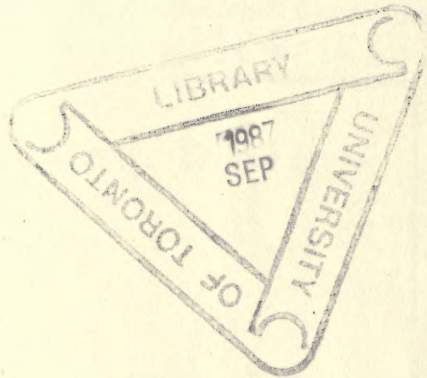


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THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

H. P. L.

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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SATURDAY, JANUARY 6, 1923.

Vol. LXX

EDITORIAL.

THE KING'S MESSAGE.

"It is an unfailing pleasure that each New Year brings me a message from the citizens of London. I thank them and you, my Lord Mayor, for this expression of greeting and goodwill, and I join in your hope for better times to come. Amid the universal complications left by the war, my heart goes out to all in their trials and sufferings, and I devoutly pray that in the coming year, inspired by the feeling of unity and mutual confidence, we shall together strive to restore the happiness and prosperity of our beloved country."

GEORGE R.I.

Throughout the years of war the King entered deeply into the sorrows of his People, and his Message, in reply to one from the Lord Mayor and Citizens of London on New Year's Day, is proof that the sympathy which His Majesty exhibited in so marked a degree at that time is unabated during the trials of the succeeding years. It is much that the Sovereign of these Realms realises the sufferings to which his People have been subjected during the lean years of peace, and a hopeful augury that his Ministers will endeavour to give effect to His Majesty's wish that we shall "together strive to restore the happiness and prosperity of our beloved country."

The King's words apply primarily to the general outlook, but, included in them also are, without doubt, the problems with which our profession is faced, for the greater includes the less, and after the thirty years' struggle for the organisation of Nursing as a Profession—crowned by the Victory of 1919, when the Nurses' Registration Acts received the Royal Assent—we have our special problems.

The echoes of that struggle have not yet died away. Complications are still left which call for wise statesmanship in their adjustment. Let us hope that in the coming year, in His Majesty's words, "inspired by the feeling of unity and mutual confidence," we shall together strive to restore the happiness and prosperity of our beloved profession.

In the immediate future lies an opportunity of promoting this end. In a few days the Registered Nurses of England and Wales will be called upon to elect thirteen of their number (for three are declared to be already elected) to serve on the Governing Body of their Profession, the General Nursing Council, for the next five years.

We ask the Electors to consider without prejudice the qualifications of the candidates offering themselves for election, the part they have played, or have refrained from playing, in securing the Nurses' Registration Act, whether their professional records show them to be disinterested and courageous, desiring the greatest good of their profession, and prepared if necessary to contend for it; or merely place-seekers, without adequate appreciation of the gravity of the problems they will be called upon to face as members of a Statutory Body. Are they, moreover, versed in the methods of business of public bodies? All these are points which should weigh with the electors.

If they approach the responsibilities of the Election in this spirit, we may confidently hope that the result will be the election of representatives inspired by the feeling of unity and mutual confidence, a factor which will be of the utmost value in the work of the new Council in striving to secure the happiness and prosperity of our beloved profession.

OUR PRIZE COMPETITION.

WHAT PREPARATIONS WOULD YOU MAKE, AND WHAT APPARATUS WOULD YOU PUT OUT FOR THE INFUSION OF BLOOD? UNDER WHAT CONDITIONS MIGHT INFUSION OF BLOOD BE NECESSARY?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Bermondsey Hospital, Lower Road, Rotherhithe, S.E.

PRIZE PAPER.

Preparation.—Before transfusion of blood can be carried out, the blood of the donor and that of the recipient must be tested as to compatibility, as the blood of one person may be quite incompatible with another, and the result be disastrous instead of beneficial, as destruction of the blood cells may take place instead of increasing their number.

Apparatus required for usual transfusion is Kempton's. This consists of a glass measure, having a tight-fitting cork, a small aperture for a small air-pump, and at its lower end the tapered glass tube upon which rubber tubing can be easily fixed.

A silver or glass canula, a scapel, artery forceps, aneurysm needle, novocaine and hypodermic syringe, scissors, retractors, needle-holder, needles and ligatures must also be prepared for the operation.

The apparatus for receiving the blood of the donor needs very special preparation; having been thoroughly sterilised and dried with a sterile towel or alcohol, the operator must first make the hands aseptic, and warm the apparatus over a suitable lamp; the canula is then dipped into melted paraffin wax and by the aid of the air-pump is drawn through the tubing until the whole is lined with a thin layer, including the glass vessel, and when all is well coated with the wax the excess is allowed to run out.

The object of this preparation is two-fold.

Firstly, the blood is kept sterile all the while.

Secondly, the paraffin prevents the blood clotting.

When all required is ready, the arms of donor and recipient are rendered aseptic with either iodine or spirit, and usually anaesthetised by an injection of novocaine (1 per cent). A tourniquet may be necessary to dilate vein of the donor, and some surgeons follow the infusion of blood with a solution of soda bicarbonate to prevent coagulation of blood taking place.

The donor and recipient should be near together, so that the canula can be taken straight out of the donor's vein and placed in the recipient's without delay; the syringe on the air-tube will be necessary to force the blood

into arm of recipient. The advantage of this method is that the exact amount of the blood infused is known, whereas by direct transfusion only an approximate amount can be estimated.

Conditions necessitating blood infusion are severe hæmorrhage, grave shock such as follows severe accidents, chronic conditions in which there is much destruction of blood cells, severe secondary anæmia following severe illness or accidents, spleen diseases, and conditions in which the patient has to be prepared for an extensive operation.

Shock must be prepared for, in case the donor collapses from the giving of blood; and saline may be necessary, or a gum preparation now used may have to be given intravenously, so that an intravenous apparatus should be ready, also a well-warmed bed.

Whitla states that "where possible the human blood should be defibrinated by collecting in a glass vessel as it flows from the basilic or great saphenous vein, and after whipping with a glass rod till the fibrin has entirely been removed, it may be injected into either an artery or vein. The best artery is the radial.

"If a vein be selected—the basilic being preferable—the blood should be injected in the direction of the venous stream—*i.e.*, towards the heart.

"If time does not admit of defibrinated blood being used, the transfusion must take place direct, notwithstanding the risk of embolism."

As transfusion only takes place under very grave conditions and the operation is a serious one, involving the gravest consequences if every precaution is not observed, nurses should familiarise themselves with the technique employed, so that if called upon suddenly to prepare for transfusion they may be able to render expert assistance.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Robertson, Miss S. Smith, Miss Jane Phillips, Miss P. Thomson.

QUESTION FOR NEXT WEEK.

What purposes are served by (a) chyme, (b) chyle, (c) pancreatic juice, and (d) bile.

Holborn Borough Council has passed a resolution making chicken-pox a notifiable disease. The object of the Council is to prevent the spread of small-pox. The medical profession to-day have had very little experience of small-pox, and that is why, at this juncture, it is expedient that chicken-pox should be made notifiable.

NURSING ECHOES.

The South London District Nursing Association, 109, North Side, Clapham Common, which has a fine record of over forty years to its credit, held an "At Home" on December 22nd, at St. Barnabas' Church Hall, Lavender Gardens, S.W. In the absence of the Rector of Clapham, the Rev. Max Williams, Vicar of St. Barnabas, took the chair, supported by Mrs. Hook (wife of Bishop Hook), Miss Edith Cole (Hon. Secretary of the Association), and Miss Stanford.

The Vicar said that during the last eleven years he had been in close touch with the work of the South London District Nursing Association. He knew no higher work than nursing, and the South London Association upheld the highest traditions of the profession.

Mrs. Hook also said that a nurse's calling was one of the highest in the world, and it was absolutely wonderful what she could do. When the nurse came, one at once felt safe. Everybody was not called to hold such a high place among the world's workers as that held by a nurse, but all could do their share in succouring the poor and the sick. There was great need for co-operation, and the world would be a wonderful place if our watchword were "Each for all and all for each."

The speaker, in appealing for funds which are much needed, said that money, when rightly used, is the most sacred thing on earth. While it was true that no amount of money could save a soul or heal a body, money could be so used that these things were realised.

The announcement of an outbreak of diphtheria at the Dulwich Hospital was made at a meeting of the Southwark Board of Guardians by Miss Gow (Chairman of the Hospital Committee), who reported that a Sister, a probationer and a patient had contracted the disease. She followed it up by drawing attention to a report by the Medical Superintendent, that "in view of the outbreak of infectious disease, it is very unsatisfactory that the diet of the staff should be, as regards margarine, unpalatable to most of them. A nurse exposed to these dangers should be adequately fed, or her risks are greatly increased." He added that less than half the quantity of margarine allowed for the nurses was drawn; a number were simply going without, and others were buying their own butter.

The Chairman, Mr. W. Savage, said that "things had come to a very critical position at

the hospital"; he was anxious to get the butter question settled that evening.

It was moved and seconded by Mr. Haines and Miss Brown that the whole staff be granted a supply of butter, whereupon Mr. Burrows reminded the Guardians that hundreds of rate-payers in Southwark had to be content with margarine, upon which Mr. Rochell retorted: "If you eat grass, there is no reason why other people should also eat it." On the motion being put, "the Ayes had it," and the nurses are to be allowed butter. Mr. McCarthy then tabled a notice of motion for the next meeting extending the privilege to all inmates of institutions over sixty.

Our readers have noted with pleasure the foundation and great success of the Scottish Nurses' Club, inaugurated a few years ago at 205, Bath Street, Glasgow—a scheme which has been so successful that it has enabled the Trustees to extend it and acquire No. 203, next door. During our recent visit to Glasgow we had the great pleasure of visiting the Club and seeing over both houses, which were filled to their utmost capacity for the Annual Reunion Dinner of the Royal Infirmary Nurses' League.

Bath Street is full of fine old family mansions, and it is in two of these capacious houses that the activities of the Nurses' Club are carried on, under the very able direction of the Secretary, Miss M. R. Stewart. The entrance is at No. 203, on either side of the Hall of which are large rooms; to the left, a most comfortable sitting-room, around the fire of which a happy party of nurses were grouped; on the right, the large dining-room, the back and front rooms available, with nice little round tables for meals. Here at the far end was a platform and piano, where lectures and entertainments can be given. Upstairs, every room has been adapted for bedrooms, excepting the beautiful drawing-rooms of the new house, the front awaiting furniture, the back already adapted for a fine library and committee-room. The bedrooms are most sensibly and prettily furnished, divided by curtains where there is more than one bed; wardrobes line every available inch of passage space, and are eagerly rented; and the bathrooms have been modernised. Of special features there are many. One we noted was the most useful little laundry-room, where blouses, caps, stockings, hankies and fal-lals can be "got up" free of cost—a great saving in a nurse's expenditure. In the basement there is a splendid box-room, all nicely fitted

for the purpose, and which is found a very great convenience. With Scottish thrift—a real virtue in these days—the most has been made of everything, and it goes without saying that cleanliness and order reigned supreme. Over tea, in Miss Stewart's charming sitting-room, we realised how fortunate the Club has been in the selection of its Secretary. This charming little lady, with her pretty, bright hair and soothing manner, her intimate knowledge of her work and evident deep sense of duty, has the whole organisation well in hand. Moreover, she is really interested in the happenings and welfare of her colleagues—not only those in and out of the Club, but throughout the nursing world—and we could not help but realise what a real disaster it was that she had not again been elected a member of the General Nursing Council for Scotland, on which she has done such excellent work during her term of service, but who—not being a member of the College of Nursing, Ltd.—had been eliminated from the list at a meeting in Edinburgh, in spite of her fitness to represent Scottish Nurses. It is just women like Miss Stewart who are needed on the Nurses' Governing Body—with their wide outside hospital experience, which cannot fail to widen their knowledge of social conditions and nurses' needs.

Scottish Nurses have done much to help financially with their own Club, and the next forward step is to have furnished the fine drawing-room on the first-floor front of the new house, which we believe is already arousing interest.

Had time permitted, we should have liked to have paid a visit to Hazelwood House, Dumbreck, the beautiful home for aged and retired nurses in Glasgow and the West of Scotland, recently opened. This must be a pleasure in the future.

A meeting of the Irish Matrons' Association will be held at 34, St. Stephen's Green, Dublin, on Saturday, January 6th, for the Election of Office Bearers. A President, Secretary, and Treasurer will be elected.

The announcement that a hospital, with Nurse-Training School attached, is being organised in the liberated areas of Northern France, and that a building has been secured at Lille for the purpose, recalls the agony which that sorely tried town not long since had to endure. The new school will bear the honoured name of Ambroise Paré, and the training will be in the hands of nurses from the Florence Nightingale School at Bordeaux.

There is urgent need for nurses in the great industrial area in which Lille is so important a centre.

It is much to be deplored that Great Britain has lost a great opportunity in not helping to further modernise nursing methods in France, and has stood aside whilst America has given a splendid lead, and the necessary financial support.

OUR DUTY FOR THE BENEFIT OF THE COMMUNITY.

We may hope that before the next issue of this Journal, the Ballot Papers for the election of the nurses' Direct Representatives to the General Nursing Council for England and Wales may have reached the Registered Nurses eligible to vote, and that, unperturbed by the recent mismanagement of our election, each elector will again vote for the candidates of whom she approves. It is useless to deny that there are two distinct types of Candidates. Those who claim, as the Independent Candidates do, that Nursing is their Profession, that they have worked for and organised it, and are responsible for its efficiency and high ethical standards. These candidates claim personal and professional responsibility for their own affairs, and are prepared to claim such rights and privileges for State Registered Nurses.

The College Group have not announced their convictions on these principles, nor have the majority in the past, as members of the General Nursing Council, supported them. Indeed, the large majority of these nominees have maintained a significant silence in Council when professional independence and progress have been under discussion, and they have, by nominating and supporting a medical and lay dictatorship, inside and outside of the Council, done immeasurable injury to the Nursing Profession and to the advancement of women as a sex.

The time has now arrived when Registered Nurses must choose whether they intend to serve God or Mammon. They cannot serve both.

If Registered Nurses desire progress, and efficiency, self-support, and self-respect, they will record their votes for the list of persons—to be found on the back Cover Page of this Journal—who one and all pledge themselves to uphold and maintain, to the best of their ability, efficient standards and status for the fellow-members of the profession they hold in veneration and affection. The Nursing Acts make efficiency possible; it is our duty for the benefit of the community to attain it.

CHRISTMAS, 1922.

AT THE QUEEN'S HOSPITAL FOR CHILDREN, HACKNEY.

What a land of fairy literature presented to those who were fortunate to visit the Queen's Hospital! Having been one of the lucky ones to be invited, I duly arrived "on time," as instructed by invitation card, at 3.30 p.m., for the Christmas Tree Party, when I found each ward with its own glittering real Christmas tree. I felt it was indeed "some party," but happily there was but one Father Christmas, who gave a large parcel to each child, addressed to each one by his or her own name—a most magnificent Father Christmas, so tall and majestic was he that wherever one met him his penetrating eye could look right away, over the heads of the crowd of visitors, and straight into the little faces eagerly looking for him; not a glance had he for other folk.

In approaching a ward one met the scheme of decoration. The first I met was Tweedle-dum, and then I ran into a house, and, like "Alice," wondered if it were the "Eight Square"; and then there were the Carpenter and Walrus, in their own particular setting, and hard by the Caterpillar too, and the Mad Hatter, which lured you on through a labyrinth of folks we have learned to love belonging to our immortal Alice, all to tune us up to the inside of the ward, where each patient had a daintily decorated bed; and even the furniture of the ward was peopled, and spoke volumes of the adventures of "Alice." Very faithfully carried out, Humpty Dumpty looked so unsafe on the wall, and yet—well, I don't think you could tell his age. The whole ward was a splendid introduction of all the contents of our dear "Alice in Wonderland" and "Through the Looking Glass."

I left this my first ward with great reluctance and found each ward carried out its ideal personality from the entrance. Thus, one was greeted with the starry heavens, and inside, on high, discovered housetops, and on their tiles, a plentiful display of our feline friends, both black and white, all blended with interior of warmth and fairy Christmas toys.

"The Carnival Ward."—A boys' ward, decked with everything suggesting Carnival, and on high an artistic display of Black Dominos, each boy in dress suggesting brightness and warmth, with very plentiful smiles all round.

"The Old Lady Who Lived in a Shoe Ward."—The whole ward exquisitely filled with the episodes displayed of her history.

"The Fairy Ward."—Her Majesty the Fairy had so many fairies of every size and beauty that one felt what a poor place the world would be without them. I find it impossible to give a really faithful description; it was carried out with such art and skill, being indeed a liberal education in our fairy tales, and the story of "Alice." Certainly one must congratulate the Matron, Miss Alice M. Bushby, and the Sisters and Nurses responsible, for a very successful display, which I am sure will

go far to create a desire of many of the little people (fortunate, in their affliction, to be in hospital at this season) to read the tales for themselves.

I am personally very grateful, as also my friend, who was invited, and who shortly returns to South Africa to open the new Children's Hospital in Johannesburg, to which she has been appointed Matron. I will conclude by wishing a return to perfect health to all the patients, and many thanks to their Matron for inviting

Yours sincerely,
J. C. CHILD.

THE ST. MARYLEBONE HOSPITAL.

Among hospital festivities, View Day at the St. Marylebone Hospital, St. Charles Square, W. 10 (until recently the St. Marylebone Infirmary), is one of the happiest and prettiest functions at this season, and there is always a widespread response to the invitation of Miss M. E. Broadbent, the Chairman, and the Hospital Visiting Committee.

This year the party was held on Friday, December 29th, and one of the features, which gave immense pleasure, was that the Mayor of Marylebone, in his official robes, accompanied by Miss Broadbent (Chairman) and Miss S. J. Cockrell, R.R.C. (the Matron) visited twenty of the wards. His Worship must have been impressed, as were other visitors, by the beautiful order and cleanliness which prevailed, the charming decorations, the alertness of the nursing staff, and the manifest enjoyment and content of the patients.

The scheme of adornment varied, of course, in the different wards, pale primrose shades for the electric-light lamps were a favourite and very effective decoration, with beautiful flowers, most artistically arranged.

One of the children's wards had an "Old woman who lived in her shoe," and both the old lady and her family were delightful, as were other representatives of familiar nursery rhymes.

A favoured few were invited by the Matron to the entertainment given in the "Concert Room" in the Nurses' Home by the Nursing Staff to their friends.

It was impossible to spare a ward for this entertainment, which had been given previously on two occasions to the patients, as there was only one vacant, and consequently at any moment it might be necessary to open it for patients.

The first part of the programme consisted of country dances, songs, &c., by probationers, with the inevitable sprinkling of Christy Minstrels. The Marylebone Hospital is fortunate in its nursing staff, for the chorus was composed of bright, happy, vivacious looking girls whose simple white dresses, made on the premises, with a spray of crimson poppies passed over one shoulder, and crossing back and front, meeting under the opposite arm, and a soft green ribbon in the hair, were admirably effective *en masse*. Especially we liked the grey smocks with crimson ties worn by the "lads" in the country dances, and the dancers did credit to their teacher and to their own power of assimilating teaching, for most of it was received during the

last few weeks after 8.30 p.m. We congratulate all concerned, not forgetting the chimney sweep.

The second part of the programme was a short play, admirably acted by three of the Sisters. "Between the Soup and the Savoury." It is astonishing how much can happen in that short space of time.

Above stairs the lovers' quarrel, between Miss Angelina and her fiancée, the unsuspected cause being the sentimental kitchen-maid who, having no "young man" of her own, and goaded by the jeers of her fellow-servants, abstracts the love-letters written to Miss Angelina, and proudly reads them as those of 'Arold, thereby considerably impressing the "house" below stairs. Unfortunately, she has ultimately to admit "there ain't no 'Arold." Cook, kitchen-maid and parlour-maid were admirably played in this amusing little farce.

The Marylebone Hospital is apparently one of the very few Poor Law Hospitals where the supply of probationers is equal, and more than equal, to the demand. We learned from the Matron that the new probationers have six weeks' preliminary instruction in the Nurses' Home before admission to the wards. Also that they are practically trained on the subject matter defined in the Syllabus of the General Nursing Council for England and Wales. On all sides we hear that training is being carried out along these lines, and are proportionately astonished at the non-existent bogey which had scared some members of the Education Committee of the G.N.C., and made them afraid, apparently, of their own shadows. We wish Miss Cockrell were standing for election to the G.N.C. She would be a most popular candidate, but, like most Matrons keen about the efficiency of their own pupils, she finds the management of a large Poor-Law Hospital, the care of its patients, and the training of its nurses sufficient occupation without adding the onerous duties entailed by a seat on the G.N.C. We agree. That is why past Matrons with knowledge and leisure are so valuable as members of the Council, and it is the reason why the whole personnel of the American State Boards of Nurse Examiners is composed of experienced Registered Nurses not actively engaged as Superintendents of Training Schools. M. B.

INSTRUCTION IN PRACTICAL PSYCHOLOGY.

We are asked to notify that Miss Anna Maud Hallam hopes to give a further Course of Instruction in Practical Psychology, or Human Efficiency, early in January. Many enquiries from nurses have reached Miss Hallam from all over England, asking if it is possible to buy her lectures, and begging her to lecture in the provinces.

Miss Hallam takes the greatest interest in nurses in this country and proposes to charge them the reduced fee of £1 for the Course of Instruction.

For date and place a stamped and addressed envelope should be sent to Miss Hallam (Secretary), Hotel Cecil, Strand, London, W.C.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES.

At a meeting of the Central Committee for the State Registration of Nurses (which is recognised in the Schedule to the Nurses' Registration Act, 1919), held at 431, Oxford Street, W., on December 16th, the following Resolution was unanimously agreed, and it was directed that a copy be forwarded to Sir A. Griffith-Boscawen, Minister of Health:—

RESOLUTION.

That the Minister of Health be asked to receive a deputation from the Central Committee for the State Registration of Nurses, mentioned in the Schedule to the Nurses' Registration Act, 1919, to place before him the following points in relation to the administration of the Nurses' Registration Act, 1919.

In the opinion of the Committee:—

(1) The conduct of business of the General Nursing Council for England and Wales is lacking in efficiency.

(2) The "prescribed training" provided for in the Act under Section 3 Sub-section (2) (a) and (b) unanimously agreed upon by the General Nursing Council in May, 1921, and incorporated in the "Syllabus of Lectures and Demonstrations for Education and Training in General Nursing"—submitted for the signature of the Minister of Health on October 14th of that year—has never yet been approved; with the result that it cannot be enforced under the Act in such Training Schools as are approved by the Council, although a number of Schools have informally adopted it. As a consequence the date of the first compulsory Examination to be held under the authority of the Council has twice been postponed.

