth prop is placed in position.

The tube, of the proper size and threaded, is placed on the intubator.

The doctor intubes the patient by placing the tube at the back of the throat and slipping it into position. It is held in place by the larynx.

The thread may be cut and withdrawn, or left attached to the tube, according to the doctor's wishes.

NURSING PRECAUTIONS: An intubed patient should not be left alone. His breathing has to be watched constantly.

If a patient coughs up a tube, the doctor must be notified immediately. If it is necessary to reintube the patient, it must be done at once.

Great care must be exercised in feeding intubed patients, as the food may enter the trachea. The doctor usually allows the patient to drink water shortly after he is intubed to see how he swallows.

PROGRESS OF NURSING IN AUSTRALIA.

Nursing organisation is somewhat perturbed in Victoria—where up-to-date voluntary registration has been in force—and where doctors have taken a very active part in helping to manage nursing affairs through the Royal Victorian Trained Nurses' Association.

Now a progressive wing, called the Australian

Federated Nurses' Association is taking action on practically trade union lines—and the two organisations are at variance.

COLLEGE OF NURSING PROPOSED.

A proposal to establish a college of nursing is to be considered at the next meeting of the Council of the Royal Victorian Trained Nurses' Association. It is suggested that the college will be affiliated with the University, and that a diploma will be issued. We do not agree with the expression of opinion that "If this course were taken it would to some extent do away with the necessity for a Nurses' Registration Act."

STATE REGISTRATION.

From the Twenty-second Annual Report of the Australasian Trained Nurses' Association, we learn that State Registration may soon be an accomplished fact in New South Wales, and the Council has made every effort to see that the provisions of the Bill are reasonable and adequately protect the interests of both the public and the members of the Association. A deputation waited upon the Minister for Health in May last and the Bill was discussed in detail, the Minister expressing his sympathy with the objects and the point of view of the Association.

It is urgently necessary for State Registration to be in force throughout Australia—as the Nurses' Registration Acts at home provide only for the registration of Nurses from Dominions which have legal registration in force. This at the present time discriminates adversely against all Australian nurses excepting those trained and registered in Queensland and South Australia where State Registration is in operation.

Nurses trained in India must also wake up and push forward Provincial registration if they are to avail themselves of legal status at home.

IRRESPONSIBLE FOOTLE.

We note that not satisfied with the suggestion to deprive trained nurses of the economic value of their Certificates as evidence of proficiency, on the State Register, our lay edited "Nursing" press goes a step further and actually permits a suggestion to appear in its pages that the State Register should not be published at all! Nurses would be permitted to trot around with their Registration Certificate for the inspection of the public—on a sort of ticket-of-leave plan—and further information could be obtained from the Registrar—on the registry office system! Nurses need not be disturbed by such absurdities. Parliament has agreed that the first issue of the State Register "should be published as soon as possible after the 1st of July, 1922," and the Law is the Law, in spite of the irresponsible footle of the commercial Nursing press!

WHERE TO REGISTER.

In England and Wales.—Apply to the Registrar, G.N.C., 12, York Gate, Regent's Park, London, N.W.

In Scotland.—Apply to the Registrar, 13, Melville Street, Edinburgh.

In Ireland.—Apply to the Registrar, 33, St. Stephen's Green, Dublin.

THE END OF THE ROAD.

The Health Propaganda film "The End of the Road," is to be shown, to adults only, at the Albert Hall, for a short season, beginning on Saturday, January 7th, under the auspices of Messrs. King & Dawson, Kinema Agents, of 40, Shaftesbury Avenue.

The film, in beautiful photography, was shown in the West End of London some two years ago, when a notice of it appeared in this Journal. It deals in as delicate a manner as truth and a real warning permit, with sexual diseases, and the owners, at the urgent request of responsible authorities, have now decided to place the film again before the public, in view of the statistics which indisputably prove the ravages largely due to lack of preliminary warning.

Trained Nurses, who wish to see the film, should take note of the date, January 7th. Further details of the days and hours when the film will be shown at the Albert Hall will appear in the London Press.

THE 1922 CONGRESS OF THE ROYAL SANITARY INSTITUTE.