The nurses claim that under the Nurses' Registration Act they have a right to this "prescribed training" in approved schools.

(3) So far reciprocity with the General Nursing Council for Scotland has not been established as provided for in the Act, as Scotland refuses to agree to Rule 9A. The consent of the General Nursing Council for Scotland should have been secured before the Rule was submitted for the signature of the late Minister of Health, but this was not done.

(4) The Central Committee takes most serious exception to a Rule agreed to on Friday, December 15th, and only carried by a majority of two votes, by the General Nursing Council, the effect of which, if approved, would be to annul the small protection given under the Act, for which thousands of nurses have paid the prescribed fee for admission to the General Part of the Register.

This Rule makes it possible to place persons on the General Part of the Register with no training whatever in general nursing, and from institutions for which the Council will not take responsibility.

This raises the question of the necessity for any Special Registers, and cuts (1) at the root of the protection of the public from inefficient nurses, and (2) of Registered Nurses from economic damage.

Signed on behalf of the Central Committee for the State Registration of Nurses,

ETHEL G. FENWICK,

Hon. Secretary.

431, Oxford Street,
London, W. 1.

December 23rd, 1922.

THE ELECTION.

The General Nursing Council
for England and Wales,
12, York Gate, Regent's Park, N.W. 1.
December 29th, 1922.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I have noticed from letters written to me that a few voters have not understood the system of the election, and propose, therefore, briefly to explain it.

In an election it is necessary to secure two things—the first, that no improper person shall vote; the second, that the voting shall be secret. In Parliamentary Elections, the first is secured by the personal attendance of the voter, who is identified by the officials in charge. In a postal election such as ours, the only such safeguard is the signature of the voter on the identification envelope. For further security I add a serial number at the top left-hand corner, which, on the covering envelope, enables me to check the addressing, and on the identification envelope prevents any fraudulent fabrication of votes. I find that the Registration number adds nothing of value for safety, and I shall, therefore, omit it in the coming issue.

Two or three voters seemed to think that their vote was not secret because they had to sign the identification envelope. Since the voting paper is inside this envelope, it is clear that before the latter is opened the vote cannot possibly be known. This envelope is opened either by myself, or in my presence, by expert election officials engaged to assist me, who have nothing to do with the office staff or with nursing. The voting papers are thrown into tin boxes, which are locked; and the identification envelopes are taken away and destroyed. When the voting paper has once been separated from its envelope, no human being can tell whose paper it was. The boxes are subsequently opened and from the confused mass of papers which they contain, the counting of the votes is carried out.

I may add that I was agreeably surprised by the large number of voting papers returned. I estimated the envelopes roughly before they were sent away to be burnt, and found them to amount to over 60 per cent. of the number of voters. The intelligence and public spirit of a constituency is often gauged by the proportion of its voters who go to the poll, and 60 per cent. is higher than many Parliamentary contests show. I had not expected more than half that number. I hope the result will be as good at the second trial.

I am, Madam,

Yours obediently,

W. P. HERRINGHAM,
Chairman of the Council.

Under the Rules governing the Election of Nurse-Representatives to the General Nursing Council for England and Wales, the candidates have a right to be present when the envelopes are opened and balloting papers counted. We understand some of them intend to exercise this right.

ORGANISATION OF THE POOR LAW NURSING SERVICE.

[Communicated.]

The Nursing Section of the National Poor Law Officers' Association, Incorporated, is an important part of the Service organisation, and of late years much attention has been paid to its representation and development. Too often the fact is overlooked that Poor Law hospitals, infirmaries and institutions provide by far the larger number of sick beds in England and Wales, and that the nurses who tend them outnumber those in general and voluntary institutions, large and small put together. Now that nurses' registration has become an accomplished fact, obviously this major branch of the profession could not be overlooked, and in the election of the new General Nursing Council now taking place, Poor Law matrons and nurses of both metropolitan and provincial institutions will be given the opportunity to acquire direct representation as the result of direct nomination and voting by registered Poor Law nurses at October 1st. Details of the coming election have, of course, been published, but it may be useful again to recall that nomination day was November 24th, and that nomination papers must be signed by six registered nurses who must themselves be members of that part of the register for whom they nominate candidates. January 24th is the last day for sending in voting papers, which will be posted on January 10th. All papers received after noon on the 24th will be disqualified, and Poor Law nurses are particularly requested to note the dates. The Nurses' Sub-Committee of the Executive Committee of the National Poor Law Officers' Association, Incorporated, which for some years past has successfully striven to improve the organisation of Poor Law nurses by means of Nursing Sections of the Branches of the Association, has for chairman Dr. J. D. Williams, the well-known and popular medical superintendent at Cardiff (Glamorgan and Monmouth Branch). No nurses so far have been appointed to represent the Nurses Group 9 as members of the Executive Committee till the next annual meeting, and it has, therefore, been decided to ask for immediate nominations from the Nursing Sections of the Branches. To save time, the Nurses' Sub-Committee has been given power to appoint, and it is hoped the vacancies will shortly be filled, as the annual meetings do not take place till May next at Ipswich or Felixstowe. Dr. Williams and his colleagues have been keen supporters of nurses' registration from the beginning, and, as shown by a recent report submitted to the Association, are wholly pledged to a one portal system, which provides for equality of professional status, qualification and examination of Poor Law and General Nurses. They welcome the adoption of a standard for all nurses, and they have no mis-

giving as to the application of the severest test to Poor Law nurses. In fact, the Association as a whole is pledged to a policy of higher education for nurses, and the successful efforts made to protect Poor Law Nurses in the rules and regulations issued by the General Nursing Council have earned a large measure of gratitude from thousands of devoted and capable young women who are tending the sick, the poor, and infirm in the Poor Law institutions of the country. As an indication of the keen interest which is being taken in developing the organisation of the nursing profession, it may be mentioned that the Isle of Wight and Dorset Branch has suggested that male as well as female nurses should have representation on the Executive. The difficulty about male nurses is that very little information as to their numbers, training, &c., can be obtained. Every effort has been made by the Sub-Committee, and so far only two places have been found where there is a regular service for training and certification of male nurses, viz., at the National Hospital for the Paralysed and Epileptic and the Hackney Poor Law Hospital at Homerton. However, now that the regulations for the registration of male nurses have been approved by the Minister of Health, and one seat has been allotted to them on the Nursing Council, it may be possible to do a great deal more for this branch of the profession in the near future. It will be seen, therefore, that so far from there being any opposition to Nursing progress and development on the part of Poor Law administration, not only is the opposite the case, but there is every anxiety to preserve the warmest spirit of co-operation. There is little doubt that the forthcoming election of the Nursing Council will arouse great interest in the Poor Law service, especially as it has been given direct representation.

NEW YEAR'S HONOURS.

The New Year's Honours are largely official, and recognition of women far from adequate. Dr. William Heaton Hamer (Medical Officer of Health for London), has received a Knighthood; but we looked in vain for the name of Miss Helen L. Pearse in the list—the Superintendent of the London County Council School Nurses, whose work for the health of London's children has been untiring for many years—a C.B.E. would have been very gratifying to the Nursing Profession in this connection.

Miss Helen Louise Iles, Acting Matron, New General Hospital, Baghdad, Iraq has got a M.B.E. (Civil Division).

Miss Annie Blanche, Sister, Sister-in-Charge of Nursing, Presidency General Hospital, Bengal, has been awarded the Kaisar-I-Hind Medal of the First Class for Public Service in India.

Mrs. Isabel Kerr, lady doctor in charge of the Leper Home at Dichpalli, Hyderabad (Deccan), has received the same honour.

A QUESTION FOR THE PAYING PATIENT.

First the *Reveree*, now *Truth*, has admitted the opinion, anonymous, of course, of medical men wishing to place untrained nurses who have worked in Nursing Homes on the General Part of the Nurses' State Register. Presumably these gentlemen approve the system whereby from ten to twenty guineas a week is charged in these institutions for "skilled" nursing, and where when admitted patients are presumably "nursed" by untrained women. This system since the war has been widely adopted by engaging V.A.D.s, and expecting trained nurses to work alongside—and in some instances instruct—these probationers.

Truth states:—

"My correspondent points out that a nurse, after three or more years' training in a general nursing home, knows her work from A to Z, though she may not have passed any examinations and does not possess a hospital certificate, and that to compel her to work for a year in a hospital in order to qualify for registration cannot appreciably increase her practical skill, nor give her more than a smattering of theoretical knowledge. The injustice, if injustice it is, is obviously due to the Act having left the power of discrimination in the hands of a professional body on which the hospital representation is overwhelming, and the conditions are in marked contrast to those in which "existing" midwives and "existing" dentists have been allowed to come upon their respective registers. It should be sufficient, my correspondent points out, for a nurse to produce evidence (1) of suitability of age and good character; (2) of at least three years' training in a general nursing home, prior to November 1st, 1919, in which the patients are medical, surgical, and maternity cases; (3) of practical ability from at least three doctors whose cases they have nursed during their training."

What does the unfortunate Paying Patient think of this system? We know what we think—that it is fraudulent in the highest degree, and should be put down by law. That the unprotected sick admitted to nursing homes—where their lives are at stake—have a right to demand that their medical attendants shall recommend no "home" where untrained and unskilled nurses are employed, and that if they pay for professional nursing skill they shall receive it. Our advice to every patient is to ask if his nurse is a certificated general hospital trained nurse, Registered by the General Nursing Council, and be no longer content to be swindled in this particular, in the future, as he has been in the past.

Moreover, medical practitioners who are advocating the recognition of experience in nursing homes, gained at the expense of paying patients, as the standard of efficiency for registration, should have the courage to sign their names in the publications in which they advocated this type of swindle.

To quote the Dentists' and Midwives' Acts is superfluous. Both these Acts are compulsory; the Nurses' Act is not. Dentists and midwives can be prosecuted if they, unregistered, practice as such. Unregistered women may nurse the sick so long as they do not delude them by using the title of "Registered Nurse"; so there is no hardship, so long as these sick attendants are honest and do not assume knowledge and status to which they have no right. The only person who is apparently of a negligible quantity is the honourable woman, who has given at least three years' work in our nursing schools at high pressure for pettifogging pay, to qualify herself as a safe, skilled, invaluable nurse of the sick.

It is time the sick waked up to the present dangerous and indefensible position in which they are placed by those private nursing home proprietors, supported by medical practitioners, who endanger their recovery, if not their lives, by unskilled service.

Let our highly capable nurses stand for the safety of the sick.

COLLEGE CENTRES INVITED TO PASS RESOLUTIONS WITHOUT SEEING THE RULES.

We have objected in Council and outside it to the unjustifiable interference by the Managers of the College of Nursing, Ltd., as personified by Sir Arthur Stanley, Chairman, and Sir E. Cooper Perry, Hon. Secretary, with the Statutory duties of the General Nursing Council for England and Wales, and it may interest our readers to realise the methods employed.

Let us take first the constitution of the "prescribed scheme," which, in the Schedule to the Act, makes compulsory for the Constitution of the Council, the election of sixteen direct nurse representatives.

In drafting the Scheme the Registration Committee recommended that six seats should be secured to Matrons of Training Schools, and five seats to nurses, and it was agreed in Council that Matrons should not be eligible for Nurses' seats.

This provision cut out Miss Suiss, a nominee of the College of Nursing, Ltd., for a Nurse's seat on the new Council, because she had been a Matron, a decision which evidently caused her much perturbation. Immediately the College powers were approached, with the result that the provision was vetoed at the Ministry, and *altered in print in the Schedule* placed before the next meeting of the G.N.C., who were told it was too late to consider and alter it. Thus, Miss Suiss is now eligible for election, although she is no longer engaged in the Public Health Service as a Municipal Nurse, and is now running a proprietary Children's Home at Bexhill.

Another instance of interference. It will be remembered that in July the Council approved a very guarded Rule to meet "hard cases"; such,

for instance, as that of Dame Sidney Browne, President of the College of Nursing, Ltd., who, with less than a year's training in the past, rose to be Matron-in-Chief Q.A.I.M.N.S. This carefully-worded Rule was not approved by the Scottish Council, and the Registration Committee thereupon recommended a very loose Rule, which is the Scottish Rule—21 (3) (d)—but disapproved of and not adopted by the English Council in its Rules framed in 1920, and approved by the Minister of Health in 1921.

Not a word was said at the Council meeting held on December 15th last by Dr. Goodall or the College representatives that before Rule 21 (3) (d) was brought up for discussion at the G.N.C. it had been sent down (without a copy of the present Rules) to the Local Centres of the College of Nursing, Ltd., inviting them to support it and agitate for its acceptance by the Minister of Health! Thus, when the members of the General Nursing Council were given an opportunity *for the first time* of considering their own business, it was already dealt with by a College committee. Who was responsible for this breach of confidence it is not difficult to surmise, when certain persons sit on both bodies. But that such methods of stultifying the work of the General Nursing Council—work with which it is entrusted by Parliament—can be employed, proves our contention, that social influence in the past has played a disastrous part at the Ministry of Health in the conduct of the business of the G.N.C. Imagine such tactics employed in relation to the General Medical Council, or the Central Midwives Board! We imagine the Chairmen of those Statutory Bodies would not tolerate such indefensible wire-pulling for a moment. The Nurses also need a Chairman who has the courage to protect their Governing Body from everlasting dictation and meddlesome interference by the College Company. Local Centres of the College should hear reasons for and against, before taking action on General Nursing Council business, and this they are never permitted to do.

APPOINTMENTS.

MATRON.

Maternity Hospital, Newcastle-upon-Tyne.—Miss Agnes I. Russell has been appointed Matron. She was trained at the Royal Victoria Hospital, Newcastle-upon-Tyne.

ASSISTANT MATRON.

Royal Hospital for Sick Children, Aberdeen.—Miss M. Husband has been appointed Assistant Matron. She was trained at the Royal Infirmary, Aberdeen, and the Simpson Memorial Hospital, Edinburgh, and has held the position of Sister at the Hospice, Edinburgh, and of Night Sister at the Royal Infirmary, Dundee, and the Royal Infirmary, Aberdeen.

SISTER.

Royal Bucks Hospital, Aylesbury.—Miss Champion has been appointed Sister. She was trained at the Tunbridge Wells Hospital, and has been Sister at the Cornwall Infirmary, Truro, and at the East Cornwall Hospital, Plymouth, and served at Cambridge with the Territorial Nursing Service.

HOME SISTER.

South London Hospital for Women.—Miss Dorothy Dixon has been appointed Home Sister. She was trained at King's College Hospital, London, where she held the positions of Holiday Sister in the Theatre; Outpatient and Night Sister; and Ward Sister. Also Assistant Housekeeping Sister at King's College Hospital for one year. She is a Certified Midwife and received her midwifery training at Queen Charlotte's Hospital.

HEALTH VISITOR AND CERTIFIED MATERNITY NURSE.

Buckhurst Hill Urban District Council.—Miss M. C. Aanensen has been appointed Health Visitor and Maternity Nurse. She was trained at the Jewish Maternity Home, and has been for one year Nurse at the West Ham Infirmary; for one year did Maternity Nursing at the above Home and on the District in the East End. For sixteen months she was Assistant Midwife and Health Visitor under the Sussex County Council; and for four years and seven months did Military Nursing at home and abroad.

HEALTH VISITOR.

Featherstone Urban District Council.—Miss Mary Catherine Owen has been appointed Health Visitor. She was trained at the Royal Southern Hospital, Liverpool. She has worked temporarily as Health Visitor under the Carnarvonshire County Council and held a similar position at Oldham. She is a Certified Midwife, and holds the certificate of the Royal Sanitary Institute for Health Visitors and School Nurses.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Beatrice M. Johnson is appointed to Reading, as Superintendent; Miss Florence J. Field, to Huddersfield; Mrs. Elsie Kershaw, to Golcar; Miss Elizabeth McEwen, to Carlisle; Miss Charlotte Noble, to Glossop; Miss Cissy S. Sparkes, to Huddersfield; and Miss Bridget M. Walshe, to Bath.

THE HOSPITAL WORLD.

From *St. Bartholomew's Hospital Journal* we gather that the following programme has been tentatively arranged for the Octocentenary Celebrations:—

**ST. BARTHOLOMEW'S HOSPITAL
800TH ANNIVERSARY CELEBRATIONS.**

PROVISIONAL PROGRAMME.

Tuesday, June 5th, 1923.

Service at the Priory Church of St. Bartholomew-the-Great.

Luncheon to the Delegates by the Governors and Staff of the Medical College of St. Bartholomew's Hospital.

Reception of Addresses from the Delegates by H.R.H. THE PRINCE OF WALES, President of the Hospital.
Old Students' Dinner.

Wednesday, June 6th, 1923.

Reception at the Royal College of Surgeons of England, Lincoln's Inn Fields.

Bartholomew Fair to be held within the Hospital precincts.

Banquet to the Delegates.

Thursday, June 7th, 1923.

Service at St. Paul's Cathedral.

Continuation of Bartholomew Fair.

Conversazione in the Hospital and Medical College.

Delegates from all English-speaking medical schools in the British Empire have been invited and many American schools will send representatives.

What is the Nursing Staff doing? It does not appear to be associated as closely as it should be in these Celebrations. Do not let us forget that there were Sisters as well as Brothers, from the earliest times of the Foundation of the Hospital of St. Bartholomew's in Smithfield.

When a number of the workers on behalf of Pound Day for the Royal Surrey County Hospital assembled at the final meeting in the board room of the Institution, they saw part of the result of their work in over six tons of groceries and other housekeeping necessities stacked around the walls. There were over two tons of potatoes, a huge stack of preserves, over half a ton of sugar, and piles of other goods contributed by sixty-one districts, in addition to monetary gifts less conspicuous, but just as welcome.

Mrs. Lionel Phillips (Chairwoman of the House and Finance Committee), said the goods received on Pound Day made an enormous difference to the housekeeping books of the hospital. The Aldershot pounds were exceedingly welcome, for they carried them on at a time when the goods from Surrey districts were becoming exhausted. Some of the villages had their own cottage hospitals, but in spite of that they contributed most liberally to the county hospital. Not a single pound of goods which could not be used in the hospital had been sent in. The increased contributions of luxury goods, such as jam and bottled fruits, were much appreciated.

Sir James Ormiston Affleck, one of the leading Scotch physicians, left £47,278. He gives £8,000 to the Edinburgh Royal Infirmary, "in which a large part of my life work has been done," as to—£5,000 out of which he requested the managers, if they should see fit, to name an "Affleck bed" in one of the wards where he served.

As to £2,000 for the benefit of the nursing department.

As to £1,000 for the purchase of radium. £5,000 to the Royal Edinburgh Hospital for Incurables (Longmore and Liberton Hospitals), "in token of my heartfelt interest in its beneficent work and my long connection with it."

The Scientific Novelties' Exhibition, which the colleges and schools of the University of London have organised at King's College, Strand, in aid of the hospitals of London, is proving a great attraction. Most interesting lectures are being delivered.

THE NURSERY NURSE.

CHRISTMAS AT THE NORLAND INSTITUTE.

Time and again one has come across a Norland nurse; and the impression left on the mind of a professional woman was ever the same, i.e., "How highly-trained she is as a children's nurse," and one wished to learn of that training. An opportunity came on Thursday, December 14th, in the form of an invitation to the Christmas party at the Norland Institute. It was an auspicious event alike to the children and their guests; and so many happy incidents crowd the mind it is difficult to set them down in order.

As we entered the nursery children were singing Christmas carols, clustered in a happy group, all in their party dresses, in the foreground of the picture. Their dear baby voices thrilled one strangely. Behind them were grown-up carol singers in coats, hats, and cravats, and each carrying the "Waits' Lantern" on a pole; and in an alcove of the hall, farther back, was an augmented choir of happy nurses in their becoming buff uniform and aprons, each wearing the N.I. Badge on the left arm. Such a lot of pretty girls delighted and satisfied eye and mind alike. At the end of a fine programme of song and story, the Christmas-tree appeared, and the gifts were distributed from it. The guests were then invited to tea in the Lecture Hall, and free to wander all over the Institute.

Naturally, we went to the nurseries first, and these were a joy to behold! Large apartments with lofty ceilings and plenty of air-space, divided for day and night use, and provided with every requirement for baby, and the other tiny toddlers. Two or three children in each nursery and a nurse for each child practically. They were having nursery tea—the nurses, like little mothers, in the midst of their family. Bonnie, laughing, healthy babies, and dear little ones clinging to nurse's skirts, shyly showing their Christmas-tree presents, made a pretty picture. Each nursery is specially named—"Sunrise," "Dawn," "Freedom," "Spring," "Forget-me-Not," we read on the doors. On each floor are several of these nurseries, with fully-equipped bathrooms for their tiny occupants.

Then we visited the kindergarten school, where the "tinies" play at lessons. Here, samples of their work were laid out for inspection and methods of instruction demonstrated. The children's church, adjoining the school, with its tiny altar and rows of tiny chairs, bespoke its infant congregation, for "of such is the Kingdom of Heaven." On the altar lay offerings of Christmas toys and gifts for the day nurseries and creche at Bethnal Green, which is maintained there by the freewill offerings of the staff and the children, with a fully-trained Norland nurse in charge. Next we visited the nurses' quarters—large apartments divided into cubicles, each complete for the nurse's comfort. The kitchens and laundry deserve notice, where the students are instructed

in cooking, domestic hygiene, laundry work, &c. So ended a happy and instructive tour of the building.

It may interest our readers to append a short account of the Institute and its work. The Norland Institute was founded in 1904 by Mrs. Walter Ward, whom we had the pleasure of seeing at the children's concert, where she delivered a short speech. Its object is "for the training of educated girls as children's nursery nurses." The scheme of training extends over a period of one year, and is divided as follows:—

1. Twelve weeks in the Norland Institute as a probationer.
2. Twelve weeks in a Children's Hospital; three weeks' holiday.
3. Twelve weeks in the Institute as a student for more advanced educational work.
4. Twelve weeks in the practising nurseries.

This scheme of training includes everything theoretical and practical, ethical and religious, a children's nursery nurse should know, and their standard is very high. The special feature of the Norland Nurseries is that each nurse has charge of a model nursery, assisted by a student-in-training acting as under nurse. The ages of the children vary from the month to eight years, and the training includes the instruction of the older children. "Special pains are taken to lead the students to grasp the fact that their daily life in the presence of the children constitutes religious training during the earliest years of child life." "Little children love one another"; "Do unto others as you would that they should do unto you." Such teaching forms the true basis of nursery religion and has a direct influence on the future character of the child. Consequently, it is of first importance that one who chooses nursery work as her profession should have an innate sense of honour and truth, and be a woman of simple and upright character."

The far-reaching influence of the Norland nurse is, therefore, unique; and, after our visit to the Institute, we ceased to wonder at her influence in the homes of the British public.

A. E. M.

BENDUBLE SHOE COMPANY.

BARGAIN MONTH.

The popularity of the Benduble shoes with nurses is the best guarantee of their worth, for perhaps the most important item of a nurse's outfit is her shoes, which must be well fitting, comfortable, quiet, and smart. One of the most serious incapacities which can befall a nurse is that the arch of one or both feet breaks down with the strain imposed on it, and nothing is of greater importance in preventing such an accident than the selection of suitable shoes.

During the month from January 8th to February 3rd, an unusual opportunity occurs for obtaining the high class goods supplied by this firm at a considerable reduction. It is a

Bargain Month, not a Sale Month, it must be understood. The goods on sale are exactly the same as those sold at a higher price at other times, but during the four weeks above mentioned, to those who present, or post, the coupon which appears on our front cover in this and other issues, a substantial reduction will be made on ordinary prices. No goods whatever are got in for the sale.

We advise our readers whose footwear needs renewing to study our front cover, and then to take advantage of the very attractive offers of the Bargain Month of the Bendable Shoe Co., by presenting, or posting, the "Bargain Month Coupon" with their orders.

If possible they should call at Commerce House, 72, Oxford Street, London, W.1. (First Floor), and select their purchases, whether boots, shoes, or stockings from the very large stock on view.

POPULARIZING PUBLIC HEALTH NURSING.

Nursing for the public welfare
Means a work of three-fold effort:
Education, brisk prevention,
And the utmost skill at curing
Sickness with resulting hardship.
Josie Smith was ill with measles.
Nurse was called—Lo, education:
She it was who demonstrated
To the anxious, willing mother
How to isolate her Josie;
Scrub her hands before and after
Touching anything of Josie's;
Keep her laundry and her dishes
Sep'rate from the other children's—
Boiled with care and all precaution.
And, with model tact and insight,
She suggested easier methods
To the mother in her housework:
Showed her wholesale goods, and so forth;
Made it possible to cover
The expense of nursing visits;
Learned the diet of the family,
Told where best milk could be purchased,
And she planned a balance menu
(When the mother asked her for it).
Mary Smith, the little sister,
Learned from a nurse to use a toothbrush
Learned how milk would make her fatter,
Fresh air make those cheeks grow rosy,
Learned the soap cake's satisfaction.
Johnny Smith once cut his finger.
What a chance for demonstration!
Here's the nurse's first-aid lesson.
So the nurse advised a clinic,
Told his mother of the danger
If he didn't have it seen to.
Now she learned that Johnny's father
Had a cough that seemed suspicious,
Sent him to a good dispens'ry,
And, when diagnosed as "tb,"
Supervised preventive measures
For the others of the fam'ly
Thro' the means of that dispens'ry,

And provided for the father
Sanitarium care—the finest.
Now comes in the chance for curing
Problems—physical and social.
Josie's nursing care for measles,
Under orders from the doctor,
Largely from the mother's learning
Thro' the nurse, has cured that problem.
Mrs. Smith had then no income,
So the nurse suggested gently,
That the C.O.S. could help her;
And, with both the Smith's approval,
They began investigations,
Soon to find a long-lost brother—
Diamond scarf pin, gloves, and gaiters—
Volunteered to tide them over
Till the oldest boy'd support them.
Then the nurse, her duty ended,
Passed to other public health work.

—Public Health Nurse.

(Published by Henry Street Settlement, New York.)

OUTSIDE THE GATES.

The best New Year's gift we Londoners had was the good news that the Ken Wood Preservation Council had completed the purchase of one hundred acres of the Ken Wood Estate for the extension of Hampstead Heath. If only we could have that lovely wood near by it would be grand. We owe this magnificent gift to private enterprise. The principal contributors have been Mr. William Whittingham, of Bradford, £50,000; Mr. Thomas William Wilkinson, of Carnforth, £20,000; Mr. F. C. Minoprio, of Liverpool, £20,000; an anonymous donor, £25,000; Lord Glendyne, £3,050; and Sir Arthur Crosfield, £1,250. Our Government can waste millions in bureaucratic extravagance, but when a few thousands are needed to secure a great national possession for the benefit of the health of our people, not a penny is forthcoming.

WORD FOR THE WEEK.

"The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with the occasion. As our case is new, so we must think anew and act anew. We must disenthrall ourselves, and then we shall save our country. The fiery trial through which we pass will light us down in honour or dishonour to the latest generation. We shall nobly save or meanly lose the last, best hope on earth."

—Abraham Lincoln.

COMING EVENTS.

January 10th to 24th, 1923.—Issue of and return of Ballot Papers in the Election of the Registered Nurses' Representatives, General Nursing Council for England and 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.

HOW TO DEPRECIATE THE GENERAL PART OF THE REGISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As you have been good enough to open the question of the admission of existing nurses to the first State Register in THE BRITISH JOURNAL OF NURSING, could you kindly find space to publish this letter, bringing forward points which are apparently being rather overlooked.

That the Existing Nurses' clause of the Nurses' Registration Act was so worded as to admit very widely to the first State Register, was thoroughly understood by the Nursing Profession when the Act became law in December, 1919. We accepted it fully then in word. We ask that now we also accept it as fully in deed, by seeing that the rules drawn up by the G.N.C. shall be in strict conformity to the meaning of the Act. It is up to us as a profession to play the game.

We hold a rule should be framed giving the G.N.C. power to accept applicants for State Registration on their individual credentials, without rigidly defining the method by which such credentials have been obtained. How could such a rule have the effect of admitting "dangerously incompetent" persons to any part of the Register, or "specialists" to the General Part? Under the Act, every applicant must satisfy the G.N.C. she, or he, has "adequate knowledge and experience" of nursing the sick. That there should be additional supplementary registers for those nurses whose training and subsequent experience has been entirely confined to one branch of the profession is very probable, though it is unlikely that V.A.D.s would ask for one. But every applicant for the General Part of the Register must have adequate knowledge and experience in the nursing of men and women, both medical and surgical cases. It is unthinkable that with these safeguards provided by the Act, the G.N.C. under such a rule could admit "dangerously incompetent" persons to any part of the Register, or "specialists" to the General Part.

To intimate that as the Act is not compulsory the position is not so important is surely rather unusual reasoning. If it does not matter, whether we become State Registered or not, as we can practise without, why then did we work for State Registration? If on the other hand we admit that the unregistered nurse will be working at a disadvantage, can any good come of such a grave injustice as refusing admission to the first State Register of hundreds of nurses who undoubtedly under the Act have the right to be registered? It should be remembered that this injustice is accentuated, under the present rules, as many of the applicants turned down are, by virtue of their

many more than three years' excellent experience, infinitely more highly qualified to nurse, than an applicant, admitted by virtue of having served for one year as a probationer in a Cottage Hospital, followed by two years' bona fide practice. To speak of this year in such a hospital as training is misleading. Is there any system of training in these small institutions?

I remain,
Yours faithfully,

M. C. HERBERT.

8, Porchester Square,
Hyde Park, W. 2.

[We have found space for Miss Herbert's lengthy letter, although there are few new arguments made by her, in her support of the College campaign to make it obligatory to place nurses with no "general training" on the General Part of the Nurses' Register. We take our stand on the clause in the Act which makes the Council responsible for "satisfying itself" that "existing nurses" have "adequate knowledge and experience of the nursing of the sick." This knowledge and experience they cannot possess without theoretical and practical training—and how is the G.N.C. to test it if the applicants do not possess it? We do not know what Miss Herbert means by "playing the game." To place persons with no training in general nursing on the General Part of the Nurses' Register would be to delude the sick public, whom the Act is intended to protect. This is not our idea of "cricket"!

The truth is that the College of Nursing, Ltd., Memorandum provides for the registration of "all classes of nurses," a system it has not complied with on its own voluntary Register, and has no right to attempt to enforce on the State Register.

As to the V.A.D.s not asking for admission to the State Register—the Committee of which Sir Arthur Stanley is chairman as well as of the College approached the G.N.C. requiring to learn if they were to be admitted in 1920; and, of course, much of the agitation to sweep away the protection of the one year's general training is made on their behalf.

The V.A.D.s have their own List under the V.A.D. Regulations, which is all they are entitled to; but nurses must make no mistake on this question; if they return the College candidates to form the new General Nursing Council, some form of privilege for V.A.D.s will be established at the dictation of the dual Chairman of the College and the V.A.D. Committee. There is no doubt about that, as social influence governs the British Red Cross Society, and the College candidates owe allegiance to the same Chairman, and have constantly, in the past, placed that allegiance before their duty to the Nursing Profession as a whole, as members of the General Nursing Council (*vide* Rule 9, a).

Our contention that women with no general training would not be unjustly treated if they are not granted the title of "Registered Nurse" is quite sound. The truth is, thousands

of women have refused to qualify themselves for their responsible duties to the sick during the past twenty years, and have posed and worn nurses' uniform, and taken trained nurses' fees for years. These workers should now be compelled to deal honestly with the sick. No one wishes to interfere with their work, but that trained nurses and the General Nursing Council should be invited to "cover" their ignorance by granting them status and a protected title to which they have no right, is, in our opinion, entirely inexcusable. The Nurses' Registration Act, for which we worked for thirty years, aimed at promoting justice where justice is due, that is to the conscientious, skilled, qualified nurse, and to the sick who, for so many years have been at the mercy of ignorant and unskilled persons. Let us brush humbug aside, and stand firmly for what is right. Continual interference by the College Council with the work of the General Nursing Council, and its attempt to depreciate its work, is now well recognised.—ED.]

WE AGREE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I point out that three weeks is not sufficient time for the Government and private nurses serving abroad to record their votes?

It would disenfranchise those in India, Ceylon, Malay States, Hong Kong, Shanghai, Cape Colony, Uganda, St. Helena, &c.

I do not know if all the nurses serving abroad are entitled to eleven or twelve votes each, but I take it that in their own interests they will all have submitted their names for State Registration.

To me it seems not merely a matter of regret, but of injustice if these very capable, excellent women are not given time in which to voice their opinions and wishes.

I am, Madam,
Yours faithfully,
F. DINNING.

Casa Ramone,
San Giorgio, Intra.

[As only two weeks are allowed for the Election, it will be a tight squeeze for Nurses in Italy to record their votes.—ED.]

WHY TRAIN!

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—The following extract from the Annual Report of a well-known British Hospital in the South of France is a typical illustration of the archaic ethics undermining the Nursing Profession which you have fought so long, and so valiantly, to improve:—

"In July, 1922, Miss (—), who for three years had acted as Matron, ceased to fill that position, and the Committee have been so fortunate as to secure the services of Mrs. (—), the widow of the late Dr. (—), as Lady Superintendent."

Miss (—) is a *trained* Matron who served the Hospital with the utmost loyalty since it reopened in 1919; she only "ceased to fill that position" (the term savours somewhat of the

Bastille!), because she was dismissed *without explanation or acknowledgement*, and her place filled by the *untrained* "lady" the Committee were "so fortunate as to secure"!

Had trained nurses the least *esprit de corps* such things could never take place. But, alas, the "Lady Superintendent" has also been "so fortunate as to secure" as many of them as she requires; in fact, her list overflowed in a very short time.

The motto "every man for himself and the Devil take the hindmost" is decidedly practical, if not ideal, and its human result "the Red Flag."

Yours sincerely,
E. P. SHEKLETON,
Member P.U.T.N.

C.O. 137, Ebury Street, S.W. 1.

[We had heard rumours of this injustice. The untrained "lady" is the widow of a doctor with two grown-up sons and a daughter! If trained women were loyal to their cloth, such "jobs" would not be possible.—ED.]

KERNELS FROM CORRESPONDENCE.

Member of the Royal Infirmary Glasgow Nurses' League.—"I was prevented attending our Annual Re-union Dinner on December 7th, much to my sorrow, but beg to thank you sincerely for sending me a copy of THE BRITISH JOURNAL OF NURSING, containing such a full and interesting account of the gathering. Governors, doctors, nurses, all meeting together in such a fine spirit of comradeship—just as it should be if we are to attain the best possible for our people in health and in sickness."

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRELAND—33, St. Stephen's Green, Dublin.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

January 13th.—What purposes are served by (a) chyme; (b) chyle; (c) pancreatic juice; and (d) bile?

January 20th.—Give the most interesting report of Second Sight you have experienced, or of which you have been told.

January 27th.—Give an account of the diet and treatment in a case of scarlatinal nephritis.

OUR ADVERTISERS.

Do not omit to buy, as far as possible, everything you need from "Our Advertisers," and to recommend them to your friends. They are all first-class firms.

The Midwife.

CENTRAL MIDWIVES' BOARD.

THE DECEMBER EXAMINATION.

At the December Examination of the Central Midwives' Board, 624 candidates were examined and 471 passed the examiners. The percentage of failures was 24.5.

THE CITY OF LONDON MATERNITY HOSPITAL.

A SHORT HISTORY.

A wealth of interesting information must lie buried in the minute books of some of our older hospitals, and Mr. Ralph B. Cannings, Secretary to the City of London Maternity Hospital, City Road, E.C. 1, has done good service both to the institution and in the interest of the historical records of our hospitals, by the short history which he has published of the oldest Maternity Hospital in the kingdom.

In his Foreword he tells us that this history falls naturally within three periods—from 1750-1770, when it was lodged in London House and Shaftesbury House in Aldersgate Street; from 1770-1907, when it was in the old building in the City Road; and from 1907 (when the existing structure was erected) to the present time. The material relied on has been collated mainly from the Minute Books of the Hospital.

It was on March 30th, 1750, that ten benevolent gentlemen met together at "The Black Swan," a tavern in Bartholomew Lane, and decided "to open a Lying-in Hospital for Married Women in the City of London and parts adjacent, and also for Sick and Lame Out-patients," a decision, says Mr. Cannings, of which the City of London may justly be proud. The first President was Mr. Slingsby Bethell, an Alderman of the City of London, and the Staff included two physicians and men-midwives, a Surgeon and Accoucheur, an apothecary, and the Treasurer, Chaplain, Secretary, and the Matron (Mrs. Mary Coverley).

The founders had no intention that the office of the members of the Committee should be a sinecure, for a minute records that it was resolved that "The Committee should meet every Wednesday, and to the intent that such meetings be punctual, and the business of the Hospital not retarded, it is now resolved and agreed that all such persons who shall be wholly absent, or not present at eleven o'clock, unless sick or out of town, shall forfeit, to be put in the Poor Box, one shilling for the use of the Hospital."

On June 13th, less than three months from the first meeting the Matron and one nurse were directed to go into residence.

By April 13th, 1751, the hospital was moved to

Shaftesbury House, an imposing mansion built in the reign of Charles I after designs by Inigo Jones, where there was room for thirty patients. Soon after the removal the first Matron resigned or was dismissed, for in May, 1751, "by ballot which began at 11 o'clock and ended at one o'clock her successor, Mrs. Katherine Evans," was appointed at a salary of fifteen pounds a year.

By January, 1753, four nurses at £8 a year each, and one domestic servant at £5 10s. a year, had been appointed.

In 1768 negotiations were opened with the authorities of St. Bartholomew's Hospital, owners of the property, and in 1773 the hospital was moved to its present site at the junction of City Road and Old Street, then residential thoroughfares. Close to the hospital on the north were pleasure grounds, and a fishing pond and bathing pool, and in the rear a garden.

The Committee, we are told, took great pains to inquire into the best and most approved methods of building and equipping a hospital. The following minute records the views of a Dr. Hulme, who had undertaken to make inquiries and report to the Committee, after viewing the Westminster Hospital, then lately built (1769).

"And the Doctor declared his idea of a public hospital for lying-in women, that it should be composed of long spacious rooms, with a range of beds on castors on each side, a fire place directly in the middle, and windows at each end with sashes letting down at the top, and a ventilator fixed in each. . . . One nurse will be sufficient to superintend the patients of the whole ward. But what is chiefly to be attended to is that by this means there will be a thorough and perpetual ventilation."

The new hospital was planned to contain 42 patients, and the Staff consisted of the Matron, two salaried nurses (one for night and the other for day duty), twelve pupil midwives, and eighteen pupil nurses. The first pupil had been accepted in 1771 "to be intrusted in midwifery and to qualify as Assistant Matron."

It is curious to read that in 1791, when a question was put to the Matron as to the advisability of providing a separate room for labours, her reply was that "A separate room for labours would create dissatisfaction, experiments would be suggested or suspected, the only safe method was that of deliveries in the wards; besides that there is no room in the house." When in 1860, nearly seventy years later, the Medical Staff expressed an opinion that separate labour rooms were unnecessary, the Matron of that day (the daughter of her predecessor) expressed a contrary view.

It is interesting to note that in 1816 the Secretary reported that he had "acquainted the Humane Society with the successful practice of the Matron in restoring suspended animation to infants apparently still-born, and had since received their

answer that they had voted her a medal in consideration of her laudable exertions."

We advise our readers to procure this interesting history.

FEES OF DOCTORS CALLED IN BY MIDWIVES.

For years the question of the payment of fees for Doctors called in by Midwives was one of acute urgency. No provision was made in the Midwives Act, 1902, for the payment of doctors in emergency, and a midwife might send for doctor after doctor without result, unless she herself guaranteed the fee, which was manifestly unjust.

This was remedied by the Midwives Act, 1918, which provided (Section 14, 1), "In case of any emergency as defined in the Rules framed under section three I (e) of the principal Act, a midwife shall call in to her assistance a registered medical practitioner, and the local supervising authority shall pay to such medical practitioner a sufficient fee, with due allowance for mileage, according to a scale to be fixed by the Local Government Board."

The Minister of Health has now prescribed an amended Scale of Fees for the payment by local supervising authorities to medical practitioners called in by midwives.

The chief alterations made by the new Scale are: (1) A fee of 2s. 6d. is prescribed for attendance at the doctor's surgery; (2) it is laid down that if a doctor finds it necessary to continue to attend later than the tenth day, he shall report to the local supervising authority, giving the reason for his continued attendance. The scale of fees for doctors is: Fee for all attendances by doctor at parturition and subsequent visits during the first ten days, £2 2s.; Anæsthetist, £1 1s.; for suturing perinæum, removal of adherent or retained placenta, exploration of uterus, treatment of post partum hæmorrhage, or for any operative emergency arising directly from parturition, and subsequently necessary visits during the first ten days, inclusive of day of birth, £1 1s. For attendance at or in connection with an abortion and miscarriage and subsequent visits during ten days.

CHRISTMAS AT THE ROTUNDA, DUBLIN.

At the Rotunda Hospital during the week preceding Christmas Day an unusual atmosphere of suppressed excitement predominated, not altogether accounted for by the arrival and packing of numerous parcels for the mothers' and babies' bran pie.

On Christmas Eve carols were sung by nurses and doctors through the wards, which were prettily decorated. Christmas Day was a busy one. Morning Services were held in the Hospital Chapel. The patients were treated to turkey and plum-pudding, which was carved by the doctors. When the bran pie was opened by Dr. Quin the babes began to sing—much to the consternation of a group of pierrots who appeared on the scene to

display their vocal and dramatic powers. Having succeeded in establishing their superiority, the pierrots passed on to the Thomas Plunket Cairnes' Wing, where they were entertained to tea, while the patients and their friends settled down to tea and talk.

A rival troupe of pierrots who had been hovering round in gay costumes, burst into song and dance. Then followed a clever topical sketch by well-disguised assistant masters and students, evoking hearty laughter and applause. (It was not the first time that a Quin won celebrity on the boards!) An impromptu dance was held after dinner by the staff. It is feared the competitive element was partly responsible for the many dances throughout the week. The maids won great admiration for their indefatigable ability with the light fantastic toe. The week's festivities concluded with a delightful evening spent by the nurses and students in the Master's House, by the kind invitation of Dr. and Mrs. FitzGibbon.

AN INDIAN VIEW OF CHILD WELFARE.

A Member of the Royal British Nurses' Association who has travelled far and wide in many lands tells the following story which she considers might bring from the mothers of the East a very valuable lesson to those of the West. This lady was talking to a native gentleman of India of subjects connected with children, when he said, "Ah, but you Western ladies have such strange ideas of what is good for the children. When your baby goes to sleep, you put it into the darkness, enclose it in four walls. With us it is so different. Our mothers put their babies to sleep on the roof, and when they wish to teach them, it is not to the handwork of man that they point. When one of our mothers cradles her baby at the end of the day, this is what she says: 'Good-night, my little son. See, above you are the great blue heavens. God has given them for your canopy. See the stars, and in the morning the sun will rise in its glory yonder.'" The speaker seemed annoyed that any mother could waste such opportunity in forming the mind of her child, and there is much in what he says. Mothers have realised now the importance of fresh air, but they should go further. Would it not avoid, to a great extent, the necessity for so much psycho-analysis if children could be brought closer to Nature, the great Universal Mother, more into harmony with cosmic forces, instead of being shut out from these and imprisoned within four walls. To copy to some extent the ways of the Eastern mother, might at least give an impulse which would avoid the formation of the introspective habit of mind of which, undoubtedly, the seeds are often sown in early childhood. A student of psychology once collected some statistics from which he made the announcement that there was no man of outstanding ability who belonged to a third generation of town dwellers. This conclusion seems to endorse the theory that the Universal Mother should be permitted to take a larger share, in her own mysterious way, in caring for the child.

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EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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Vol. LXX

EDITORIAL.

THE ECONOMIC BURDEN OF ILLEGITIMACY.

The question of the relative responsibility of the parents for the maintenance of an illegitimate child is one which is arousing considerable attention at the present time. Two Bills dealing with the Children of Unmarried Parents have been before Parliament in successive years, one introduced by Mr. Neville Chamberlain, the other by Captain Bowyer. The latter passed through all its stages in the House of Commons, but legal questions, in regard to succession, delayed it in the House of Lords for so long that time failed for it to become law.

The late Government, realising the public support behind it, promised to introduce a Bill of its own on the subject, but went out of office before this was done.

It remains, therefore, to be seen what action the present Government will take, and the fact that the Home Secretary has consented to receive a deputation in regard to the "Children of Unmarried Parents Bill," on January 25th, organised by the National Council for the Unmarried Mother and her Child, and including representatives of the Labour Party and a number of important societies, indicates that the Government—as well as the community—is alive to the importance of the question.

The *Times*, in a reasoned article, discusses the whole question, of which there are many aspects. It should be realised that the death rate among illegitimate children is at least twice as high as that among the legitimate, and the damage rate is in proportion.