Major-General the Right Hon. J. E. B. Seely, C.B., C.M.G., P.C., D.S.O., M.P., has consented to accept the office of President of the Thirty-third Congress of the Royal Sanitary Institute, to be held at Bournemouth from July 24th to 29th, 1922.

A PLEASING CEREMONY.

At the Central London Throat, Nose and Ear Hospital, on December 21st, Sir James Dundas Grant presented the Secretary, Mr. Richard Kershaw, with a purse containing over 200 guineas as a mark of esteem from the General Committee, medical staff, and some of the old students of the hospital on the completion of 43 years of service. Sir James spoke highly of Mr. Kershaw's published work on the evolution of special hospitals and on hospital finance in general, and attributed the sound financial position of the hospital largely to Mr. Kershaw's unflinching devotion to its interests and to his services in upholding the claims of special hospitals to public support.

THE PASSING OF A GREAT SOUL.

The King and Queen, Queen Alexandra, and the Prince of Wales have conveyed their sympathy to Lady Pearson and her family in their overwhelming bereavement.

APPOINTMENTS.

MATRON.

Western Fever Hospital, Seagrave Road, Fulham, S.W.—Miss C. Gooding has been appointed Matron. She was trained at the Royal Hants County Hospital, Winchester, where she subsequently held the position of Sister. She has also been Charge Nurse and Night Superintendent at the Royal National Hospital for Consumption, Ventnor. In 1900 she entered the Metropolitan Asylums Board Service and held successively the positions of Charge Nurse, Night Superintendent and Second Assistant-Matron at the Fountain Hospital, Tooting, Second Assistant-Matron at the Joyce Green Hospital, and First Assistant-Matron at the Western Hospital, Fulham, 1914-1921. During the last smallpox epidemic, Miss Gooding was sent to open a Smallpox Hospital at West Clandon, Surrey.

Infectious Diseases Hospital, Norman's Riding, Blaydon-on-Tyne.—Miss Dorothy Clark has been appointed Matron. She was trained at the Monkwearmouth Hospital, Sunderland, and has been Sister and Night Superintendent at the South Eastern Hospital, New Cross, S.E.; the Lewisham Military Hospital, S.E.; and Assistant Matron at the Borough Sanatorium, Sunderland. She has also done war nursing in France in connection with Q.A.I.M.N.S. Reserve, and was mentioned in despatches for her services in this connection.

Somerset Hospital, Cape Town.—Miss Florence A. Goodacre has been appointed Matron. She received her general training at the Royal Infirmary, Manchester, and training in infectious nursing at the Isolation Hospital, Leicester. She has held the position of Sister at the Royal Infirmary, Manchester, and has done war nursing both at home and abroad as a member of the Territorial Force Nursing Service. She has also been Assistant-Matron at the Royal Infirmary, Preston, and Matron of the General Infirmary, Stockport. She is a certificated Masseuse.

SISTER-IN-CHARGE.

Cottage Hospital, Pembroke.—Miss Nellie Pickersgill has been appointed Sister-in-Charge. She was trained at the Royal Infirmary, Bradford, and has held the position of Matron at an Auxiliary Hospital at Bournemouth.

SISTER.

Royal Infirmary, Lancaster.—Miss Elsie Hudson has been appointed Sister. She was trained at the Royal Albert Edward Infirmary, Wigan, where she subsequently held the position of Sister. She has also done War nursing as a Sister in connection with Queen Alexandra's Imperial Military Nursing Service Reserve, and been Theatre Sister at the Royal Victoria Hospital, Dover.

Miss Lilian Barnes has also been appointed Sister in the same institution. She was trained at the Royal Hospital, Sheffield, and been Staff Nurse at the Royal Infirmary, Edinburgh, and has done War nursing as a member of Queen Alexandra's Imperial Military Nursing Service Reserve.

NIGHT SISTER.

North Riding Infirmary, Middlesborough.—Miss Pauline Holden has been appointed Night Sister. She was trained at the Children's Sanatorium, Southport, at the District Infirmary, Ashton-under-Lyne, and at Monsall Fever Hospital, and has been Night Sister at the Hartlepool Hospital. She has also had experience of private and district nursing.

Miss M. Mylrae has also been appointed Sister in the same Institution. She was trained at the Christie

Hospital, Manchester, and at the Southport Infirmary. She has been Staff Nurse at Bolton Infirmary, and at the District Infirmary, Ashton-under-Lyne, and has had experience of private nursing.