Our contemporary states that "the fundamental reason for the suffering and dying amongst these babies is the fact that from the moment the mother knows that her child is coming into the world she is anxious, unhappy, overcome by every kind of trouble—emotional, physical, and economic. She may lose her work—she will certainly lose it when the child is born—and she may not be able to regain it. The policy we have adopted in our

laws, in our administration, in our whole outlook, is to make the mother solely responsible for her illegitimate child. . . . It needs but little knowledge or imagination to realise the almost insuperable difficulty of her task."

Of these factors the economic one is unquestionably the most important. We think our contemporary over-states the emotional and physical ones. In the case of a first baby they may sometimes have an important bearing; even then it must be remembered that Nature looks after the coming child at the expense of the mother; that illegitimate children are usually born perfect and healthy; that in a number of cases the mother, whose sensibilities are blunt, does not feel shame or unhappiness, but she undoubtedly does feel the economic burden and inconvenience of the child when born. We believe that lack of mothering, and neglect after birth, are largely responsible for the high illegitimate death-rate. A child thrives in an atmosphere of affection: it wilts without it; and it must be remembered that an illegitimate child is usually an unwanted child.

It is undoubtedly unfair that the whole economic burden of a child's maintenance should fall upon the mother, and only just that it should be divided more evenly between the parents. Here again there is the difficulty of fixing, with certainty, the responsibility for fatherhood; but if it is known that the father will be held legally responsible as well as the mother for the maintenance of their child, irresponsible fatherhood may, to some extent, be discouraged.

The duty of the State to safeguard the interests of illegitimate children is undoubted; helpless and undesired, they are peculiarly in need of its protection. None know better than trained nurses and midwives the disabilities and dangers to which the illegitimate child is subjected, and none will more cordially support legislation designed to ameliorate its condition. The legitimatising of children born out of wedlock whose parents marry subsequently, would be a step in the right direction.

OUR PRIZE COMPETITION.

WHAT PURPOSES ARE SERVED BY (a) CHYME, (b) CHYLE, (c) PANCREATIC JUICE, AND (d) BILE?

We have pleasure in awarding the prize this week to Miss Rachel Dodd, Woolwich Home for Ailing Babies, 123, Eglinton Road, Plumstead, S.E.18.

PRIZE PAPER.

(a) *Chyme* (Gr. *cheo*=I pour) is the name given to the partly digested food as it issues from the stomach into the intestines. It is very acid and grey in colour, containing salts and sugars in solution, and the animal food softened into a semi-liquid mass. The slow churning movements which take place in the walls of the stomach have the effect of thoroughly mixing the food and gastric juice and, to a certain extent, of breaking up the former. Digestion in the stomach does not prepare the food for absorption, but is intended merely to warm it, thoroughly mix its different constituents, and, by a softening process, convert it into chyme.

It consists of (1) saliva and partly dissolved starchy foods; (2) gastric fluid and partly dissolved nitrogenous foods; (3) undigested fat in the form of minute globules; (4) mucus from the mucous glands; (5) indigestible substances.

The character of the chyme varies considerably according to the nature of the food taken; but it is generally a thick, milky, acid fluid, possessing a disagreeable odour.

This chyme is now ready to leave the stomach, after which it is acted upon by bile and pancreatic fluid converting it into a yellowish fluid called chyle.

(b) *Chyle* is the name given to the partly digested food as it passes down the small intestine, and also to that part of it which is absorbed by the lymphatic vessels in the intestine. The absorbed portion consists of fats in very fine emulsion, like milk, so that these vessels receive the name of lacteals. This absorbed chyle mixes with the lymph, and is discharged into the thoracic duct, a vessel as large as a quill, which passes through the chest to open into the jugular vein, on the left side of the neck, where the chyle mixes with the blood, whence it reaches the right side of the heart, and is then forced into the lungs for aëration. The oxygenation of the chyle supplies the needed nutrition of the entire system.

(c) *Pancreatic Juice* (fluid resembling saliva) which is formed by the pancreas, and which is poured into the small intestine after the partially digested food has left the stomach. This

is the most important of the digestive juices, is alkaline in reaction, and contains, in addition to various salts, four ferments—(1) Trypsin, which converts into soluble substances proteid bodies; (2) Amylopsin, which completes the digestion of starchy foods and other vegetable substances, rendering them fit for absorption; (3) Steapsin, which converts fats into an emulsion, changing them partly into glycerine and fatty acids ready for absorption; and (4) a ferment that curdles milk. This juice is the only digestive fluid which acts on all kinds of food.

(d) *Bile* is a thick, bitter, golden-brown or greenish-yellow fluid, secreted by the liver, and stored in the gall-bladder. It consists of water, mucus, brown and green pigments, salts, and two complex acids, and some mineral salts, and it is discharged through the bile-ducts into the intestine, a few inches below the pyloric opening of the stomach.

This discharge is constant, but is much increased shortly after food is taken, and again some hours later, when the food is digested.

The chief uses of bile as a digestive fluid are:—(1) To assist in emulsifying fats; (2) to moisten the mucous membrane of the intestine; (3) to aid the absorption of nourishment from the food passing down the bowels; (4) to prevent excessive decomposition and smell; (5) to act as a natural purgative by assisting the muscular motions and the secretion of the intestines; (6) appears to destroy poisonous products from the bodily activity, or from the food, but when this is poor or small in amount they are re-absorbed with it.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss R. E. Salt Cox, Miss H. Ballard, Miss P. Thomson, Miss O. M. Billinghurst, and Mrs. G. Firth Scott.

Mrs. G. Firth Scott writes:—"The bile is stored in the gall-bladder, which is a small bag from 4 to 5 inches long and $1\frac{1}{2}$ inches wide, lying under the surface of the liver. The duct from the gall-bladder joins the bile duct of the liver, and the bile-duct and pancreatic juice flow into the intestine together. In certain disorders bile is found in the urine. A typical 'bilious attack' indicates a superfluity of bile, and should be counteracted by a saline purge or by calomel followed by saline."

QUESTION FOR NEXT WEEK.

Give the most interesting Report of Second Sight you have experienced, or of which you have been told.

PREVENTIVE SURGERY.

By ALIX CHURCHILL, M.B., B.S. (London),
*Clinical Assistant, Great Ormond Street
Hospital.*

When we consider the wonderful progress achieved by surgery within the last thirty years, we are apt to forget that the use of the scalpel is in a sense a confession of failure; cases of gastric ulcer, of pneumonia, of nephritis, come first under the care of the physicians, and not before medicine has tried its best and said its last word in vain, is surgery called to the rescue. Under the alarming and vague term "complications" the physician hides the fact that disease has gone beyond his reach.

Just as prevention is better than cure, so was medicine better than surgery. Yet the latter, with its history shorter than a man's life, its glamour of immediate results, its dramatic methods, seemed to attract the best brains of the day. And surgery now claims, as well as the power to cure, the advantage of forestalling disease.

TONSILITIS.

More than any other operation, tonsilectomy seems to have justified these aims of preventive surgery.

The importance of the pathological conditions which may arise from a diseased state of tonsils cannot be too strongly emphasised, since by a simple and safe procedure we may be protected from these fateful consequences.

As is well known, the tonsils are composed of lymphatic tissue; they react to environment, as does such tissue elsewhere. Lymph glands are scattered throughout the body as a mechanism of defence; when germs gain a foothold in the organism they are carried to the nearest glands and then destroyed. If the germs are too numerous or powerful they set up suppuration in the glands; with a lesser degree of virulence they give rise to chronic inflammation: the enlarged gland becomes a septic focus, from which poisons are poured into the blood.

Now the tonsils, from their position within the mouth, which in a normal individual harbours countless germs, are more liable to attack than any other gland in the body. Their deleterious effect is then twofold: mechanical and toxic.

MECHANICAL EFFECT OF DISEASED TONSILS.

These are seen most frequently among children, and result from obstruction.

Obstruction to respiration so that the child breathes with his mouth open, his chest is undeveloped, the ribs and sternum sunken, the nose pinched, the lungs subject to recurrent bronchitis from the passage of cold and unmoistened air which has not come through the nasal chambers. The child also snores, and may have a constant discharge from his nose.

Obstruction to swallowing, so that then children suckle badly as infants, and later show a distaste for food.

Obstruction to the Eustachian tube, which opens a communication between the mouth and internal ear, a recurrent discharge from the ears and impaired hearing, or even deafness, being the ultimate result. Add to this mastoiditis, so fraught with danger.

Obstruction to the larynx from discharges set up in the throat by irritation of the mucous membrane: the resonance of the voice is impaired and pronunciation indistinct.

The child who suffers from enlarged tonsils presents indeed a typical appearance, and can be diagnosed at a glance when the condition is well marked. We have only mentioned the more obvious consequences of tonsilitis, but the child is also anæmic, is intellectually apathetic and dull, suffers from a lack of vitality, from enuresis, and not infrequently shows a curvature of his spine and develops flat feet.

TOXIC EFFECTS OF DISEASED TONSILS.

The evil results due to enlargement of the tonsils are only rivalled by their toxic action. One of the greatest authorities on this question has said that more people actually die from the consequences of tonsilitis than from a bad appendix.

Heart disease arising in childhood has its origin in septic tonsils; articular rheumatism claims a similar relationship; tuberculous glands in the neck can in most cases be traced to the same cause; appendicitis has been shown to have a close connection with tonsilitis. This is surprising only at first sight when we consider that the appendix, like the tonsils, contains a large proportion of lymphatic tissue.

Many little patients, suffering from abdominal symptoms which a few years ago would have led to an operation on their appendix, are now cured by simple removal of the tonsils.

The cramps, wrongly called "growing pains," are but a form of rheumatism, and are often caused by a focus of infection in the throat. Rheumatism in all its aspects is

indeed closely allied to tonsillitis, both in childhood and later life. "Sore throat," which is apt to be treated lightly, is thus an important danger signal, and the slighter cases must not be allowed to outweigh in our minds the severer forms of the disease, which lead to abscess formation, and even septicæmia.

OPERATIONS ON THE TONSILS.

The above is but a brief survey of the consequences, immediate and remote, of tonsillitis.

Let us now see how surgery deals with the cause of the evil.

Many are the methods which have been brought forward; let us mention the most popular: the guillotine, the cautery, and enucleation.

The guillotine may be used in two ways: either the tonsil is removed entire, or only a superficial slice cut off. In the latter instance the patient is bound to suffer from a recurrence of his symptoms, and it is not a very unusual thing to meet cases who have been subject to three or more operations. In the hands of the expert the majority of diseased tonsils can be removed entire by the guillotine. However, a number of cases remain which cannot be satisfactorily dealt with by that method; the small, fibrosed, adherent tonsil will baffle even the expert.

The cautery is having a certain vogue on the Continent. But its use is open to grave objections; the tonsils are placed in the neighbourhood of important structures which would be liable to injury if the cautery was used with a free hand. Caution is imperative, and leads in many cases to imperfect removal of the diseased gland.

Another objection lies in the fact that scar tissue develops after the operation, and by its growth may lead to alteration of the voice; the use of the cautery is more likely to be followed by a large amount of scar tissue than a clean dissection.

Enucleation of the tonsils, after Mr. Waugh's method, remains the operation of choice. It answers best the requirements of modern surgery: the operation field is under full view, the whole organ can be removed, any portion which might tear off in the process can be subsequently dissected, and stitches are easily introduced and hæmorrhage controlled.

This operation has been adopted at Great Ormond Street to the exclusion of all others. It may rightly be considered the greatest achievement of preventive surgery.

NURSING ECHOES.

Many old registrationists express themselves as "so disgusted over this election" that they are not going to vote twice. We hope they will think better of it. Duty is duty in spite of others failing to perform it. Don't forget the advice of the great Nelson. Then, if you win or lose, you will have nothing to reproach yourselves with.

We deeply regret to report the very serious illness of Sister Cartwright, the able and devoted Sister Secretary of the Registered Nurses' Society for upwards of twenty-seven years. Known to hundreds of private nurses of the highest class during all those years one and all have held her in the deepest respect and affection. It is hoped that Sister Cartwright will leave London for a long rest in the country at the end of this week. Her many sincere friends will wish her a speedy recovery.

We also learn with sincere regret of the illness of Miss Jessie Davies, Matron of the Royal Infirmary, Bradford. Miss Davies stands out in professional ranks as one of our most able Matrons, as an expert teacher and devoted leader of the younger generation of nurses. Her illness has aroused the deepest sorrow not only at Bradford but among her colleagues at Leicester, where her work was held in the highest esteem by everyone who knew her.

The January number of the *Ranyard Magazine*, published at Ranyard House, 25, Russell Square, W.C., contains much interesting information concerning the Ranyard Mission and its Nursing Branch. The dominant note as the Mission turns the corner of the New Year is one of praise and thanksgiving. "That looked-for deficit of £5,000—how it weighed! But the gifts came in; and, as we write, we hope to end the year without a debt. We thank God again for this fresh proof that 'prayer does things,' and face the estimated deficit of £4,000 for 1923 with hearts expectant of more help to come."

The Annual Sale of Work has this year been fixed for March 14th, and the Council appeals for the help and co-operation of all friends of the Mission.

At the last Council Meeting permission was given for the work to be carried on on its present level for one year more, which means

that the money-raising efforts this year must greatly exceed those of 1922. The Council therefore invites everyone who knows the Mission to bring *one* person to the Sale who, so far, knows nothing of its work or its needs. Offers of help will be thankfully received by the Auxiliary Secretary.

One of the attractions of the Sale is to be a "Missing Word" competition, and Miss Knott, who is arranging it, is defraying all expenses, so that the whole profit comes to the Mission Funds. Copies of the Competition (price 1s. 6d.) were issued in November so that Mission friends abroad might have a chance of competing. It is hoped that all will help to make the competition a great success.

Concerning changes in the Mission Staff, great regret is expressed at the resignation by Miss Gloster of the position of Home Sister at Ranyard House. "It is not too much to say that she won the love of all, and her influence in the house was unique, both as regards her colleagues, the Mission Workers and Nurses in training, and the maids. Only failing health could have led her to resign, or convinced us that we must accept her resignation."

The difficulties with which nurses have to contend are often not realised by the general public, whose idea, as a rule, is that nursing consists of "smoothing the sick pillow," or assisting at critical operations. Recently two nurses at the Aldershot Hospital were much commended for the way in which they managed a patient, who was an ex-soldier, suffering from wounds in the throat, who made a desperate attempt to escape. Ultimately the police arrived, and the patient was rolled in a large mackintosh and taken to an asylum. Probably this is the reason why the matter received publicity, and the courage of the nurses in dealing with the patient was commented upon. We are quite sure they did their duty faithfully and well. So do many nurses of whom the public hears nothing, who, while the world sleeps, keep watch over delirious and insane patients.

Miss O. M. Wallis, who for eight years has been in the service of the Southwark Borough Council as a tuberculosis nurse, has, we regret to record, contracted the disease in the course of her duties.

For a considerable time the Council paid her salary in full, but terminated her appointment in August. Recently she informed the Council

that she was unable to continue nursing or to maintain herself, and asked whether they could not make her some payment.

The Council decided that it could make a grant under the Superannuation Act, and decided to give Miss Wallis a gratuity of £194.

On New Year's Day the meeting between the Managers and Nursing Staff of the Royal Infirmary, Glasgow, which for many years has been an annual fixture, took place at the Infirmary. Sir Thomas Paxton, the Lord Provost, presided, and conveyed the best wishes of the Managers to the Staff.

Referring to the Lister Ward, in which Lord Lister worked out his great discovery, and which the Managers have decided to demolish, the Lord Provost expressed the view that it ought to be preserved as a reminder to future generations of the great service which Lord Lister rendered to humanity, and hoped that they would reconsider their intention.

In wishing the nurses and staff of the Royal Infirmary a Happy New Year, the Lord Provost said he did not know what the world would be without the ministrations and womanly tenderness of those who, with unexampled self-sacrifice, devote their lives to the benefit of suffering humanity. He often marvelled that so many highly cultured and charming women year by year entered the nursing profession, knowing full well that the remuneration they received was not sufficient to enable them to put much, if anything, aside for a rainy day. They pursued their noble calling with no selfish object in view, and it was the duty of those who had benefited by their ministrations to see that when days of illness, weakness and pain came upon them they were not neglected. He referred to the joy it was to him to take part in the opening of the magnificent home for retired nurses at Dumbreck a few weeks ago, the inception of which was due to Mrs. David M'Cowan.

The question as to whether marriage should disqualify women in the public service is once again on the tapis, this time in connection with a trained nurse. The Wallasey Council last week gave one of their nurses three months' notice on account of her recent marriage. It is stated that the nurse is supporting four other persons as well as herself, her husband having been out of work for two years. Professional opinion in Liverpool appears to be in favour of the nurse, but there are undoubted arguments to be advanced on the side of the Council.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE NEW YEAR.

We offer to all our members our most cordial good wishes for much prosperity and happiness in 1923.

THE PRESENT ELECTION OF NURSE REPRESENTATIVES.

The election of the new General Nursing Council is once more in progress and we urge all our members to take it seriously, although the blunders which have arisen in connection with the last have led a good many to feel that the General Nursing Council is not likely to have the standing to which we hoped it would attain and which undoubtedly it ought to have acquired had the Act been administered with greater justice and care, and with a proper realisation of the claims of the nurses to have first consideration under its provisions. The Council, which will take office next month, will be the governing body of the profession for the next five years, and, therefore, nurses should give careful consideration to the policy of the various candidates, and, in connection with those who had seats on the last Council, should ascertain what position they took in matters vital to the protection of the qualifications of trained nurses. It is not personal acquaintance or friendship which should count when deciding how one will vote, but principles and policy are the things that are of the most vital importance. Much is being said about the advisability of having a Council that is harmonious but that is not the first consideration, and the person who goes into office prepared always to be on the side of the majority is likely to have a pretty comfortable time and to serve her own interests much better than those of the people she represents. No one enjoys strife and we hope there may be little occasion for it in the future, but it is vital to the well-being of the profession that nurses should see to it that they have among their representatives those who have the courage to work single-heartedly, to maintain the quality of the Register, and the protection and progress of the nurses.

A VISIT TO THE LONDON MUSEUM.

It has been arranged that we shall have a "Ramblers' Club" in connection with the Association and that, during the winter months, places

of interest in London will be visited; during the summer picnic parties in the country will be organised. It has been decided to pay a visit to the London Museum, Lancaster House, S.W., on Wednesday, 17th inst. To reach it take a short walk from Charing Cross along the Mall, St. James's Park, and turn to the right just before arriving near the Queen Victoria Memorial. Nurses who wish to join the party should reach Lancaster House at 2.30 p.m. on the 17th inst.

The Museum contains many antiquities, found in various excavations in London, relics of the troublous times of the Tudors and Stuarts, galleries filled with old State robes, uniforms and costumes, and there are many other fascinating sections. We hope that all members of the Association who can will be at Lancaster House promptly at 2.30 p.m. to meet the members from the Club.

MEMORIAL TO DR. BOWLAN.

A memorial is being raised to the late Dr. Bowlan, formerly Medical Superintendent of St. George's-in-the-East Infirmary. A number of nurses trained at the Infirmary have expressed a wish to subscribe and it is felt that there may be others who hold its certificate and who are readers of THE BRITISH JOURNAL OF NURSING, who would like to send subscriptions. If so, they should communicate with the Matron of the Hospital.

NEWS FROM SOUTH AUSTRALIA.

REPORT OF THE SOUTH AUSTRALIAN BRANCH OF THE ROYAL BRITISH NURSES' ASSOCIATION.

The half-yearly report of the South Australian Branch has just reached us. As was anticipated, the establishment of a State Register has, for the present, reduced the number of applicants for membership of this Dominion's Branch of the Chartered Corporation, but nevertheless the report for the past six months is fairly satisfactory. The Committee record with regret the resignation of Miss Graham, R.R.C., as Lady Consul in Adelaide, owing to her prolonged residence in England. It was with gratification that they received the consent of Mrs. Martin to act in her place. Congratulations and good wishes are offered to Misses Dunsmore, Perring, Thomas and Treasure, who were married during the year, and to Misses Baker, Boundy, Buckhurst, Burns, Carter, Hanton, Marsh Stirling, Turner, Uncle and Vickery on their new

appointments. The deaths of Miss Alice McGregor and Miss Adelaide Ringwood are reported with regret.

The Branch Association decided to follow the precedent made by the parent Association and closed its own Register on the establishment of the State Register so that it simply maintains a Roll of Members, as we do at the London Headquarters.

The Club continues to be used by many nurses, and the private staff, owing to the shortage of nurses, have been able to meet rather less than half the calls made upon it.

STATE REGISTRATION.

The work of framing the Rules and Regulations under the Act for South Australia goes on slowly, and it is found that these demand great care and consideration in order to ensure that the State Register shall be established on sound and just foundations. The Board of Examiners had not been appointed when our latest information, in connection with State Registration, was received. We learn that the A.T.N.A. wished the Council to take over their Board of Examiners, but the Council wisely decided that it would be unwise to allow any outside body to share in the work of a Statutory Council. Nurses in South Australia were firmly opposed to any risks of interference or control from any outside body with their governing Council, no matter how efficiently that body might have conducted its own examinations. We congratulate the Council upon their decision, for such interference would inevitably prove prejudicial to the interests of the State Register and would lead to unceasing friction in the future.

VICTORIA HOUSE AND NURSES' HOME, ALEXANDRIA.

We are asked by Miss J. Wells, Lady Superintendent of the Victoria House and Nurses' Home, Alexandria, to intimate that the Institution is again being used as a Home for governesses and trained nurses to whom it has proved a very great benefit. It was taken over by the Y.W.C.A. during the War and used to help soldiers abroad.

CORRESPONDENCE.

HANDS ACROSS THE SEA.

To the Secretary, R.B.N.A.

DEAR MADAM,—It was a happy inspiration of yours to put a notice into the B.J.N. asking members of the R.B.N.A. to notify you if they intended to dine at the Club on Christmas Day. Thanks to the notice I was able to spend one of the happiest days at the R.B.N.A. Club and to bring another "Overseas," who would have been alone, as she was only passing through London. The word "Club" can hardly convey to our overseas members the ideal home atmosphere that exists at 194, Queen's Gate, where everything suggests "home." The greatest of all festivals—that of Christmas Day—creates the most universal desire to be "at home," and then, too, we feel very closely associated in spirit with our absent

friends; and members of the R.B.N.A. are very strong in their fellowship with each other even when seas roll between. When the many toasts were given at the superb Christmas dinner—so exquisitely cooked and served in traditional, time-honoured style, with lighted puddings, &c.—my friend from South Africa and I were thrilled to hear you give the toast of "Our Members Across the Seas." And then, how swiftly and silently our thoughts flew to them; quicker than wireless, we visualised in many lands groups of friends, members in our own British Dominions, and somehow we felt confident that they were with us in heart. No long speeches were given, none were needed. We were at once in touch with the most distant link in our membership. Later on, when dances and games were enjoyed in the drawing-room, when even the elders found themselves "tripping" the most modern dances on the splendid parquet floor, when others were playing bridge, there came at the end—as though to speed the parting guest, a cup of tea. "Surely," thought I, "this is what we do in the colonies." But Christmas even now was not quite over; true again to the generous spirit of the season the house staff were called up and we sang with clasped hands and in unbroken strains, to the tune of "Auld Lang Syne." So passed a most glorious Christmas Day at our Club, and I hope that any overseas member, finding herself in "the Little Island," may have the joy of spending some future Christmas at 194, Queen's Gate. If they take the B.J.N. they will keep in touch with all your kind messages which are not confined to Christmas. Thanking you with a grateful heart and wishing you a glorious New Year and continued success to our R.B.N.A.