HEAD NURSE.

Kendal Poor Law Institution, Kendal.—Miss Margaret Isabella Paterson has been appointed Head Nurse. She was trained at the Wirrall Union Infirmary, Birkenhead, and has been Ward Sister at a Liverpool Poor Law Infirmary, Night Superintendent at Stockport Union Infirmary, Ward Sister and Night Superintendent at Wirrall Union Infirmary, and Sister at Toxteth Park Infirmary, Liverpool.

SCHOOL NURSE.

Norfolk Education Committee.—Miss Maud Hannant has been appointed School Nurse. She was trained at St. Mary's Hospital, Paddington, and at the Jenny Lind Hospital, Norwich.

Bedfordshire Education Committee.—Mrs. M. G. Beattie has been appointed School Nurse. She was trained at St. Pancras South Infirmary, and has been Staff Nurse at Mount Vernon Hospital, Hampstead, and School Nurse in the Borough of Luton.

THE PASSING BELL.

The interment of Sister Miriam Howell, the sister-in-charge of the operating theatres at the Middlesex Hospital, to which we briefly alluded last week, and who died suddenly at her post on December 16th of heart failure, took place at Brookwood Cemetery on the 22nd inst.

The first part of the service (which was choral) was conducted in the Hospital Chapel by the Rev. E. S. Merriman (chaplain), assisted by the Rev. J. P. Collet. Among those present were: Mr. A. Howell (brother), Mr. Howell (nephew) and Mrs. Howell, the Earl of Athlone (Chairman of the Hospital), the Dowager Countess Brassey, Colonel the Hon. George Keppel, Mr. George Cunningham and Mr. Richard C. Davis (representing the Board), Sir Alfred Pearce Gould, Mr. John Murray (senior surgeon) and other members of the surgical staff, Mr. Walter Kewley (secretary-superintendent), Miss Montgomery (lady superintendent), Miss Lloyd-Still (Matron of St. Thomas's Hospital), the Sisters of the Hospital, many of the Nursing Staff, and representatives of other departments, including the Medical School.

A number of beautiful wreaths were sent by the Board of Governors, the honorary Medical and Surgical Staff, and all the various departments of the hospital. Specially noticeable was a beautiful cross from past and present members of the nursing staff.

A WORD FOR THE WEEK.

If you were busy being kind,
Before you know it you would find
You'd soon forget to think 'twas true
That someone was unkind to you.

If you were busy being glad,
And cheering people who are sad,
Although your heart might ache a bit,
You'd soon forget to notice it.

—Pacific Coast Journal.

TWO YEARS' EXPERIENCE IN ITALY.

In the spring of 1914 I was asked to go and help train Italian girls to nurse as we do in England. I set out with a friend, and duly arrived at Florence.

The Hospital which was to be our destination was of the very oldest, known as "The Ospedale Santa Maria Nuova." It is, perhaps, interesting to note that the first nurse there was one who attended or waited on Beatrice (the innamorata of the immortal Dante).

There were some 1,000 beds in all. Wards being divided up into various clinics, in charge of so many professors. One of them kindly gave over to us two septic wards, male and female. I think there was a good deal of wonderment as to how we should manage, &c.; nursing had never been carried out by any but partly trained people. There was a certain class of the Community of Nuns who had undergone so much training, but they only supervised, the actual nursing being done by men or women who were quite uneducated. Their wards were most ill kept; no screens ever used; all treatment, &c., being public and open to all, as one may suppose.

No charts or head boards were kept. All temperatures recorded in a book kept for that purpose. Medicines, pills, &c., kept on each patient's locker, when they would be taken whenever the patient wished. The matron would come round daily to see if the stock needed replenishing. If a patient was on a milk diet, two or three small bottles would be left by the matron night and morning, or eggs, if allowed; they were usually taken raw.

Each locker had a chamber always kept there, sanitary arrangements being dreadful.

When a death occurred in the ward everyone could see. What seemed to me rather surprising was that as soon as a patient died, the sheet was thrown over the face and patient carried away—no laying out or even washing being performed. No treatment, as regards dressings after operations, was ever done in the ward, patients being taken to a dressing room (Medicheria) no matter how ill they were.

A Professor in charge of the ward used to come round twice a day, usually as early as 7.30 a.m., and again at 6 p.m. On entering the ward, Sister would hand him the book, and if there were any patients for operation the following day, you would be ordered to give a purge, also enema, the next morning; he also added not to forget the bath! This order used to make me very indignant. The majority of patients disliked very much this order; it was always most difficult to persuade them to have baths at all.

After three months I was able to take my own ward, when I was better able to master the language; no one, not even the doctors, being able to understand a word of English. The Italian girls proved really quite intelligent, and learnt quickly. They were very young, some of them only 18. The difficulty was to make

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them used to discipline and hospital etiquette. The training at first was for only two years; after that time two of them were appointed Sisters!

After six months, two more wards were given over to us, male and female medical—this to enable the nurses to get fuller training. Large beautiful airy wards, with French windows opening into a garden; beds, chairs and tables all white.

The work in my ward I found most interesting. The Professor gave bedside clinics to students, and as I could by then understand more Italian, I found them a great help.

Most of the medicines are given by injections into the muscle—iron chiefly, and various other tonics. They act quickly and without stomach disturbance, as is often the case over here. Two injections usually are given each day. The patients feel very neglected if they are not having anything done in this respect.

The food was terrible!

First meal, 6 a.m., consisted of black coffee and bread, latter being very stale and quite grey in colour. 10.30 a.m. macaroni was served out to every one, a large trolley being wheeled round the wards by two men, and a Nun, who distributed all the food. Not until nearly one hour after did the second course come round; this consisted usually of fish, or sometimes meat cooked in oil, also potatoes. No puddings. The drink was wine (even children had it), one or two small bottles being given to each one, as the Nun considered best. Next meal, 3 p.m., consisted of most delicious ice-cream, which was brought round after three hours' siesta, the wards being darkened, and patients must rest from 12 to 3 p.m. What amazed me was to see ice cream being given to patients after an abdominal or gastric operation, even the day following it may be! It did not seem to affect them in the least. No tea was ever given.

At 6.30 p.m. another repetition of the morning meal, and nothing more until 6 a.m.

Patients on fluid diet would have more milk or eggs (which were taken raw) brought round again in the evening, and deposited on the lockers. It can easily be seen that it was difficult to give the Nurses a good, systematic training, as we had neither charge of food nor stores, or even the Theatre, but Matron was able to insist upon the Nurses going in with their cases.

In time we did hope to take over more in these departments. We could only teach and explain how things were done in our Hospitals at home.

I was Night Sister for a short time, and as our wards were close to two others in the same clinic (but not belonging to us), the Professor asked if I would go round and see everything was all right. The men or women in charge resented it, naturally. I nearly always found them asleep in a chair with a blanket or two covering them. If they woke up they would shrug their shoulders and go off again.

It is terrible to see how much needed good nursing is over there. When I first went out,

I worked as "Sister on Probation" under an Italian nurse, who had previously received training at a London Hospital. The ward was women's surgical, eighteen beds in all. There was nothing but bare necessities. Open iron lockers, with a lower shelf. On the top was always a water-bottle and glass; also a bottle of milk, eggs perhaps, or any special diet the patient might be on. This was brought round by the Nun in charge. (May I just add that we had nothing to do with this all important item, the food.) When we first took over the wards, as in all the others, the same; any medicine or pills that a patient was having would be kept on the locker, too, and he could help himself whenever he wished! The Nun would come round daily to see if more was needed, and thereby replenish the stock. I full well remember later when I took over a men's medical ward, the patients being most irate and shouting to the doctor that she had taken their medicine! In time that difficulty was overcome.

The patients were quite good to nurse, especially the women, but most excitable, especially on coming round from an anæsthetic. I remember one, after appendicectomy was performed, kicking and throwing her limbs about; the others were calling out furiously to me something which, when I did eventually understand what they were saying, was that I should tie her legs together! that being quite a common practice in the wards.

One day there was an earthquake, rather a severe one, which lasted for one second. I shall never easily forget it. The patients were just dreadful, so terribly agitated, and all insisted upon getting up and preparing to go home—even those who had just been operated on. It was a very long time before the doctors or any one could persuade them to lie still.