Ever yours sincerely,

JANE C. CHILD,

*Representative in Europe, South African
Trained Nurses' Association, Inter-
national Council of Nurses.*

DONATIONS.

The Hon. Treasurer acknowledges with thanks the following donations:—

GENERAL PURPOSES FUND.

Miss Ada Rockett, £3; Miss A. Boldero, £1 1s.; Miss H. Lamb, £1; Miss J. Jutson, 8s.; Miss Rider, 10s. 6d.; Misses Cancellor, Clifford, Hall, 5s.; Mrs. Boake, 4s. 6d.; Mrs. Collett, 3s. 6d.; Misses Briggs, Fiddler, Halkett, Macvittie, Rawlings, 2s. 6d.; Misses Cross and Hare, 2s.; Misses Filley, Martin, Mrs. Holdsworth, 1s.

CLUB.

Miss Watkins, £2 6s.; Miss H. Lamb, £1 1s.; Miss A. Rockett, £1; Miss Brodie, 15s.; "Anon.," 10s.; Miss Rossiter, 5s.; Mrs. Holdsworth, 1s.

HELENA BENEVOLENT FUND.

H. Hipwell, Esq., 10s. 6d.; Miss H. Lamb, 10s. 6d.; Misses Briggs, A. Cattell, Clifford, Giddins, Osborne, Stephenson, Warriner, Waters, 5s.; Miss Ford, 3s.; Misses Bell, Dyke, Fiddler, Phelps, and Mrs.

Collett, 2s. 6d.; Miss Filley, Mrs. Gurnet, 2s.; Miss L. Wallace, 1s. 6d.; Misses Blomfield, Clyers, Crowsley, Fenning, James, Maclean, Martin, Saunders, Winter, and Mrs. Holdsworth, 1s.

SETTLEMENT FUND.

Mr. Tavener, £2; Miss H. Lamb, £1 7s. 6d.; Miss Flint, £1 1s.; Lord Leverhulme, £1; Miss Rockett, £1; Misses Burgoyne, Cormack, Rositer, 10s.; Miss Watkins, 6s.; Misses Birch, N. Stewart, Mrs. Boake, and Mrs. Collett, 5s.; Mrs. Maasch, Miss Pledger, 2s. 6d.; Miss Hopkins, Mrs. Holdsworth, 1s.; "Anon," 1s.

We have also to acknowledge a contribution to the Settlement Fund amounting to £45, collected by Miss M. Dempster, who always takes such a warm interest in our benevolent schemes. This sum includes a generous donation of £10 10s. from Mr. Montagu Price, Chairman of the Trained Nurses' Annuity Fund.

GIFTS FOR THE CLUB.

Miss Anderson, flowers; Lady Burkett, turkey; Miss Booth, holly; Miss Cattell, plants and flowers; Miss Collins, goose; Miss Denham, "Scotch bun"; Miss Gilligan, turkey, butter and eggs; Miss Glover, crackers; Miss Goodrich, game and holly; Miss Henderson, game; Miss Kelly, "Scotch bun"; Miss Miller, "Scotch bun"; Mrs. Hayes Palmer, crackers; Mrs. Perkins, flowers; Miss Robertson, flowers; Miss Sadleir, cakes; Miss Swaby Smith, cake and flowers; Miss Gordon Wright, fruit.

ISABEL MACDONALD,

Secretary to the Corporation.

NEW TREATMENT OF GENERAL PARALYSIS.

Professor Alexander Pilcz, Professor of Psychiatry and Neurology in the University of Vienna, gives a very interesting description in the *Lancet* of a new treatment for general paralysis by Dr. von Wagner, which is as follows:—

"A patient is selected who suffers from tertian malaria (but not from tropical malaria), and who has not been treated by quinine (in order to avoid quinine-fast stems of plasmodies). During an attack of fever 2 c.cm. of blood are taken from the patient by venous puncture, and injected underneath the skin of the paralytic patient's back. After from one to two weeks, on an average, the first attack takes place, accompanied by shivering; the temperature rises to 40° C. and over. After some 10 or 12 attacks the malaria is checked by quinine during the first three or four days (0.5 g. quinine sulphate twice a day or three or four days, and then once daily for two weeks); at the same time a course of neosalvarsan is begun (intravenous injections once a week, commencing with 0.3 g., and working up to 0.6 g.). During the malarial attacks acoustic hallucinations, ideas of persecution, delirious and catatonic states are occasionally noticed, but all these symptoms will cease when the quinine cure is started."

THE ELECTION OF THE NURSES' DIRECT REPRESENTATIVES ON THE GENERAL NURSING COUNCIL.

SELF-GOVERNMENT OR SERVITUDE.

The various candidates for election to the General Nursing Council for England and Wales have sent out a second notice to the constituency. The Independent Candidates have placed their policy before the electorate in a considered and outspoken Address. The College Candidates have merely informed it that they are considered "best qualified to carry out a programme of steady, constructive work!" and this from persons, who, since they eliminated the constructive registrationists from the Standing Committees of the Council, have failed not only to construct one item for the benefit of Registered Nurses, but have done all in their power to stultify the work accomplished by the nurses' representatives during 1920-1921.

That the College has put forward Miss Bremner, a partly-trained private nurse, who is a member of the College Council, "to represent" the highly-qualified three years' trained certificated nurses, now engaged in private nursing throughout the kingdom, is an insolent attack upon the status of women engaged in this most responsible and honourable branch of nursing.

Again, was the attempt by Miss Cox-Davies to deprive thousands of our most highly-qualified nurses of the record of certificates on the published Register constructive work? Never has a more autocratic, ill-judged, disintegrating suggestion been made by one nurse for others.

Then, after spending twelve months in constructing the Syllabus of General Training, to which every future nurse has a right by Act of Parliament, is it *constructive* or *destructive* to attempt to deprive the Nursing Profession of such a privilege by a subterfuge?

Again, after two-and-a-half years' work, why have we:

- No Published Register?
- No Protected Uniform or Badge?
- No Titular Letters agreed?
- No Syllabus of Training in force?
- No efficient clerical organisation in our Office?

Why are thousands of nurses who applied for registration in August and September still unregistered and thus illegally deprived of their Vote although they are paying a huge clerical staff of 30 persons? And why have nurses to wait six months for their Certificates of Registration, and then find them deprived of a professional signature, which all hospital certificates of any value possess?

If this is "steady constructive work," Heaven help us!

We reply without hesitation that our rights and privileges under the Act have been trifled with in the most deplorable manner, because the majority of the General Nursing Council knew nothing about the Organisation of the Nursing Profession provided in the Act. They are unable

to draft a Resolution or Amendment, know nothing whatever of Public Business, and have voted consistently against the Constructive Policy of the minority, in support of lay and medical control of the Governing Body of the Nursing Profession by persons totally ignorant of our affairs. In our opinion—and we have formed our opinion on personal observation—with few exceptions, the College representatives are totally unqualified to conduct the business of the Council. Moreover, their arrogant attitude towards the rank and file of the profession is well expressed in their latest ukase.

Not what you Registered Nurses think or wish, but what the College Caucus composed of your employers think and wish.

Only women who have proved subservient to the College Caucus have been nominated, and if elected we are well aware they will be as antagonistic to the self-government and independence of the rank and file in the future, as they have proved themselves to be in the past.

The question at stake now is whether the Nursing Profession shall govern itself as all men's professions do, or if we are to be controlled by Sir Arthur Stanley and his fellow hospital managers, Sir E. Cooper Perry and his colleague Medical Superintendents, the Matrons under their control, and multi-millionaires, who buy and sell our liberty with a flick of the pen.

Anyway, the whole tyrannical system is as out-of-date as the Dodo, and has got to go.

ADDRESS OF INDEPENDENT CANDIDATES TO THE

ELECTORS OF THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Independent Candidates must apologise for again addressing the constituency of the Nurses' Direct Representatives on the General Nursing Council for England and Wales. In doing so, those of their number who were members of the Council whose term of office expired on December 23rd, 1922, disclaim any responsibility for the breakdown in the system and method of the Election, as the Council was not consulted in regard to the details by the Returning Officer, who assumed and acknowledges entire responsibility for placing the clerical work in the hands of persons not responsible to the Council.

NAMES OF CANDIDATES.

The Independent Candidates who offer themselves for election to represent Registered Nurses on the General Nursing Council are:—

General Part of the Register.

MRS. BEDFORD FENWICK.
MISS MILDRED HEATHER-BIGG, R.R.C.
MISS HELEN L. PEARSE.
MISS JESSIE F. BALLANTYNE, A.R.R.C.
MISS SUSAN M. MARSTERS.
MISS ALICE CATTELL.
MISS ISABEL MACDONALD.
MISS MAUDE MACCALLUM.
MISS CATHLIN CICELY DU SAUTOY.

Supplementary Parts of the Register.

MISS ALICE M. BUSHBY.. Sick Children's Nurses.
MR. TOM CHRISTIAN .. Male Mental Nurses.
MISS MAUD E. WIESE .. Female Mental Nurses.

(Two Independent Candidates, Miss S. A. Villiers (Fever Nurses) and Mr. F. W. Stratton (Male Nurses) have been declared elected without a contest.)

The majority of the above candidates are well known to the electorate.

As their Election Address has already been submitted for your consideration, together with the portraits of the majority, they hope it is unnecessary to send you second copies.

Professional Policy.

The Independent Candidates desire, however, once more to bring to your notice the professional policy for which they stand, because the efficiency of educational standards, the value of State Registration to Nurses and the public, and the financial stability of the General Nursing Council for England and Wales largely depend on the knowledge, courage, and ideals of the persons elected to form the forthcoming General Nursing Council.

They stand firmly for the Statutory Rights incorporated in the Nurses' Registration Act, 1919, few of which Registered Nurses at present enjoy owing to the reactionary policy, and lack of sympathy with nursing ideals, of the majority of the members of the First Council.

Principles Supported by Independent Candidates.

1. SELF GOVERNMENT FOR REGISTERED NURSES, by a Council elected by Registered Nurses, the first principle on which other professions are organised.

2. EFFICIENT EDUCATION.—They are strongly of opinion that the "Prescribed Training" provided for in the Nurses' Registration Act (and defined in the Syllabus of Lectures and Demonstrations for Education and Training in General Nursing, drafted by, and unanimously agreed to by, the General Nursing Council in 1921), should be made compulsory at once, in Nursing Schools approved by the Council, so that probationers who have the right to know of what their training will consist, may be assured that the instruction they receive will qualify them for the State Examination to come into force in 1925, as provided in the Rules. Postponement, as proposed, means continued disorganisation in the standard of Nursing Education, and deprives Nurses in training of the most valuable privilege granted to them by Parliament.

3. AN EFFICIENT SYSTEM OF REGISTRATION FOR "EXISTING" AND "INTERMEDIATE" NURSES.—This has been defined by the General Nursing Council as a minimum of one year's general training, followed by two years' experience, for the General Part of the Register. Attempts are now being made to depreciate this standard, making Nurses who are not sufficiently trained to be eligible for the Supplementary Parts of the Register eligible to be placed on the General Part.

Thus V.A.D.s, Village "Nurse-Midwives," women who have worked in Nursing Homes, and other insufficiently experienced persons might flood the General Part of the Register, be granted the title of "Registered Nurse," and compete on equal terms with every efficiently trained Nurse on the Register—a system which the Local Centres of the College of Nursing, Ltd., have been invited to support. The Independent Candidates consider this a grave breach of faith not only with the Nurses but with the sick.

4. **FINANCIAL STABILITY.**—The Independent Candidates will do everything in their power to promote efficiency and economy in the conduct of business, and consequently the Financial Stability of the General Nursing Council. At present they are of opinion that the bureaucratic system which permits expenditure of large sums of money without the consent of the Finance Committee and the Council, is responsible for waste and inefficiency. As the General Nursing Council is entirely financed by the Nurses it will be realised how undemocratic it is that the expenditure should be in the hands of persons, nominated by Government Departments, who have no financial responsibility.

In asking you to support their candidature the Independent Candidates desire to remind the Electorate that, for the first time in history, the Nurses on the Register formed by the General Nursing Council for England and Wales have the opportunity to elect a majority of those who are to form the Governing Body of their own profession.

They ask you to consider, seriously and dispassionately, which of the candidates are by knowledge, capacity—and, in the case of those who have been members of the First General Nursing Council, by the record of their work on that Council for the Registered Nurses—best qualified to serve your interests, and then to vote for them, and them only. *If you consider the candidates named on the preceding page fulfil these tests, and desire to have them elected, vote for them, and for no one else.*

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

Parliament decreed that the Nursing Profession in England and Wales should have a General Nursing Council.

Where is it?

At the present moment the fatal mismanagement of our affairs has left us high and dry.

Surely it is time Parliament investigated Nursing affairs. It grants an invaluable class of workers Statutory Rights, and social influence and wire-pulling at the Ministry of Health in the past, together with abysmal ignorance on the Council, have obstructed effect being given to the decrees of the Nurses' Registration Act.

It is to be hoped when Parliament reassembles a searching enquiry will be made into the whole Nursing question—Nation's Fund, College of Nursing, Ltd., and the reactionary policy of the General Nursing Council for England and Wales.

Many Registered Nurses in this country are determined they will enjoy the professional privileges granted to them by Parliament.

We are informed that Miss Steele, nominated on to the Council by the Board of Education, has resigned her seat on the Council. This will be no loss to the nurses as she knows absolutely nothing about Nursing, either from an educational or economic point of view, and no doubt in ignorance, has consistently voted against the interests of the profession in support of bureaucracy and autocracy.

IMPORTANT NOTICE.

THE BALLOT PAPER G.N.C.

Nurses are so little used to voting, and are just now receiving so many papers in connection with the Election of the Nurses' Direct Representatives on the General Nursing Council, that we wish to draw their attention to the fact that **the only Paper upon which they can record their votes is the official Ballot Paper sent out by the General Nursing Council for England and Wales, 12, York Gate, Regent's Park, London, N.W.,** together with envelopes enclosed in which to return the Ballot Paper.

APPOINTMENTS.

LADY SUPERINTENDENT OF NURSES.

Seafield Hospital, Leith.—Miss Margaret G. Campbell has been appointed Lady Superintendent of Nurses. She was trained at the Western Infirmary, Glasgow.

NURSE-MATRON.

Tamworth Hospital, Tamworth.—Miss Marian Newton has been appointed Nurse-Matron. She was trained at the General Infirmary, Burton-on-Trent, and has been Staff Nurse at the General Infirmary, Derby, Sister at the General Infirmary, Burton-on-Trent, Sister at the Royal Infirmary, Wigan, and Matron at St. Chad's Hospital, Birmingham.

HOME SISTER.

Ranyard House, 25, Russell Square, W.C.—Miss Williams has been appointed Home Sister. On the completion of her general training she qualified as a Queen's Nurse under the Metropolitan District Nursing Association, and has since worked in a Mission Hospital in Sierra Leone, and as District Nurse and Home Sister in Colchester.

SISTER TUTOR.

Greenwich and Deptford Hospital.—Miss Edith Hayes, Registered Nurse, has been appointed Sister-Tutor. She was trained at Whipps Cross Hospital, Leytonstone, and the Western Fever Hospital, Fulham, where she subsequently held the position of Day and Night Sister. She at present holds the position of Night Superintendent at the North Eastern Fever Hospital, Tottenham. She did military nursing, both at home and abroad, during the war. She is a Certified Midwife, and holds a Certificate for Sick Room Cookery.

BEQUEST TO A NURSE.

The late Mr. Archibald Balfour, of Chelsea, bequeathed a life annuity of £100 free of legacy duty to Miss Winifred Lizzie Duffus, "in recognition of her invaluable services as sick nurse to his late wife."

HOSPITAL WORLD.

King Edward's Hospital Fund have sent a memorandum to the Government and the Voluntary Hospitals' Commission suggesting that schemes of hospital building additions, and repairs, should be considered in the allocation of public funds available for the relief of unemployment.

Among the latest contributions to King Edward's Hospital Fund for London is the sum of £1,000, being the annual subscription of the King, Patron of the Fund.

The Hon. Secretaries of King Edward's Hospital Fund for London have received at the Bank of England from the League of Mercy its contribution for the year 1922 of £15,000. Sir William Collins is the moving spirit in the continued success of this League.

A motion to cease to give any further sums to hospitals is on the agenda of the sectional meetings of the members of the London Co-operative Society, Ltd., on January 25th.

The suggested cessation of monetary support is based on "the vital necessity of having an adequately financed and efficient hospital service, which should and can only be assured by being State maintained," and "seeing that support of the voluntary system perpetuates the precarious existence of a service of prime national importance in a condition insufficient to deal with humanitarian demands."

The Lord Mayor and Lady Mayoress of London paid a visit to the Freemasons' Hospital, Fulham Road, last week. It is being worked on a self-supporting basis of a nursing home for paying patients of limited means. Such institutions are greatly needed for middle-class patients, to whom sickness comes with the added anxiety of restricted means.

We are thankful to learn from a statement made by Major Tryon, Minister of Pensions, at a meeting of the Standing Joint Committee for Ex-Service Men, that consideration is being given to various suggested methods of carrying out the desire of the Government that in suitable cases Service patients, including the provision made for insane ex-Service Men, should be treated apart from other patients. He also informed the meeting that a decision had been come to, and an announcement would immediately be made, regarding claims to widows' pensions which had been barred by the operation of the seven years' limit in Article II of the Royal Warrant.

COMING EVENTS.

January 10th to 24th, 1923.—Issue of and return of Ballot Papers in the Election of the Registered Nurses' Representatives, General Nursing Council for England and Wales.

THOUGHTS ON THOUGHTS.

By H. M. P.

As a Sister—

"Do tell me your ideas on the subject of these new cures by suggestion."

It was a sentence from my friend's letter—she had been attending some of M. Coué's seances in Paris—and trying to reply to her question that gave me the incentive to put down some of the thoughts on paper which the subject aroused in one's mind.

"Cure by suggestion" can hardly be considered a *new* idea, but, as with the case of many other *old* ideas, both in the religious and scientific world, it is being presented to us in a new and more modern dress.

Every nurse knows, from personal observation, the *power* of suggestion, from the happy influence of the soldier patient who cheered the newest arrival from the front, distraught, dirty, and ill, with the words, "You'll soon be all right here, they (Sisters and orderlies) "are all doing their best to set us up again," to the reverse side of the picture when a nurse confided to her friend she could not work in a certain ward; "Sister always spoke as if she expected her to do the wrong thing, and make a mistake, and then I always seem to do it," she said.

Years ago a doctor told me a friend had been cured of stammering by suggestion.

One Matron abroad (referring to air raids) used to say, "Do not *think* about anything you do not want others to know about."

How can we estimate how much patients in a ward are helped towards health not merely by the fact that all the cleaning and scrubbing and sterilising is being undertaken to kill the microbes of disease, but that all *this* is being done to get them well.

The *source* of a suggestion will determine its *nature*—and *result*. Evil suggestions or thoughts emanating from an evil source will be of an evil nature and bring evil results, good suggestions in the same way bringing good results.

"Evil thoughts" begin a list of sins mentioned in the Old Book, most of which have disease in their trail.

The Church of England Prayer Book reminds us of the necessity of thoughts being "cleansed" by "the inspiration of the Holy Spirit."

Our bodies are looked after by doctors' and nurses, our souls by clergymen (at least, they ought to be), but who cares for our *minds*—anyone or no one?

One of my friends thinks it is this failure to care for the mind that leads so often to its distortion. May we not ask if the modern restlessness is not also a result of this same failure?

The mind needs food as much as the body, otherwise it gets weak and in such a condition is liable to disease. It cannot be left, as fallow ground. If not cultivated with the good seed—"of whatsoever is pure, honest and good report"—evil seed will soon fall on it and bring forth its evil harvest.

Empty houses were always the first to be occupied by the enemy—they gave him cover.

The reading of crime (and the portraying of it in the pictures) leads to the thinking of it, becoming familiar with it, treating it lightly, and finally, alas! in many cases the committing of it.

If we persist in *mis*-using a limb it deteriorates and develops disease, *e.g.*, eyes used in a bad light, sight fails; vocal cords used wrongly, result in "clergyman's throat."

So, if we use our *brains* wrongly (given to us for use in that which is good) by filling our minds with evil, we can hardly be surprised if disease develops, in a very literal sense "the fruit of their thoughts" is bestowed on all men. Surely, we may develop the happier side of the argument—that the concentration of the mind on that which is good will tend to health—and benefit the whole physical system. We do not think of ice when we want to get warm.

"Who can hold a fire in his hand—by thinking on the frosty Caucasas" (Rich. II).

But how can it be done?—this thinking good thoughts? The primary answer is in the collect already referred to, "by the inspiration of the Holy Spirit."

One word about the prefix "auto" we hear in connection with suggestion. *We* must wish, desire, want, and in that way have *the will* to have right and good ideas and thoughts.

One of the speakers at the Church Congress said, "who would dare to assert that the power of suggestion was possible for man to wield, but impossible for God"! Such suggestions from such a source what limitless results arise before one. He will enable us stay our minds—"imagination" upon Him. He will bring thoughts to our remembrance.

Do not let us omit to lay in a store of good things to think of when we have opportunity; beautiful views of nature (try and impress them on your mind's eye—sketching, however imperfect, helps to do this); beautiful pictures, describe them to yourself if not to others, deeds of heroism, of unselfishness, fine characters should be deliberately dwelt upon, with a view to recalling them later. We cannot so easily be occupied with the evil if the mind is trained to see the good.

Let us daily choose the good, so that we may turn away from beholding the evil.

Also, remember to "forget yourself." Why does a man when he retires from his business, which has long prevented him from thinking of himself, so often "go to pieces." Is it because, having ceased to be occupied with others, he has fixed his thoughts on *himself*; and such an unworthy subject for thought causes deterioration?

As nurses most of us admit that our busiest times were our healthiest—when heart, hands and head (thoughts) were full of the health and welfare of others.