The work out there is really encouraging as it grows; great improvements are still needed and more pioneers. It calls for great patience and much tact, but one has to remember that even "Rome was not built in a day."

M. C.

COMING EVENTS.

January 1st.—New Year's Day.

January 24th.—Dance for Nurses. Trades Hall, Glasgow. Arranged by Sir John and Lady Reid.

LAST WORDS FOR 1921.

"Whenever there is life to be tended, nourished or nursed, educated and saved, whether the life be yet unborn or new-born, or senile or ill, there is the field for womanhood exercising its great function of foster motherhood."

—Harriet Leck, R.N.

"It is better to go down on the great seas which human hearts were made to sail, than to rot at the wharves of ignoble anchorage."—Mabie.

"Help thy brother's boat across, and lo, thine own has reached the shore."—Hindoo Proverb.

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.

STREET COLLECTIONS FOR NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you kindly grant me space in your valuable paper to try to correct a false impression which must have been given by a letter published in the BRITISH JOURNAL OF NURSING, dated October 22nd, 1921, and signed "South African Matron." Your correspondent invites the views of home-trained nurses upon the subject of a "street collection" for nurses in Durban.

The Trained Nurses' Association of South Africa are eager to have a war memorial for the nurses of S.A. who laid down their lives in the Great War. The National Council of Women in S.A. have promised to organise the whole of the Union of S.A. and to collect funds for the said memorial.

The members of the T.N.A. have promised to help as much as possible and they will have to decide what form the war memorial will take. But the Durban Branch of the T.N.A. did not organise the street collection—that was done by the National Council of Women and the money so collected was not specially for a "Rest Home."

There is no need to endow a bed in any hospital for trained nurses, they are admitted free of charge to all general hospitals and in most to a private ward if there is a vacancy.

The T.N.A. have already suggested that every nurse in S.A. should be asked to contribute to the war memorial fund, and I have no doubt the nurses will do so, but we are not a large body of women, neither are we rich, and it would be futile to imagine that the nurses could collect sufficient money from their own ranks, to raise a worthy memorial.

The wearing of nurses' uniform by untrained women is not common to S.A. alone; judging from the BRITISH JOURNAL OF NURSING, to which I am a subscriber and of which I am a constant reader, it is as common in London as elsewhere! The T.N.A. are doing what they may to remedy the evil.

Further, I would point out that the majority of Matrons and Sisters in the Union of S.A. are home trained, and I personally have not met one who is not striving her utmost to make the training of nurses in S.A. second to none.

I would remind your correspondent that we also have a professional Journal of Nursing in S.A., published monthly at East London, and that the Editor has invited nurses of all ranks over and over again to air their grievances and opinions therein. Had your correspondent done this, it would have been more to the point and served a better purpose than in sending, as she has done,

misleading statements overseas. Her letter reminds me of the old adage: "It's an ill bird that fouls its own nest."

I am home-trained and have been a Matron in S.A. for twenty years.

Yours faithfully,
(Miss) A. GORDON, *Matron.*

Albany General Hospital,
Grahamstown, South Africa.

[With the proposal that there should be a memorial to the nurses of South Africa who laid down their lives in the great War, we are warmly in sympathy; that the public should wish to support a Fund for the purpose is very meet and right, but we have always held that promiscuous street collections for such a Fund are very injurious to the dignity of our profession. It has certainly proved to be so in England, where begging in the streets and mendacious newspaper appeals for professional nurses after the War caused as big a scandal as has ever been hushed up by social influence. If generous people really wish to honour or express gratitude for the work of trained nurses in the War, let them subscribe quietly what they can afford, and remember the injunction in the Sermon on the Mount, "Let not thy left hand know what thy right hand doeth."—ED.]

A MISNAMED FUND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Can you tell me if there is a report published of the "Nation's Fund for Nurses," and where it can be obtained; also if there is a Committee of Management to which one can apply for necessitous cases?

Being a National Fund, I take it for granted that it is open to all Nurses who are in need of it.

Yours truly,

FAIR PLAY.

[The Fund was established July 2nd, 1917, and the first very inadequate Report only dealt with funds up to 1919, since which time we have not been able to obtain any further printed Report. We hold that the whole management of the Fund, which assumes to be national, should be referred to a Select Committee of the House of Commons, and the Nursing Profession satisfied as to the manner in which the funds—collected from the public in their name—have been allocated.—ED.]

PRIZE COMPETITION QUESTIONS.

January 7th.—What is jaundice? In what way do the urine and fæces in this complaint differ from the normal? Describe the after treatment of a patient who has had the operation of cholecystotomy performed.

January 14th.—How does water become contaminated? What diseases may follow the drinking of impure water? Mention the principal methods by which water may be purified.

January 21st.—What do you understand by hyperpyrexia? State in full the different methods which might be adopted to control it.

The Midwife.

CENTRAL MIDWIVES' BOARD.

MONTHLY MEETING.

A meeting of the Central Midwives Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on Wednesday, December 21st, Sir Francis Champneys, Bart., presiding.

REPORT OF STANDING COMMITTEE.

The Report of the Standing Committee was received, and its recommendations adopted.

A letter was received from Sir Edward Ozanne thanking the Board for the interest which it is taking in the training of pupil midwives in Guernsey, and one from Lady Ozanne forwarding for approval a Draft Scheme for the training of pupil midwives in Guernsey.

It was decided that (subject to certain amendments) the scheme for the training of pupil midwives in Guernsey as submitted by Lady Ozanne be approved.

A letter was received from the Medical Secretary of the Medical Women's Federation forwarding a copy of the following Resolution on the question of the administration of drugs by midwives passed by the Council of the Medical Women's Federation:—

"That the attention of the Medical Women's Federation having been drawn to the recent order of the Minister of Health permitting midwives to carry Opium, urges that this order be withdrawn in view of the dangers involved to the parturient woman and child. They would also point out that Pituitrin is also being widely used and similar restrictions should be exercised."

It was resolved, that a copy of the Resolution on the question of the administration of drugs by midwives passed by the Board at its last meeting be forwarded to the Medical Secretary of the Medical Women's Federation. (We notified this Resolution in our last report.)

A letter was received from the Deputy Town Clerk of Manchester forwarding a copy of the following Resolution on the question of the administration of preparations containing Opium by midwives passed by the Manchester City Council:—

"That this Sub-Committee being of opinion that it is a dangerous practice for midwives to carry and administer preparations containing Opium, consider that such authority of the Secretary of State should be revoked, and that representations be made with that object to the Ministry of Health, and the Central Midwives Board."

It was resolved that a copy of the Resolution on the question of the administration of drugs by midwives passed by the Board at its last meeting be forwarded to the Deputy Town Clerk of Manchester.

A letter was received from Miss K. Caldwell, who has been certified as a midwife by the authorities in the Transvaal, asking that she might be admitted

to Examination without undergoing further training.

It was resolved that inasmuch as Miss K. Caldwell requires one month's further approved midwifery training and the personal delivery by her of eight more cases in order to make her training equivalent to the standard prescribed by the Board, she be not admitted to Examination until she has undergone such additional training and has delivered the number of cases mentioned.

APPLICATIONS.

The following applications were granted:—

Of Medical Practitioners for Approval as Lecturer.—Noel Morley Herbert, Esq., L.R.C.P. and S.; Dr. Margaret Kay Cameron, M.B.

Of Certified Midwives for Approval as Teacher.—Midwife Florence Sarah Potter (No. 44568), and, subject to certain conditions, Midwife Alice Adelina Carpenter (No. 52228), Midwife Charlotte Dickson (No. 36758).

MIDWIVES FROM SCOTLAND AND IRELAND ENROLLED.

The applications of four midwives to be placed on the Roll were approved on the ground that they hold the certificate of the Central Midwives Board for Ireland obtained in virtue of the possession of the Certificate of the Hospital specified in each case, gained after training and examination, such training being equivalent to the standard adopted by the Board.

The Secretary reported that in conformity with the Board's Resolution of July 25th, 1918, he had placed on the Roll the names of four women holding a certificate of having passed the Examination of the Central Midwives Board for Scotland.

REMOVAL FROM ROLL.

Four applications for removal from the Roll on the grounds of old age and ill-health were granted and the Secretary was directed to remove the names and to cancel the certificates.