Perhaps we shall only reach the Land-of-Always-Well when we have quite learnt how to forget our-

selves; but we might at least start in that direction and see how it agrees with us!

"If thought can reach to Heaven
On Heaven let it dwell—
For fear thy thought be given
Like power to reach to Hell."
* * * *

"For think, lest any languish
By cause of thy distress—
The arrows of our anguish
Fly farther than we guess."—*Kipling*.

Does the vibration set up by a thought travel like an ever-widening eddying circle—touching unknown minds—like a stone dropped into a large lake? Does this in any way account for the fact that many people can worship better in a crowd than alone; alas, perhaps my thought has travelled and disturbed the worshippers near me—we know that thoughts or suggestions remain in one's mind for many years. Do they only do that? Who can tell? Kipling infers that they may "remain in wall, or beam or rafter."

Am I even now being touched by the thoughts of those who inhabited this room before me? Perhaps!

BOOK OF THE WEEK.

ONE MAN IN HIS TIME.*

This extremely able and interesting book should not be passed over by any of our readers who can appreciate a good thing. Like so many virile stories, its setting is in the United States, and the central dominant figure is Gideon Vetch, Governor of Virginia. Democracy had won, and this "poor white trash," born in a circus tent, so people said, a demagogue of demagogues, had been elected Governor. To Stephen Culpeper, as to many of his set, this was a very bitter pill to swallow. The placid flow of his life had hardly been disturbed, except for the war, so long as he could remember. This obnoxious thing had come about so unexpectedly that people, at least the people that Stephen knew and esteemed, were still trying to explain how it happened.

Stephen was a fastidious young man, and it further disturbed him that he could be disturbed by Patty Vetch, the Governor's daughter, who had been practically "cut" by society the evening before the story opens, at a charity ball. She had been snubbed by what he complacently thought of as "our set."

The girl, in her scarlet dress and bobbed dark hair curling on her neck, her provoking blunt nose and grey-green eyes, he heartily disapproved of, but he couldn't help looking at her. If she had been a picture on the cover of a cheap magazine, he told himself sternly, he should never have bought it. If a red bird had flown into the heated glare of the ballroom Stephen's gaze would have fol-

* By Ellen Glasgow. (John Murray.)

Sleep Restored

SLEEPLESSNESS often comes from worry, anxiety, overwork and the like, all of which act by causing strain on the nerves.

The nerves are tired and they want more food. But it must be food that contains just those substances which are used up in the nerves when they become tired.

Drugs are worse than useless; they merely whip the tired nerves and use them up faster than ever. *Virol is a direct nerve food, made from natural substances, and builds up nerve tissue.*

Virol promotes sleep by strengthening and soothing the nerves. The sleeper, instead of suffering from "that heavy feeling" which follows the taking of narcotic drugs, awakens with a sense of new vitality, because Virol has supplied just the food needed.

VIROL

For sleeplessness take one tumblerful of warm milk, to which is added a teaspoonful of Virol, three times a day—one tumblerful on retiring to bed. It is a wonderful tonic for Nursing Mothers.

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lowed it with the same startled and fascinated attention.

Stephen's cousin, Corinna Page, is a rarely attractive character. A beautiful woman of forty-eight, recently widowed and thus set free from a distasteful marriage, rich, cultivated and original, she herself looking as if she had stepped out of a Romney portrait, had opened a ridiculous old print-shop—a shop that never sold an engraving—in a quaint place in Franklin Street. "A shop is the only place where you may have calls from people who aren't introduced to you," she said.

Stephen admired her intensely. He wondered if she could have been half so lovely when she was a little girl, before the faint shadows and tender little lines lent depth and mystery to her eyes, and the single white lock swept back amid the powdered dusk of her hair.

Corinna was a sympathetic creature, to whom one could confide troubles, and she was not long before she had probed the hurt of poor little Patty's heart under the gay, over-obvious personality.

While the *convenances* of society did not in the least disturb Gideon Vetch, they were a source of great unhappiness to his little daughter, and Corinna's *savoir faire* was placed generously at her disposal.

Gideon Vetch is a fine, honest, rugged character, though he remained an enigma even to his friends.

But, like the prophets of old, they would have none of him, and he was shot through the heart at a political meeting.

Stephen finds that under the shallow veneer of his conventionality there are better and truer strains, and his society hide-bound mother fails in the end to keep him from the girl who had fascinated him at first sight.

Did Gideon Vetch's untimely death interrupt an episode between him and Corinna?

He stood in her life for the straight and simple things of life, and she had lost her way so often among the bewildering ramifications of human motives. He had no trivial words she knew. He was incapable of making conversation, and she who had been bred in a community of ceaseless chatter was mentally refreshed by the sincerity of his interest. It was as restful, she said to herself, as a visit to the country.

Maybe the fates knew best, and perhaps breeding and habits of thought were too far asunder for any complete happiness.

Death had come so suddenly that, lying there in the trembling light of the candles, Vetch appeared to be merely resting a moment in his energetic career. His rugged features still wore their look of exuberant vitality, of triumphant faith. There was about him, even in death, the radiance of his indestructible illusion.

To-morrow Corinna would start living again, but to-night, for a few hours, she would rest from life; she would look back as she had looked back only that morning, to where a man was standing in the bright grass with the sunrise above his head.

H. H.

LETTERS TO THE EDITOR.

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

THE NORLAND INSTITUTE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We have received a copy of THE BRITISH JOURNAL OF NURSING for January 6th, 1923, and are greatly delighted at the article on the "Nursery Nurses of the Norland Institute," which some kind friend has written.

We should like, however, to call your attention to one error in the article, namely, that the Norland Institute was founded in "1904" by Mrs. Walter Ward. This date should read "1892." Would it be possible to have this corrected in your next issue?

I enclose a copy of our prospectus which, I think, may be of interest to you.

Yours faithfully,

E. W. GREEN, *Secretary.*

10, Pembridge Square,
London, W.2

REPLIES TO CORRESPONDENTS.

To Miss Mary C. Green, Dulwich.—The Norland Institute was founded for the training of educated girls as children's nursery nurses; and, as you write, you "are devoted to children," that is the best characteristic for a successful nursery nurse. Probationers are received for a three months' course of training through the Institute at the following hospitals:—The London, St. Thomas's, The Middlesex, Great Ormond Street, Evelina, Marylebone Babies' Home, Fulham Babies' Home, Royal Hampshire Hospital, Winchester, Children's Hospital, Bristol, and St. Monica's Home, Brondesbury.

The probationers of the Institute are trained for the care of healthy children, and the short hospital course is arranged to give a general insight into the principles of nursing sick, convalescent, or incurable children, and has proved of great value to those in charge of nurseries.

Now that State Registration of Sick Nurses is in force the short course will have no confusing effect in the future.

KERNELS FROM CORRESPONDENCE.

OUR DUTY TO THE COMMUNITY.

A Member of Nurses' Co-operation, 22, Langham Street.—"We members of this Co-operation owe Sister Cartwright, of the R.N.S., a debt of gratitude for her letters and work in support of certificated private nurses. What a struggle life has been for many of us during the past year few people realise. I also read your straight talk, 'A Question for Private Patients' with entire sympathy. It is indeed high time Homes which exploit the sick, who pay highly for skilled nursing, by subjecting patients to the attendance of

ignorant untrained women and V.A.D.s, should be shown up. I have suffered from their ignorance and jealousy. Now that State Registration has been granted, everything should be done through it possible to protect the sick. I am amazed at the attitude of the "College" on this question. I paid my guinea to the College because I was assured high standards of training for nurses would be maintained, and now they seem to be throwing everything away we value, and have a right to, with both hands. I shall certainly vote for Miss Cattell and the Independent Candidates—who appear to possess a sense of professional responsibility."

THE NURSES' MONEY.

Statistical Nurse.—"I have been doing a little sum, and it appears to me that the Election fiasco will cost us Registered Nurses several hundred pounds more than it would have done if our organisers had been in power instead of medical men. My father is a medical man, and I have often heard him say they are as a profession the most unbusiness class in the kingdom. Why, therefore, should they be permitted to squander the "Nurses' Money"?"

Returning Voting Papers costs each nurse 4d. (voting twice). The postal authorities appear to be the only people who benefit, as what with stamps for sending out Papers and Replies twice they will benefit to the extent of at least £400. Then comes the double appeal from candidates to the electors—another £100 at least. As you say all we have got to do is to find the money. Abominable waste in my opinion, and as far as I gather these squanderers are backed up by the permanent officials at the Ministry of Health, and pose as injured innocents if the nurses dare to express a word of protest. Moreover, I hear the College is after our Examination Fees to bolster up its very large expenditure. Our Council has a right to Registration and Examination fees, the surplus of which should be invested for our benefit, and not spent in supporting the College Company and its unnecessary Register and officials."

[We may be sure that if there were not "money in it" ("Nurses' Money") the College officials would not be so anxious to monopolise the power granted to "Registered Nurses" through their Act of Parliament.—ED.]

THE DEPRECIATION OF THE GENERAL PART OF THE REGISTER.

[Miss M. C. Herbert repeats her arguments for opening the General Part of the Register to untrained nurses. If the College of Nursing, Ltd., succeeds in this agitation, the General Nursing Council will have to explain its breach of faith with the 15,000 nurses whose fees it has accepted and utilised under the existing Statutory Rules. The College policy of making pledges to nurses and repudiating them will not be permitted by a considerable number of nurses registered by the State.—ED.]

A QUESTION FOR PAYING PATIENTS.

Mrs. S. F. Mann.—"Your article on 'A Question for the Paying Patient' should be given

publicity in the daily press. I know numerous cases where patients have suffered greatly in 'Nursing Homes' from the ignorance of untrained nurses. That the State Registration of these young women should be advocated by medical men and an ignorant press is almost incredible, when we realise how at their mercy patients are when seriously ill, when upon a medical recommendation they enter Nursing Homes. Skilled nursing is charged for and should be provided, and all Homes should be licensed and inspected by highly qualified professional persons. My little son nearly lost his life through the ignorance of an untrained attendant. Doctors are not nearly sufficiently careful in selecting nurses. The standard for registration should be high, and doctors should support and not run down the standard."

THE BAR SINISTER.

Municipal Nurse.—"I see the Home Secretary has consented to receive a deputation in regard to the Children of Unmarried Parents' Bill, and it is to be hoped some form of helpful legislation will result. My town work has shown me how sad is the fate of illegitimate children, how often they are starved, get sick, and die. All such children should be removed to the country. I remember as a girl brought up in a Midland village no one penalised such 'flyblows.' Mothers had several, not always by the same father, and these children grew up as healthy and to be as useful as those born in wedlock—indeed, they were often 'better born,' as the saying was—that is, finer physically and mentally. It is time we had more robust views on this question all round where motherhood is concerned; it is all this flying in the face of Nature which increases crime and misery. I have an illegitimate nephew, as fine a fellow as can be, devoted to his mother and his fond 'auntie'; nothing has given me half the pleasure in life as helping to put him on his feet. Had we listened to family prudery, no doubt he would have been dead by now."

[We are heartily in sympathy with these views. Let mothers of illegitimate children cling to them, and let women voters help to annul laws relating to them.—ED.]

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRELAND—33, St. Stephen's Green, Dublin.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

January 20th.—Give the most interesting report of Second Sight you have experienced, or of which you have been told.

January 27th.—Give an account of the diet and treatment in a case of scarlatinal nephritis.

The Midwife.

THE DISMISSAL OF A HEALTH VISITOR.

The dismissal of Miss E. S. Daniels, Health Visitor under the Edmonton Urban Council, working at the Brookfield House Maternity and Child Welfare Centre, Edmonton, for alleged insubordination, opens up a very much wider question than the reason assigned. It is should Hygienic Birth Control Instruction be given at Maternity and Infant Welfare Centres?

Miss Daniels was first suspended from her duties at a meeting, over which Councillor W. C. Elms (Chairman of the Maternity Committee), presided, when she answered questions in respect to allegations that she had been giving mothers attending the Centre information regarding birth control, and she was asked to stop this alleged practice. Since then, she has been dismissed, and it may therefore be presumed that she has declined to refuse to inform mothers who ask for Birth Control information where they can obtain it.

The *Tottenham Weekly Herald* reports that the following petition is being signed in Edmonton:—

We residents of Edmonton, believing that some attempt must be made to cope with the increasing poverty and unemployment in our district, hereby request the Edmonton Urban District Council to make arrangements which will enable all women who desire it to receive information on the subject of birth control at the various maternity and child welfare centres under the control of the Council.

At a meeting recently held at the Town Hall, Edmonton, under the auspices of the Organised Women's Unemployment Committee, and addressed by Mrs. Drysdale (Hon. Secretary of the New Generation League), the following Resolution was carried unanimously:—

That this meeting of mothers and fathers of Edmonton wishes to protest against the action of the Edmonton Child Welfare Committee in suspending Miss Daniels for informing mothers where they can obtain birth control information when asked for it; and requests the Council to allow such information to be given whenever requested, or when advisable on grounds of health.

It is alleged by the *New Generation* that, when a deputation of the Unemployed Women's Committee attended the Council and stated that five hundred residents had signed a petition on behalf of Miss Daniels, and in favour of providing facilities for birth control, that Councillor Elms accused Miss Daniels of being an agent for selling contraceptives, and that she sold them in her working hours. This accusation was not made, or mentioned, when Miss Daniels appeared before the Committee, and is indignantly denied by her. The Dean of St. Paul's (Dean Inge) has expressed the following opinion to a contemporary:—

My own view is this: I do not think it right to

keep information from the uneducated poor which educated rich people already know.

I think the poor have a right to decide for themselves, and are quite able to do so.

I think that Miss Daniels, the Edmonton Health Visitor, ought to be reinstated.

Is it not time that, as a nation, we faced the question of Birth Control fairly and squarely?

From the social point of view, have parents the right to bring into the world children whom they have no prospects of being able to keep?

The lower we go down in the animal scale the greater the fertility, the less responsibility there is as to reproduction. Amongst human beings, in the poorer classes, irresponsibility also seems to exist, the consequence being the invalidity of mothers who cannot stand the strain of continual child bearing, and the death in early life of a large proportion of the children so born; also the number of feeble-minded children, who are a menace to the State, both because they frequently must be State supported, and, if at large, not only are they prolific, but are frequently the parents of illegitimate children.

It may be laid down as axioms—

That the artificial termination of pregnancy at any time after conception has occurred is unjustifiable.

That the control of conception is justifiable in the interests of the health of the individual and of the nation and on scientific grounds.

That general information as to the propriety of Birth Control may be given by anyone.

That advice to individuals should be given by the medical profession, and should be available for those who cannot afford to pay.

That it is hypocritical to give this advice and information to the well-to-do and to object to its being given to the poor.

That it is better to bear and rear two or three healthy children than to bear a large number who die in infancy, or grow up to be weaklings.

That if the information given by Miss Daniels was limited to informing women who desired Birth Control information where they could obtain it, that she was within her right in so doing. This is nominally, at any rate, a free country.

That under these circumstances the Minister of Health should see that she is reinstated.

NATIONAL BABY WEEK.

The National Baby Week Council (Carnegie House, 117, Piccadilly, London, W.1) sent the following Resolution to the Ministry of Health:—

“That the matter of vaccination in relation to infant welfare is sufficiently urgent to merit the careful attention of the Ministry of Health, and that the Ministry should take all possible steps to promote more universal vaccination of children.”

THE BRITISH JOURNAL OF NURSING

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Vol. LXX

EDITORIAL.

AN INEXCUSABLE "MISTAKE."

Two things have combined to draw attention to the risks of patients from careless surgery: (1) the publication of a book, "Mistakes and Accidents of Surgery," by Dr. Harold Burrows, C.B.E., F.R.C.S., Assistant Surgeon at the Royal Portsmouth Hospital, which has been widely commented upon in the daily press, and in which the nursing profession by no means escapes blame; and (2) the report of an inquest at Ashton-under-Lyne, on an ex-Service man who died in the Infirmary, when the jury, recruited from ex-Service men, returned the following verdict:—

"Death from Misadventure, caused by cystitis, accelerated through negligence in omitting to remove a piece of gauze from the bladder during an operation, performed at the Ministry of Pensions Hospital, Knotty Ash, Liverpool."

The story revealed at the inquest last week was amazing.

The widow of the dead man stated that he returned from France with trench fever.

In May, 1922, he was sent to Knotty Ash Hospital for observation for possible pulmonary tuberculosis. In July, 1922, he underwent an operation, and was discharged in September. A month later he complained of something pricking him in his "stomach." He died in the Ashton Infirmary on January 9th.

Evidence was given that at Knotty Ash Hospital the man was found to be suffering from tuberculosis of the spine and bladder, and an operation was found necessary. Mr. Douglas Robert Chaplin Shepherd, giving evidence, said he assisted a leading Liverpool surgeon who conducted the operation. The patient appeared to make a good recovery.

Questioned by the Coroner (Mr. R. Stuart Rodgers) as to whether he had "any theory to account for the *post-mortem* discovery of a swab in the man," the witness made the astonishing statement that "it is a recognised accident of surgery," and added, "The Sister should count the swabs before and after they are used."

Answering the Coroner's question, "You put it down to an inexperienced error of judgment?" he replied, "I suppose, in a way, the responsibility is triple."

Dr. Hector M'Kenzie, resident surgeon at Ashton Infirmary, deposed to making a *post-mortem* examination, and finding a piece of gauze about a foot long, and, straightened out, eight inches wide. In his opinion the cause of death was inflammation of the bladder and kidney disease, accelerated by the presence of this foreign body.

The Coroner, in addressing the jury, said they might consider there was no evidence to show any gross or criminal neglect. A mere error of judgment, however regrettable, would not amount to such. If a confident operator made an accidental mistake in the treatment of a patient, whereby death ensued, he was not guilty of manslaughter.

In our view the sooner there is a penalty attached to such "mistakes" when causing the death of a patient the better. The fact that Mr. Shepherd could speak of leaving swabs in a patient's body as "a recognised accident of surgery" emphasises this necessity. We think it very regrettable that "the leading surgeon" who performed the operation was not present to give his testimony, and we note that, as so often happens, an attempt was made to place the blame on the Sister. There can be no doubt whatever that the responsible person in such cases is the operating surgeon. The best method of preventing mistakes is as follows. The swabs should be strung together in dozens, counted by the Sister and checked by the operating surgeon. It should be her duty to hand the swabs to the operating surgeon and his assistant, which when used should be placed by them in a clean bowl held by a nurse who has no other duty. Before the final closing of the wound the Sister should count all the soiled swabs and acquaint the surgeon whether they are correct or not. We have known a patient killed by careless handling of sponges, a dresser helping to dabble at an operation having cut a sponge in half, so that when at

the end of the operation the sponges were counted, and found correct, no one knew that the half sponge was left in the patient's abdomen.

We have known Sisters blamed for no fault of their own when mistakes have occurred, and they cannot too tenaciously claim their rights in waiting upon the surgeon.

When a life is at stake the care exercised cannot be too great, and severe censure, at least, should follow the occurrence of "mistakes" which should never happen if proper care is exercised.

OUR PRIZE COMPETITION.

GIVE THE MOST INTERESTING REPORT OF SECOND SIGHT YOU HAVE EXPERIENCED, OR OF WHICH YOU HAVE BEEN TOLD.

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

PRIZE PAPER.

The following story of Second Sight, Clairvoyance or Astral Vision was related to me some years ago by a friend, whom I will call Miss E., shortly after it occurred:—

One bright morning Miss E., who was friend and private secretary of a famous man of affairs, whom I will refer to as Mr. X., accompanied the latter to the door of a certain Embassy in a long and quiet London street, when he told her to walk slowly up the street towards another house where he would join her, as his appointment would not detain him long. Miss E. had walked about two hundred yards when she heard footsteps running behind her, and turned to meet a hatless and breathless page. "The gentleman says you are to go back, Miss, he wants you," he told her. Wondering greatly, for this was quite unlike Mr. X.'s ways, Miss E. retraced her steps. At the Embassy there was no sign of Mr. X., and she waited there until he appeared.

On hearing the story of the boy's message he disclaimed all knowledge of it; he had been talking with the Ambassador all the time he was in the house. But the boy was positive that Mr. X. had come down into the hall and told him to run after the lady and bring her back. The mystery appeared insoluble.

However, Mr. X. and Miss E. proceeded on their way. A little beyond that point where Miss E. had turned back, a crowd had gathered round a motor-car on the pavement, wrecked by its collision with area railings. Had Miss E. not turned back when she did she would, so they calculated, have been just at the spot of the accident when it occurred. It should be explained that both Mr. X and

Miss E. were highly developed psychics, accustomed to focus their Consciousnesses on that plane next above the physical plane, namely, the astral. But Miss E. had no premonition at all of threatening danger.

The solution of the mystery at which they arrived was that during his conversation at the Embassy, which involved the brain mind, the Consciousness or Ego of Mr. X., functioning in the astral body, perceived—as is possible with astral vision—the impending accident, and took action to save his friend from it. His appearance to the boy could easily be explained as that of a powerful thought-form, which would appear to anyone slightly clairvoyant as the real man. But there was the voice to be accounted for, as only by those who are clairaudient can the astral voice be heard. This fact presupposes a certain degree of materialisation from someone at hand who was mediumistic, probably the boy himself, the very essence of mediumship being the ready separability of the principles—astral, physical, &c.

Another possible theory is that the appearance of Mr. X. was taken for a moment by an *Invisible Helper* to whom the Ego of Mr. X. had communicated his anxiety concerning his friend's danger. There are many instances on record of this mode of manifestation; but where the voice is heard this, too, involves partial materialisation. The unusual feature of the incident was that no impression of the vision reached the brain mind, which was concentrated on a political matter.

As I know by personal experience, it is possible to be momentarily fully conscious and clairaudient on the astral and physical planes simultaneously, the sensation being that of extended vision—including one who has passed over—as of a door suddenly opening. From the numerous cases on record of this type of phenomena I cannot recall another instance where the Consciousness manifested exactly as described in this story, though a somewhat analogous condition exists in the mode by which an Ego in earth-life vivifies by his love the thought-forms his friends in the Heaven-world have made of him, receiving in his Consciousness a return of love without his brain mind having any knowledge of the transaction, although it conduces to his general happiness and greatly assists his evolution by developing his capacity for loving.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Anna M. Cameron, Mrs. G. Firth Scott, Miss M. Sanders.

WHOLESALE TONSILECTOMY.

IS IT JUSTIFIABLE?

The article on tonsilectomy by Miss Alix Churchill, M.B., B.S.Lond., in THE BRITISH JOURNAL OF NURSING for January 13th, 1923, will doubtless cause considerable concern to many lovers of children.