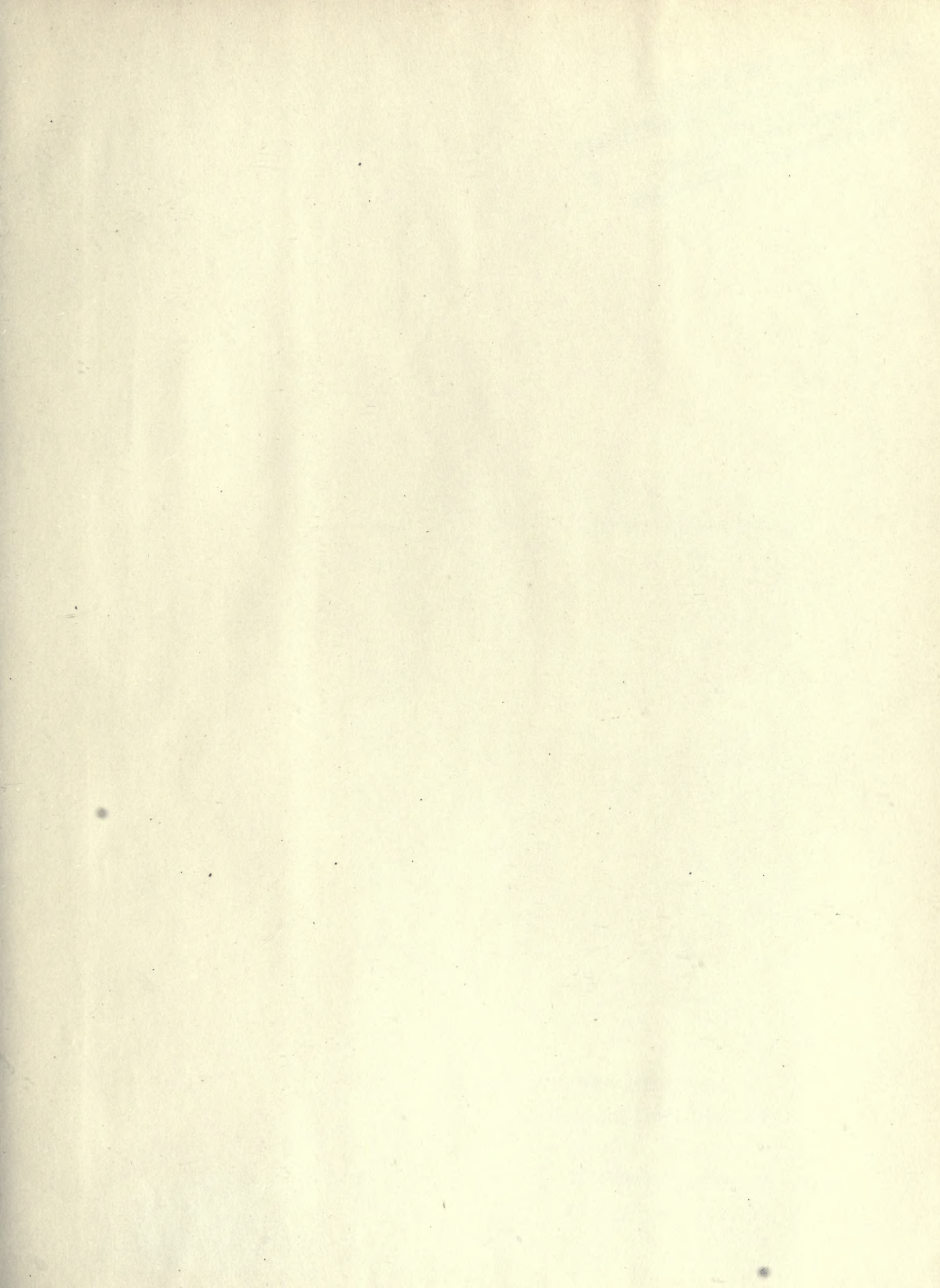
PENAL BOARD.

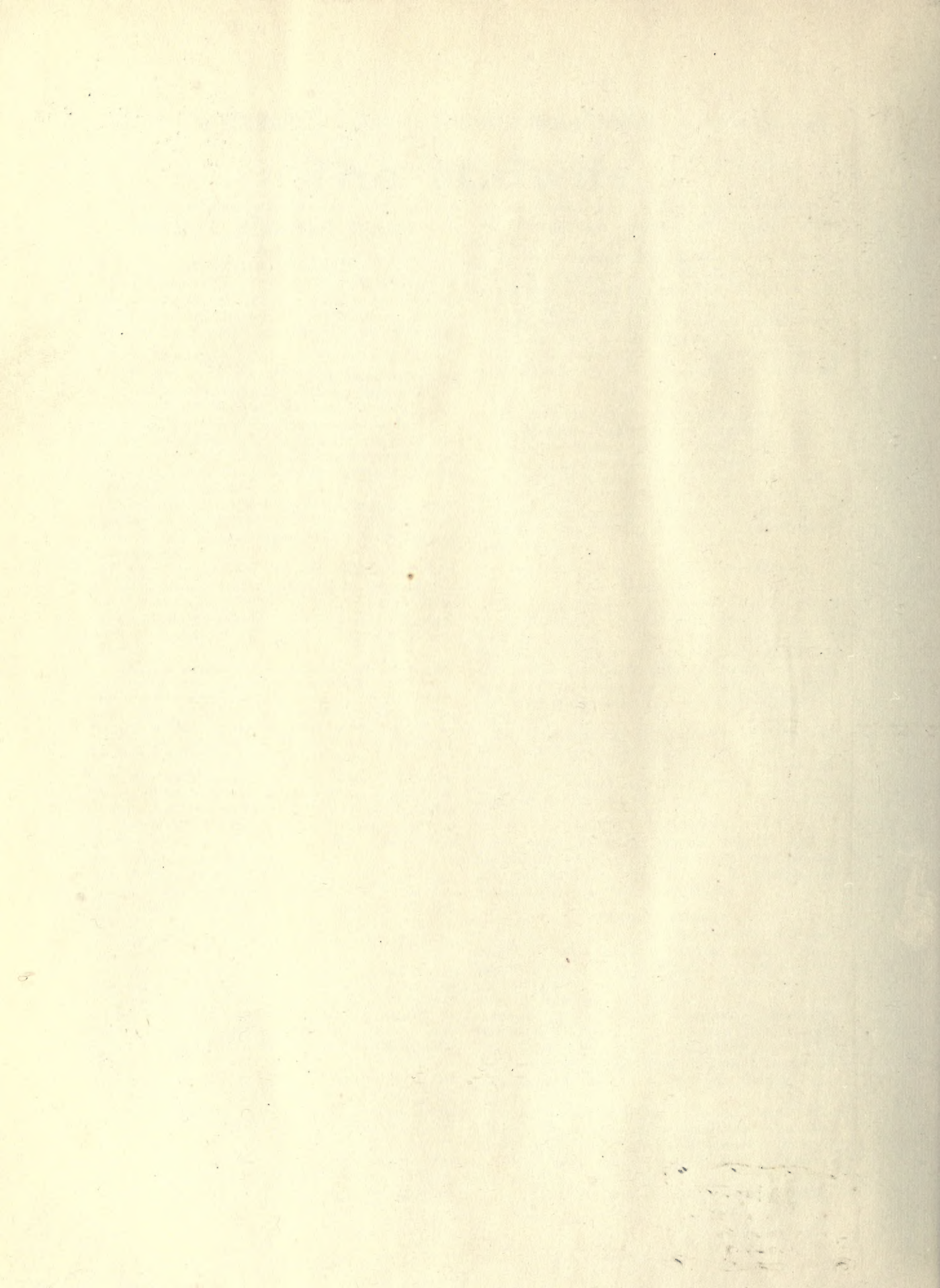
A Special Meeting of the Central Midwives Board for the purpose of hearing charges alleged against seven women was held at 1, Queen Anne's Gate Buildings on Wednesday, December 21st, with the following results:—

Struck Off the Roll and Certificates Cancelled.—Midwives Emily Matilda Garrad (No. 23733), Mary Jane Kelsey (No. 1399), Emily Moore (No. 6080)—not to be permitted to attend maternity cases in any capacity. Sarah Ann Skinner (No. 2253).

Cautioned.—Midwife Mary E. A. Evans (No. 13700) (concerning whom a report was to be asked for from the Local Supervising Authority in three and six months' time). Midwife Martha Coleman (No. 20983).

The consideration of one case was adjourned.





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