In recent years there has been growing up an intelligent body of medical, surgical, and nursing experts, who deprecate the light-hearted manner in which children (chiefly those of the poor) are subjected to an extremely painful operation of very dubious utility.

Miss Churchill herself states, and rightly, that "lymph glands are scattered throughout the body as a mechanism of defence; when germs gain a foothold in the organism they are carried to the nearest glands and there destroyed. If the germs are too numerous or powerful they set up suppuration in the glands; with a lesser degree of virulence they give rise to chronic inflammation; the enlarged gland becomes a septic focus, from which poisons are poured into the blood."

The method she recommends is not to treat the primary cause of the toxic gland but to remove the gland itself, and so, in fact, to deprive the body of a valuable natural means of defence against invading bacteria. Or, in other words, it is comparable to refusing to use a filter for straining an impure water supply because the filter becomes "a septic focus." Surely the remedy is either to improve the water or to cleanse the filter, *not to scrap it!*

Anyone who has worked among children of school age is familiar with the frequency with which adenoid tissue and tonsils are removed, and with the lamentable sequelæ which so often follow. The recurrence of constant "sore throats," swollen glands, and the not unusual second or even third operation to throat or nose.

These things are common knowledge, but those who cannot obtain direct information by attending school clinics and hospital out-patients' departments might usefully study *Truth's* article of November 8th, 1922, "The Children's Torture Room," also an article in the *British Medical Journal* by Mr. F. C. Pybus, to which reference is made in *Truth's* article. This well-known surgeon, commenting on the conditions existing in most hospitals after a morning's work on tonsils and adenoids, remarks: "Were our patients perhaps something less than human, we should probably have more humane methods of dealing with them."

Children in our elementary schools are being operated on under conditions which, if enforced on richer children, would raise a howl of protest from their parents. The helpless parents of the poor have perforce to trust that the Medical and the School Authorities are doing their utmost for the children entrusted to them.

Fortunately there is an increasing tendency to treat enlarged tonsils and adenoids without surgical interference, except in rare cases. One well-known London surgeon states that ninety per cent. of the operations performed on school children for tonsils and adenoids are unjustifiable.

No one denies the gravity of allowing septic foci, whether in throat, nose, or elsewhere, to flourish unchecked; but until all preventive medical measures have failed surgery should not, as a rule, be resorted to.

The whole question is closely associated with lack of sunlight, unsuitable food, bad teeth, and malnutrition generally. Remedy these errors in child hygiene and you have gone far to eliminate tonsilitis, adenoids and enlarged glands of the neck. Operate indiscriminately, and you deprive the child of one of Nature's weapons against disease and suffering.

District nurses can do much by familiarising themselves with medical preventive and curative methods available, and by educating the parents as to suitable food and hygienic conditions.

But not until the "community-conscience" is stirred will public opinion be strong enough to arise and say "These things must cease! Every child is a potential source of wealth to the country; therefore we must see to it that every child has sufficient clean air, good food and pure milk, and enough room to grow in."

Slums are not cheap, they cost the country more in maintaining C3 wastrels and degenerates than would be expended in sweeping away noisome tenements and rebuilding a fairer City.

G. FIRTH SCOTT (A.R.San.I.).

THE ROMANCE OF MEDICAL SCIENCE.

INSULIN.

Efforts are being made, states the Medical Correspondent of the *Times*, by the Medical Research Council to expedite in every way possible the manufacture on a large scale of the new remedy "insulin" which has proved so successful in the treatment of diabetes. It

has now been found possible to prepare active insulin by extracting from the pancreas of an animal slaughtered in the ordinary way, so that this substance has become more readily available. But the process of extraction is exceedingly difficult and technical. Thus, unless the most meticulous care is exercised, the final product may be inert or, on the other hand, may be dangerous.

In the circumstances there can be no reasonable doubt that the Medical Research Council has deserved well of the public by the measures which it has taken. Incidentally, thanks to the intensive work proceeding in its laboratories, the insulin-yield per pancreas (or "sweetbread") has been greatly increased—a matter of supreme importance when the smallness of this gland and the fact that each animal possesses only one are taken into consideration.

The story of the discovery of "insulin" appears to be a romance of science of the most fascinating kind. Dr. Banting, to whom belongs the credit, was a combatant officer who was wounded in the war. He was discharged and completed his medical studies. Thereafter he proposed to settle in practice and had, it is said, actually bought a practice, house, and furniture, when the idea for the treatment of diabetes struck him. So compelling was it that he determined to sacrifice everything to it. Practice, house, furniture, everything, was disposed of and he went to the laboratory in Toronto where his discovery was made. He was then in his early twenties.

There were vast obstacles in the way and many difficult techniques had to be mastered. Yet the young doctor surmounted all troubles and carried his idea to a successful conclusion. That he received great kindness and help from many others in no wise detracts from the credit of a remarkable performance.

VACCINATION.

The centenary of the death, on January 26th, 1823, of Dr. Jenner, a native of Berkeley, Gloucestershire, who discovered vaccination against smallpox, will be commemorated in Paris on January 23rd and in London on January 26th. Vaccination was performed for the first time by Jenner on May 14th, 1796, on a boy of eight. The vaccine was taken from the hand of a dairymaid who had become infected with the cow-pox. Six weeks later Jenner inoculated the boy with smallpox, but no disease followed, since which time thousands of lives have been saved, and human beings saved from disfiguration, by vaccination.

NURSING ECHOES.

We hope no reader of THE BRITISH JOURNAL OF NURSING has failed to record her Vote, and return her Ballot Paper, for the colleagues she wishes to be elected to form the General Nursing Council for England and Wales. This is our last chance of reminding our readers of the great importance of this duty, as the Ballot Paper must reach 12, York Gate, London, N.W.1, before Wednesday, January 24th.

Trained nurses will learn with satisfaction that the vacancy in the office of Parliamentary Under-Secretary for Health for Scotland has been filled by the appointment of Captain Walter E. Elliot, M.C., M.P., who represents the Lanarkshire Division of Lanark. Captain Elliot had a very distinguished military career during the War, serving continuously from August 4, 1919, until the end of the War, for the greater part of the time as Medical Officer to the Scots Greys. He won the Military Cross, with bar.

In the House of Commons, of which he has been a member since 1918, Captain Elliot has made his mark as a fluent and humorous speaker, and what is more important, as a fearless advocate of what he thinks right, irrespective of Party "whips."

The Ministries of Health in England and Ireland have, through the Nurses' Registration Acts, so much influence in determining our status and treatment as Registered Nurses, that it is all-important to have in office in these Departments men of understanding and sympathy where nursing is concerned.

Scottish Nurses are specially to be congratulated on the appointment of Captain Elliot, who has proved in the past his sincere goodwill towards the profession as a whole.

British Journal of Nursing Nurses offer hearty congratulations.

The allegation that a dying man was refused a drink of water was commented on by Dr. Guthrie, the coroner, at an inquest at Stepney on Samuel Cohen, of White's Row, Spitalfields, who died in Whitechapel Infirmary.

Dr. Guthrie said there had been some discrepancy in the evidence of the nurses, and he had come to the conclusion that Cohen hardly got the attention to which a dying man was entitled. He thought the nurses in that ward had better take it as a lesson.

Dr. Woodyat, the medical superintendent, pointed out that there were fifty-two cases in

the ward at the time and four nurses. They could not have a nurse at the bedside of every patient.

Surely it does not require a nurse "at the bedside of every patient" to prevent the neglect of dying patients. We agree that four nurses to fifty-two cases makes it quite impossible for the nurses to give adequate attention to the patients, and we hope Dr. Woodyat will insist upon a considerable increase of the nursing staff at Whitechapel Infirmary, so that the simple needs of the sick may be attended to. This Infirmary is recognised as an efficiently organised Training School by the General Nursing Council. We doubt, however, if the Council took any means to inspect institutions which they guarantee. This should be done for the protection of trainees, who should not work under conditions which make it impossible for them to give sufficient and tender care to the sick, and which may, through carelessness or overstrain, lay them open to censure by the coroner.

Speaking at the Annual Meeting of the Bath Postal, Telegraph, and Telephone Hospital Fund, Mr. H. Chambers, who presided, said their deepest thanks and gratitude were due to the nurses, as he had heard from patients who spoke feelingly of their most tender, kind-hearted, and sympathetic attention in carrying out their duties. Their efficiency was above reproach, and careful nursing, constant attendance, and always a bright presence were met with in every case at their hospital. This was, he felt sure, the general opinion, not only among those who had had the misfortune to require medical aid, but among the Bath public generally. In fact, the Bath Royal United Hospital had become quite a household word.

Such expressions of appreciation must be very gratifying to the Matron and the Nursing Staff, and will give them heart of grace to continue their worthy services.

The Rochford correspondent of the *Weekly Dispatch* writes:—

"A 'ghostly' visitant (which may be either supernatural or a practical joke) has been troubling the inmates and staff of the local infirmary here for several weeks.

"The alleged ghost is said to appear in the guise of a Victorian Poor Law Sister known as 'Nurse Matilda.'

"There are more than twenty-five nurses in the institution. None is 'hysterical' or 'highly strung,' yet several, some with many

years' service, declare they have seen the apparition.

"One nursing Sister, with a splendid record, says she has seen the manifestation half a dozen times, twice in the last few days. A woman in the maternity ward, mistaking it for a mortal nurse, asked it to give her water!

"'One of the nurses,' says Councillor Richard Taylor, of Southend, a prominent member of Rochford Guardians and a level-headed man, 'tells me she tried to speak to the ghostly visitant, but she was too terrified to open her mouth. All who have seen the apparition agree in their description of its height, appearance and dress. They say it is clad as a nurse used to be towards the close of the last century. A remarkable feature is that the manifestation is always heralded by the ringing of the house-service bell which is connected with each nurse's sleeping apartment. Shortly afterwards "Nurse Matilda" is seen by one or more of the staff, and the gas-light in the corridor, near the maternity ward, goes down. The doctor thinks a practical joker is at work, but our search of the building for the paraphernalia such a joker would have to wear to personate a Victorian Nursing Sister has revealed nothing beyond the modern uniforms worn by the staff.'"

January 11th, 1923, was a memorable day in the annals of the Gloucester District Nursing Society, for at its headquarters in Clarence Street the new Maternity wards, and the extensions of the Home were opened.

The City Member (Sir James Bruton) presided, and was supported by the Mayor and Mayoress, a number of city officials, Dr. C. V. Knight (Chairman of the General Committee District Nursing Society), and others.

The architect, Mr. Walter B. Wood, described the extension scheme. Three separate houses have been thrown into one. On the ground floor are the Committee room, the Superintendent's and the Nurses' Sitting Rooms, dining room, kitchen, etc. On the first floor is a self-contained maternity department, including two maternity wards and annexes, and a large sun balcony, and on the mezzanine an isolation ward, with bath and sanitary accommodation adjoining. On the second and third floors are 22 separate bedrooms for the nursing staff, and in the basement, cloakrooms, room for sterilising, box-rooms, etc.

Mr. Wood spoke of the cheerfulness of the Superintendent (Miss Brooks) and the whole of the nursing and domestic staffs during the discomfort of the alterations. They had

encountered their troubles with the greatest patience and long-suffering, while a faculty for keeping smiling had been shown on all hands, and in these and other ways there had been brought out those qualities of self-sacrificing endurance for which the nursing profession was well known.

Dr. Knight emphasised the fact that any woman in the city who was expecting to become a mother, whatever her circumstances, could obtain a fully trained midwife from the Home at any time.

The competent nursing staff, under the direction of Miss Brooks, held a very high position among institutions of its kind, and was supposed to be the second largest in the kingdom. It was also recognised by the London authorities as an excellent training school for midwives, as proved by the number of pupils sent to the institution for that purpose.

The Mayor made the practical suggestion that subscribers should promise to double their subscriptions for a term of years, and announced his own intention of adopting that course, and perhaps of doing a little more.

THE INTERNATIONAL COUNCIL OF NURSES.

Mrs. Bedford Fenwick, the Founder of the International Council of Nurses, has received several invitations from National Councils of Nurses in Europe, to pay a visit of inspection to their various headquarters, see what progress is being made, and make suggestions for extending the usefulness of the Councils, both from an educational, social and political viewpoint. As the initiator and leader of the State Registration Movement in England for so many years, the nurses who have not yet attained legal status in Europe are anxious to have from her a historical survey of the difficulties to be faced, and the best methods whereby they can be overcome.

Such a tour would naturally be of intense interest to any pioneer of Nursing Organisation, and may—who knows?—come to pass in the near future.

In the meanwhile members of the National Council of Nurses in Great Britain and Ireland should carefully study reports published in the *B.J.N.* from time to time, of the efforts and progress of the newly affiliated foreign Councils, so that when the next International Meeting takes place at Helsingfors in Finland in 1925, they will be well in touch with the aspirations of, and progress being made by, their colleagues all over the world.

THE NATIONAL ASSOCIATION OF ITALIAN NURSES

(ASSOCIAZIONE NAZIONALE ITALIANA TRA INFERMIERE)

AND NURSING CONDITIONS IN ITALY.

REPORT SUBMITTED TO THE INTERNATIONAL COUNCIL OF NURSES, COPENHAGEN, MAY, 1922.

Presented by SIGNORINA M. VALENZANO, Delegate.

LADIES,—May I be allowed to offer most cordial greetings in the name of their Italian colleagues to the trained nurses of all civilised nations gathered here to-day, and to express our feeling of admiration and gratitude towards the great and powerful organisations represented here, which are willing to accept into the International Council of Nurses this young National Association of ours, still small, but which makes up for unavoidably limited numbers by great faith and a firm determination to overcome all difficulties and to bring nursing and nursing education in Italy rapidly up to the highest standards.

As our colleagues so kindly take an interest in us, thus giving us their moral support in the great work we have undertaken, they may care to hear a short account of how our National Association was founded and why, what conditions it found, what work has been done so far, and what are our plans for the future.

The National Association of Italian Nurses was first thought of in 1918, and was a result of the great war which had caused a large number of educated Italian women, rapidly trained in the elements of nursing by the Italian Red Cross, to be employed as Volunteer Nurses in the military hospitals, where they were able to notice, in the midst of the most excellent Italian Medical Service, the almost complete absence of trained nursing, both in the military and civil hospitals.

After the practical experience gained, some of these volunteer nurses gathered together to talk things over, and decided that nursing in Italy required improvement, and that it would be well to call upon the few hundreds of really fully-trained nurses existing to form a National Association like those belonging to many other nations, in order to take concerted action and devise means to bring about a reform. They also decided to help the movement by entering the Association in the capacity of lay helping members.

At this stage in the proceedings we found an invaluable friend in Miss Mary Gardner, R.N., of the American Red Cross, Director of Nursing in the Tuberculosis Commission, who was already helping us to organise courses in public health nursing, and who advised us as to rules, and the movement was happy enough to gain the complete approval, support, and Royal patronage of Her Majesty Queen Helen of Italy, a most distinguished volunteer nurse and generous patroness of all serious efforts to better hygienic or sanitary conditions or relieve suffering.

The writer of this report sent out the first call to the trained nurses, and they soon flocked to

put down their names, together with a good many Volunteer Nurses. On February 16th, 1919, in Rome, the National Association was legally founded with the assistance of a lawyer, and the first Council of Directors was elected.

To this report is appended a list of the members of that first Council, and also of the members of the Central Branch Councils appointed for this year 1922.

The Association grew apace, and it soon became possible, while keeping headquarters in Rome, to found branches for several "regions" of Italy (a region comprises several provinces). The Lazio Branch has an office in Rome, the Tuscan Branch in Florence, the Lombard Branch in Milan, and it is hoped soon to found the Piedmont Branch in Turin, the Emilia Branch in Bologna, and the Branch for the Redeemed Provinces in Trieste.

We can now say that practically all the trained nurses of Italy have joined their National Association, including the public health nurses trained in the special courses started by the American Red Cross in 1919; and also a good number of Volunteer Nurses, the latter in the capacity of lay helping members.

The Association has its own Sick Benefit and Pensions Fund, of which a branch is attached to each branch of the Association, and each branch has also a registry office for finding work for the members and for supplying private nurses to the public. These offices, of which each one is managed by a fully-trained nurse, have proved most useful.

Before speaking of the other forms of work done by the Association, it will be well to say something of the most complicated question of Nursing in Italy, that it may be clearly understood what this Association has to deal with. To put it in a nutshell, the very large majority of hospital attendants in Italy are not trained at all in the modern sense, and many are not trainable, so that it will be a slow business to get modern methods introduced into all the hospitals.

For centuries nursing in practically all hospitals has been in the hands of the religious Orders, mostly of the nuns, and as there are not enough nuns to do all the work, they have always been helped by lay subordinates, men and women.

The nuns have excellent discipline, and are most devoted nurses, but modern methods of training have never penetrated into Italian convents, and some of the Orders recruit the nuns for the hospitals among the most uneducated classes, while the lay subordinates are even less educated and trained.

The advent of Socialism and free-thought in Italy has caused the nuns to be removed from a few hospitals and their places to be taken by their former subordinates, or other persons of the same type, who have been given at the best some very hurried and superficial teaching, so while moral damage has been done, no technical advantage has been gained.

Of course there are exceptions, some few hospitals have trained nurses, while a special law provides that a training school be attached to all

large mental asylums. Some of these schools give very good results.

The Society of Hospital Directors, in their periodical meetings, have repeatedly recommended that real training schools be attached to all large hospitals, and a Royal Commission was appointed in 1918 by Signor Orlando's ministry to look into the whole question of nursing. This Commission came to the same conclusion, and drafted a Bill which Professor Lutrario, the Director-General of Public Health, has presented to Parliament, and which will facilitate the founding of training schools and provide for a State Examination and State Diploma of Nursing, but so far we have only three large training schools attached to large hospitals, and a few private training schools attached to private hospitals.

The largest training school is "Queen Helen's School," attached to the great Policlinic Hospital at Rome, which was founded in 1910, thanks to the generosity and interest of the Queen of Italy, of the late Princess Doria, of the late Minister Bertolini, and of the most enlightened Director-General of Public Health, Professor Albert Lutrario, a real friend and supporter of trained nursing. This school has an English Matron, Miss Dorothy Snell, and some English Sisters, the nurses and pupils do all the nursing in several large wards of the hospital, while in others the old methods still prevail. By the annexation of Trieste to Italy we have gained another training school attached to the Civil Hospital of that city, while this Association has gained many and most welcome new members in the trained nurses of Trieste.

And quite lately a new training school has been opened at the large new Hospital at Sampierdarena (Genoa) through the efforts of the Director, Professor Ernest Skultecky. The Matron of this school is Signorina Maria Sforza, trained at the "San Gregorio" training school at Rome by the English nuns, who are all fully-trained nurses.

The "San Gregorio" is one of the private training schools mentioned. It is attached to the British Hospital and was founded by Miss Hanbury some years ago. Also the "Blue Cross" school of Naples, founded by Princess Strongoli, is attached to a private hospital, and so is the "Princess Iolanda" of Milan, now taken over by the Italian Red Cross, which is doing all that is possible to further the cause of nursing in Italy under the most active President, Senator Ciralo, helped as Delegate for Nursing by the acting President-General of this Association, Irene di Targiani.

Other schools, now unfortunately closed, but which we hope will open again, are the "Queen of Italy," at Florence, founded by a committee of ladies and medical men, and the "Victor de Marchi," of Milan, founded by Signorina Adelina de Marchi, a great benefactress, while other supporters of nursing, such as Miss Turton and Signora Celli, a German lady married to an Italian, founded schools without any Home for the pupils, and which did not live long.

It will be well to mention here the schools for

Voluntary Nurses of the Italian Red Cross, which are, of course, intended only to train members of the Red Cross to nurse the sick and wounded in times of war or calamity, but which give a much better course and longer practical training than is the case in most Red Cross schools of other nations, and have therefore done much good work by teaching a large number of educated women to understand the nursing question and to spread this knowledge and desire for better nursing methods all over the country. About 20,000 women have attended the Red Cross schools, have done most splendid work during the war, and are a force that must be reckoned with and can be most useful in helping on the reform if properly guided. Several of these Volunteer Nurses, after their long war service, have been judged by the American Red Cross fit to join the ranks of the professionals, after going through the special courses in Public Health Nursing started by the American Red Cross and now taken over by the Italian Red Cross. These special courses, originally lasting five months, now last one year, and only candidates with a good nursing certificate and practical experience are admitted.

From what has been said it will be understood that with only a limited number of real training schools, the number of trained nurses in Italy must necessarily be low and can only gradually rise as new graduate nurses are formed, and therefore this Association, which has about 500 members, can only hope to grow slowly, while a great deal of work—especially propaganda work—must be done to get new training schools started, to enlighten public opinion on the question, to overcome the prejudices of the present nursing personnel in the hospitals and secure their co-operation, and to get well-educated girls to enter the training schools!

We have the most invaluable supporters in a large number of the most distinguished medical men of Italy, and we feel it a duty to mention some of their names, so that our international colleagues may share our feeling of gratitude for these good friends of modern nursing. They are Professors Lutrario (Director-General of Public Health), Ascoli, Bastianelli, Ferreri, and Levi of Rome (of whom the latter is doing most excellent health propaganda work) Bastianelli, Sclavo, Picchi of Florence, Senator Mangiagalli and Professors Devoto, Medea, Ronzani and Ronzoni, of Milan Foà and Battistini of Turin, Poli, Vittorelli, and Skultecky of Genoa, and many others in various towns of the Italian Peninsula.

Although the amount of work to be done is undoubtedly great, much has already been accomplished in the four years since this Association was first thought of and the interest of the medical men enlisted. The medical press and medical congresses and meetings now never neglect the nursing question, and the general public is at last awakening to an interest in it.

Per propaganda work the Association publishes the *Bollettino*, a monthly journal of nursing, distributes pamphlets, leaflets and postcards, and

sends delegates to meetings of medical and scientific societies. The trained nurses are invited to meet and discuss professional subjects such as nursing education, hours of work, salaries, &c., propaganda work is done among young girls to induce them to enter the training schools, and plans for the schools are studied and discussed in order to find a type of school which will exactly suit the Italian temperament.

Italy certainly has a big job before her to improve and bring up to date a huge mass of nursing personnel that has hardly progressed in centuries, but Italy is a country where, when once things get moving, they go quickly; and where once public opinion takes a new thing up, prejudice is soon broken down. In the late war the world got a chance to see to what heights Italy can rise, when she means to; therefore, we may be sure she will make the great effort required of her, and "get there" perhaps sooner than it seems possible.

Mention has been made of the Bill presented to Parliament by the Director-General of Public Health. It may be long before it becomes law, but anyway, it is in itself a step which other nations have reached only after years of struggling; therefore, we may justly feel proud of it. And there are many other signs of progress to be seen. The introduction of Public Health Nursing has done much to awaken interest in nursing questions, and a great interest is being taken in our cause by all the large women's associations, among others by the great and powerful "Union of Catholic Women."

Plans for training schools are being discussed in many quarters, while lately, even some high member of the church has shown a readiness to discuss the possibility of starting better schools for the hospital nuns.

Our colleagues of all countries who have kindly given us their attention will, therefore, understand the great interest we feel in the "International Standard of Nursing Education" which we hear will be discussed at this meeting, and how much we hope Italy will soon be ready to accept such a standard as may be judged best by the International Council. But first of all we have to establish a uniform national standard for Italy and get it adopted all over the country. We, therefore, express a hope that it may be thought fit to leave each country a certain amount of liberty as to means of applying the International Standard, in the choice of types of schools and methods of training, for a type of school that is excellent for one nation may not do at all for another with a different national temperament, and it is no use having good schools if one does not get the best class of pupil.

Each nation must, to a great extent, work out its own salvation in this as in all other branches of national life—and Italy is going to do it and to be worthy of her great past, full of the highest contributions to science and to civilisation.

This is the will of her most enlightened medical

and scientific men—and this is the will of her women, whom Florence Nightingale declared endowed with the highest qualities that go to form good nurses.

Florence Nightingale was born in Italy, and her great spirit will surely inspire the women she thought well of, and help the land she loved—and this National Association of ours, formed to spread a better knowledge of her great art in the land of her birth, has come to join the great National Association of all other civilised nations, and to add a drop of oil to her blessed lamp, that its everlasting light may burn ever brighter to give relief to all sufferers and new hope of greater health and happiness to all mankind.

MATERNITY AND CHILD WELFARE WORK.

By AN INTERESTED VISITOR.

We hear much of a "Brighter London," and it conjures up in the minds of most people the circumference of theatre-land; but it is far removed from the already brightened corner in London, E. 2 (as it would be described in the postal directory), which we visited a short time ago. Thanks to the forethought and long-sighted policy of the late Labour Council of Bethnal Green, a fine old building has been adapted as the headquarters of the Maternity and Child Welfare work of that Borough.

One enters a courtyard, partially covered to serve as a "pram-shed," and thence through a Central Hall to a spacious Waiting Room. The first thing to strike one is the happy note of colour on the walls, the two shades of blue, which are inevitably associated in one's mind with the Madonna as the old masters loved to paint her—the rich blue of the deep dado being in washable paint, so that children need no chiding when they touch it.

The Waiting Room was well filled with contented looking Mothers, either talking over their cups of tea, or gathered round the sewing stall where the staff were ready to offer advice, answer questions, or discuss the untiring subject of the last baby's progress with a study of the weight card.

A wide staircase leads to the Weighing and Doctors' rooms. Everywhere the same note of cheerfulness and plenty of light and air, also evidence of a system of organisation which, while being barely perceptible, leaves nothing unthought of, and permits a hundred or more children to be weighed, or seen by a Doctor or Health Visitor (who note the baby's progress on the case sheet, &c.), all in one short afternoon of 1.30 to 4 p.m.

We next followed the group making its way to the Dispensary, which is on the ground floor, from whence various dried milk foods and simple medicines can be obtained, but only by Doctor's

orders. Purchases are made through a hatchway, and a few words of explanation given when necessary.

Next came the room set apart for the Mothers' Clinics, with its efficient equipment giving the impression of a minimum of expenditure and a maximum of advantage, and still the same note of colour kept in one's mind the thought of Motherhood rather than any suggestion of curative treatment. These Clinics are held on two mornings in the week, and are presided over by a Lady Doctor, who apparently spares herself no trouble in helping the Mother by advice as well as treatment, and to whom the midwives can go when requiring further advice as to special cases. Two other mornings of the week are given up to interviewing cases needing assistance, milk for children under five years, nursing and expectant mothers, &c. Sometimes a father makes the application, and I gathered is shown the advantages to be derived from the Clinic, as far as time and opportunity allow. Home Visiting, and a Branch Clinic held at the opposite end of a long, narrow district, fill to overflowing the duty hours of a staff of eight very competent looking Health Visitors.

We were shown several smaller rooms in the main building, used for clerical and record purposes, including the Superintendent's Office. These rooms on very busy days can be adapted as an extra Infants' Clinic.

In this spacious building it was very pleasant to find such an atmosphere of homeliness; all the Mothers seeming so completely at ease, though a dozen at least, I was told, were new to the Centre that afternoon.

The person, however, who still continues to strain after greater perfection is the Superintendent—Miss Le Geyt—who never ceases to dream and scheme for more and still more clinics, more co-operation with other educative and helpful agencies, until every child in that Borough under five years of age, not to mention its mother, shall be able to benefit by the adaptation of the fundamental truth that "prevention is better than cure."

THE IRISH MATRONS' ASSOCIATION.

A meeting of the Irish Matrons' Association was held on Saturday, January 6th, 1923. Miss Thornton, R.R.C., Matron of Sir Patrick Dun's Hospital was elected President; Miss Power, Matron Royal Victoria Eye and Ear Hospital, was elected Hon. Treasurer; and Miss Reeves, R.R.C., Matron Dr. Steevens' Hospital, was elected Hon. Secretary.

Eleven new members were elected. An "At home" was given at 34, Stephen's Green early in December to make the acquaintance of the recently appointed Matron. The "At home" brought a great many of the old members together, and was greatly enjoyed by old and new Matrons.

COLLEGE ELECTION TACTICS.

Miss F. A. Sheldon, Registrar of the College of Nursing, Ltd., addressed the following untrue and misleading letter to *Time and Tide* last week:—

THE NURSES' REGISTRATION ACT AND THE "EXISTING NURSE."

SIR,—All honour to those women who as Nursing or General Service V.A.D.s served their country with such splendid devotion and distinction.

It is however most cruelly mischievous and entirely irrelevant to introduce their names into the question now at issue.

No responsible person or society is suggesting that V.A.D.s can be described under the Act as "Existing Nurses" and eligible for admission to the General Part of the State Register.

The Act prescribes that existing nurses are persons who were for at least three years before November 1st, 1919, engaged in practice as nurses in attendance on the sick under conditions which appear to the Council to be satisfactory and have adequate knowledge and experience of the nursing of the sick.

The Register closes to the Existing Nurse, July, 1923, and at present to qualify for registration the General Nursing Council requires her to hold a *certificate* of at least one year's training in an approved hospital or infirmary (a Cottage Hospital with less than twenty beds has been so approved) followed by two years' nursing work.

The fact of not actually holding this certificate disqualifies hundreds of *bona fide* nurses. Many had training where certificates were not given and all had practical clinical instruction and from twenty to thirty years' working experience. They nursed acute surgical and accident cases under difficult conditions, typhoid and other epidemics, and carried on their routine chronic work for incredibly long hours and small pay.

The value of these women to the nation in country districts or town slums cannot be over-estimated, and certainly cannot be measured in the terms of a one year's certificate.

Many of their fellow nurses who have had the privilege of definite training or who hold a recognised professional position feel that it is a grave injustice to exclude these nurses, and that each applicant should be judged upon her individual merits and this is certainly the spirit of the Act. If the nurse produces evidence that she has the required "knowledge" and "experience" the public will be protected, and the Register will truly represent the Nursing Service of the State.

W. I.

Believe me, &c.,
F. A. SHELDON.

Mrs. Bedford Fenwick has sent the following criticism of Miss Sheldon's "mischievous and irrelevant" statements to *Time and Tide*:—

To the Editor of *Time and Tide*.

SIR,—It is to be regretted that your correspondent, Miss F. A. Sheldon (the Registrar of the College of Nursing, Ltd.) makes unjustifiable and injurious statements in your issue of January 12th, which can at once be disproved by reference to the Nurses' Registration Act, 1919, and to the Statutory Rules framed under its authority. That a lady holding the responsible position which Miss Sheldon does should be so ignorant of the provisions of the Act, and Statutory Rules, and thus mislead your readers, is much to be regretted.

The statements to which I refer, and the facts, are as follows:—

The State Register of Nurses.

STATEMENT I.

"No responsible person or society is suggesting that V.A.D.s can be described under the Act as 'Existing Nurses,' and eligible for admission to the General Part of the State Register."

THE FACT.

At the meeting of the General Nursing Council for England and Wales held on September 23rd, 1920, the Chairman of the Council read the following letter:—

Central Joint V.A.D. Committee,
20, Berkeley Street,
London, W.1.
August 26th, 1920.

DEAR MADAM,—I am requested by the Chairman of the Joint Women's V.A.D. Committee* to ask you whether you would kindly send me a ruling as to whether V.A.D. members who have served for three years in military hospitals during the war, will be eligible for enrolment on the Nursing Register of England, and if so what the conditions would be.

Yours faithfully,
S. WILSON, *Secretary*.

The ruling was in the negative.

Thus, if the introduction of the names of V.A.D.s into the question of State Registration is "most cruelly mischievous and entirely irrelevant," Miss Sheldon must blame her chairman, Sir Arthur Stanley, for this misdemeanour.

The College of Nursing, Ltd., is now agitating for a new Rule to place persons on the General Part of the Register who "have worked in a hospital or institution not recognised by the Council" (as provided by the Statutory Rules) and who, therefore, may have received no training or experience in general nursing whatever.

STATEMENT II.

"The Register closes to the Existing Nurse, July, 1923, and at present to qualify for registration the General Nursing Council requires her to hold a *certificate* of at least one year's training in an approved hospital or infirmary, followed by two years' nursing work."

THE FACT.

This is an entirely untrue statement. The General Nursing Council does not require that a nurse who has been trained for one year shall hold a certificate. The Statutory Rule for the admission of Existing Nurses, with a minimum of one year's training, to the General Part of the Register requires:—

"Evidence that the applicant has had not less than one year's training in a Hospital or Infirmary approved by the Council as aforesaid, together with evidence that she has subsequently been *bona fide* engaged in practice as a Nurse in attendance on the sick for not less than two years before 1st November, 1919."

It will be seen, therefore, that the statement that a certificate is required is entirely without foundation.

The First General Nursing Council, of which I was a member, in framing this Rule, was unanimous that the minimum of one year's training in a General Hospital or Infirmary was the very least experience that a woman should possess who was to be guaranteed

*The Hon. Sir Arthur Stanley (Chairman also of the College of Nursing, Ltd.).

on the authority of the State, as a safe attendant on the sick as a Registered Nurse.

STATEMENT III.

"The fact of not actually holding this certificate disqualifies hundreds of *bona fide* nurses. . . . The value of these women to the nation in country districts or town slums cannot be overestimated."

THE FACT.

I have already disproved the first part of this statement. In regard to the second, all nurses working in country districts and town slums, with one year's general training, are eligible for admission to the Register, and the very large majority of those who have not this minimum qualification are registered by the Central Midwives' Board and have legal status as Certified Midwives.

Miss Sheldon's statement reminds one of the argument of a noble Lord, when the Nurses' Registration Bill was before the House of Lords in 1908, that "there were two kinds of nurses required—one to nurse the people who had had important operations by eminent surgeons, and another to nurse the ordinary ailments of the poor."

I claim, and always have claimed, that the poor have the right to a safe standard of nursing skill equally with their more wealthy compatriots, and a continuance of the present reprehensible system which provides, as a charity, women with a few months of nursing experience for the sick poor in slums and villages who are not sufficiently skilled to attend upon persons with means, is just one of those indefensible inequalities which I hope will speedily be abolished by social evolution.

It is the duty of the General Nursing Council to protect the public, and the nursing profession, from the admission to the State Register of Nurses, of women who, in its opinion, do not "possess adequate knowledge and experience of the nursing of the sick."

The fact is, that when the College of Nursing, Ltd., formed its Register, its Council held out as an inducement to nurses to pay a guinea for a useless form of Registration by the College:—

"If, therefore, you are on the College Register, you will automatically and without further fee, be placed upon the State Register when the Nurses' Registration Bill is passed."

Parliament did not endorse this pledge, and the College Council is, consequently, in an untenable position. *Hinc illæ lacrimæ.*

I am, Sir,

Yours faithfully,

ETHEL G. FENWICK,

20, Upper Wimpole Street, Registered Nurse.
London, W. 1.

January 15th, 1923.

APPOINTMENTS.

MATRON.

Tamworth Hospital.—Miss Marion Newton, whose appointment as Matron of Tamworth Hospital we notified last week, at present holds the position of Sister-Tutor and Assistant Matron at St. Chad's Hospital, Birmingham, not of Matron as stated. The Matron is Miss Dorothy Jones.

ASSISTANT-MATRON.

General Infirmary, Leeds.—Miss A. E. Billington has been appointed Assistant-Matron. She was trained at the General Infirmary, Leeds, and has held the position

of Sister at the Doncaster Infirmary, of Charge Sister, Night Superintendent, and Housekeeper at the Beckett Park Hospital, T.A.N.S., 1914-1920, and of Assistant Matron from 1920.

SCHOOL DENTAL NURSE.

Northumberland County Council.—Miss Blanche Annie Spoor has been appointed School Dental Nurse. She was trained at the Royal Victoria Infirmary, Newcastle-on-Tyne, and has been Matron of Ashington Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE

TRANSFERS AND APPOINTMENTS.

Miss Helen Wynne-Edwards is appointed to Hackney, as Superintendent; Miss Elsie W. Butler to Brighton, as Assistant Superintendent; Miss Florence E. Bellman to Brighton (Hove), as Senior Nurse; Miss Constance M. Perrins to Accrington, as Senior Nurse; Miss Evelyn Poppleton to Hackney, as Senior Nurse; Miss Sarah Evans to Northampton; Miss Lilian E. Flinn to Glossop; Miss Gladys C. Gibb to Brimington; Miss Hilda E. Hall to Abbots Langley; Miss Mary Hall, to Accrington; Miss Amelia V. Legge to Highcliffe; Miss Isabel Moister to Didsbury; Miss Lucy M. Mortimer to Maidenhead; Miss Margaret C. Mullin to Todmorden; Miss Rose M. Sharpe to Manchester (Bradford); Miss Mildred Stephens to Lewes.

THE PASSING BELL.

Nurse Helen Wilson of the Cathedral Nursing (District) Society, Newcastle-on-Tyne, died very suddenly from heart failure, while on a few days' leave at Christmas. She received her three years' training at Glasgow Town's Hospital, and afterwards worked as a Queen's Nurse at Harpurhey, Birmingham, &c. She was much liked by staff and patients during the two years she worked for the Cathedral Nursing Society. One of her last acts before starting on her short leave was to help in putting up the holly in the nurses' sitting room.

A large cross of early spring flowers from the nursing and domestic staffs was laid on her grave, and a Requiem Mass said in the private chapel at the Home by the Chaplain, the Rev. W. H. Anning.

MATRON EXONERATED.

Charges brought against the Matron of Epping Isolation Hospital by a former patient have been dismissed after a searching inquiry by the Rural District Council, who unanimously expressed the opinion that the charges ought never to have been made.

BEQUEST TO A SISTER.

Mr. William Pochin, late of Southport, bequeathed £500 to Sister May Pendleton, late of the Grange Hospital, Southport, and formerly nurse to his son, Arthur Whitwell Pochin, as recompense for her assiduous care and attention to him during his illness.

Mr. Isidore Ochse Freiwald, metal merchant, of the Hyde Park Hotel, Knightsbridge, and of Fenchurch Street, E.C., who died in December, 1921, aged 82, left estate in this country valued for probate at £56,000.

To his nurse, Miss Annie Mackenzie, he left £3,000, a life annuity of £1,000, and all his household and personal effects in England.

In addition he left £500 each to her three nephews and nieces.

The will had been the subject of an action in which the President of the Probate Court pronounced for its validity.

THE HOSPITAL WORLD.

At a meeting of representatives of local Voluntary Hospital Committees, held in July last, it was decided to adopt a proposal made by the Voluntary Hospitals Commission to establish a small Consultative Committee of members of Local Committees. The purpose of this Committee is to provide a body closely in touch with local opinion, to which the Commission could refer for assistance and advice. The Commission after inviting nominations from local Hospital Committees, have now appointed the following to be a Consultative Committee for England and Wales:—

Right Hon. F. D. Acland, Devonshire Local Voluntary Hospital Committee; Alderman E. C. Barnes, C.B.E., Derbyshire L.V.H. Committee; Captain W. Best, North Wales L.V.H. Committee; Mr. J. J. Cockshott, O.B.E., Lancashire L.V.H. Committee; Rev. G. B. Cronshaw, Berks, Bucks and Oxon L.V.H. Committee; Mr. H. N. Crouch, Somerset L.V.H. Committee; Sir James Curtis, K.B.E., Birmingham and Gloucestershire L.V.H. Committee; Mr. Walter Davies, Manchester L.V.H. Committee; Sir David Drummond, C.B.E., Northumberland L.V.H. Committee; Mr. H. W. C. Drury, Norfolk L.V.H. Committee; Sir Henry Hadow, C.B.E., Sheffield L.V.H. Committee; Mr. Noel Hanbury, C.B.E., Hampshire L.V.H. Committee; Viscount Lascelles, K.G., D.S.O., East and West Ridings of Yorkshire, L.V.H. Committee; Colonel R. J. S. Simpson, C.B., C.M.G., Kent L.V.H. Committee; Sir A. Garrod Thomas, Monmouthshire L.V.H. Committee; Right Rev. Bishop Welldon, Durham L.V.H. Committee.

We are pleased to learn that at last the British Red Cross Society intends to assist in relieving distress in the Near East. The Red Cross organizations of other countries are already actively at work, and in co-operation with these and with British Government officials, British relief will be carried out. As pointed out by the *Times*, Greek territories have now become an actual, rather than a potential famine area, and unless instant help is forthcoming, Greece, with an increase of population of 20 per cent., will become utterly exhausted. Large numbers of Christian refugees from Asia Minor and the Christian population of Constantinople are leaving hurriedly to seek shelter in Greek territory. The catastrophe threatens annihilation to the peoples bordering the Ægean Sea, and the appearance there of plague, typhus, cholera, and other epidemics, forms a serious menace to Western Europe.

The enlargement of Westminster Hospital is now imperatively demanded, and some important developments will be taken in hand, including the addition of another storey to the building, at an early date.

The estimated expenditure of the Metropolitan Asylums Board for the year ending March 31st, 1924, is £2,110,000, a net decrease of £164,630.

OUTSIDE THE GATES.

Our readers will share the pleasure expressed by the King and Queen at the betrothal of His Royal Highness the Duke of York to Lady Elizabeth Bowes-Lyon, daughter of the Earl and Countess of Strathmore and Kinghorne. We all love a romance, and the marriage will be all the more popular that the bride-elect, a descendant of the Scottish King Robert II, comes of a family which has not enriched itself at the expense of the people, and that love alone has been a deciding factor in this betrothal. We may hope, therefore, that long years of domestic happiness lie before the affianced pair.

The *Red Cross* reports that Lady Amptill and the Hon. Mrs. Brougham were honoured by an invitation to luncheon at Chesterfield House recently, when Lady Amptill handed to Her Royal Highness Princess Mary a cheque for £269, the balance of the money subscribed by V.A.D. members throughout the Empire, for Her Royal Highness' wedding present. With the cheque was presented a volume containing the names of over 50,000 subscribers, the book being bound in Royal blue calf tooled in gold and gilt edged. Princess Mary stated that she proposed to hand this cheque to the Matron of the Hospital for Sick Children, Great Ormond Street, where she had worked as a V.A.D. member during the war. A letter was later received from the Lady-in-Waiting informing Lady Amptill that the money had been expended in the purchase of various articles urgently required by the Hospital.

Time and Tide, undeniably the most original and brilliant of women's weekly papers, touches on Nursing questions from time to time. Last week we note it has a comment on the Election of the General Nursing Council, and evidently realises the importance not only to the Nursing Profession, but to the public of the record of the nurses elected. It concludes by stating, "Certainly such women as Miss Helen L. Pearse, Miss Heather-Bigg, R.R.C., and Mrs. Bedford Fenwick have already proved their value not only as nurses but as citizens, and if elected should make for the power and efficiency of the General Nursing Council." *Time and Tide* should be on the table of every Nurses' Library. "The Weekly Crowd," by Chimæra, is worth the whole price of the paper.

MEDALS FOR NURSES.

The Chairman of the Metropolitan Asylums Board presented last Saturday the medals won by probationers at Queen Mary's Hospital for Children and in the Infectious Hospitals Service, as the result of the examination held in October last. The recipients were:—

Queen Mary's Hospital for Children.—Silver Medal, Kathleen Basebe; and Bronze Medal, Kathleen Lafone. Infectious Hospitals Service.—Gold Medal, Isabelle Hungerford; Silver Medal, Janet Robinson; and Bronze Medal, Winifred Buxton.

Congratulations to all the recipients.

Nervous Exhaustion

NERVOUS strain is telling upon the health of many of our people, resulting in nervous fatigue, nervous exhaustion, insomnia, and functional nervous disorders generally.

Nerve waste, like all tissue waste, can only be made up by nutrition. The difficulty in such conditions is that the nervous system, which plays such an important part in digestion and assimilation, is so disorganised that ordinary diet is not assimilated. The need, therefore, is some highly nutritious food, not too rich in proteid, and containing a good proportion of fat in a palatable and digestible form.

In Virol these conditions are perfectly fulfilled, and, what is more important, this preparation is so finely emulsified that it does not tax the digestion at all, and is assimilated in the weakest conditions. Small quantities of Virol taken between meals are rapidly absorbed and digested by the system, and the nervous balance is gradually restored, so that the patient will in a short while be able to assimilate ordinary diet.

VIROL

Virolised Milk—a teaspoonful of Virol mixed with half-a-pint of warm (not hot) milk—is an ideal food for nervous exhaustion, and a tonic food for Nursing Mothers.

Used in 3,000 Hospitals and Child Welfares.

IN JARS, 1/3, 2/- and 3/9.

VIROL LIMITED, Hanger Lane, Ealing, London, W.5.

A MEMORABLE SUNDAY AFTERNOON.

"Whoso shall offend one of these little ones . . . it were better for him that a millstone were hanged about his neck and that he were drowned in the depth of the sea."

The cheerful fireside was more alluring than the street on that particular Sunday afternoon. The weather was depressing—a cold wind was blowing, a drizzling rain was falling, and there was a menace of snow in the air; nevertheless, the spirit of adventure was upon me, so, without stopping to contemplate the weather outside, or to glance at the tempting fire inside, I went out and boarded a 'bus going in a northerly direction. I easily found the address I sought. Two or three children, shivering with cold, stood in the sheltered doorway, waiting for the door to open, which would admit them into the "school." To while away the time, I examined the pictures displayed very conspicuously in the window—pictures of an inflammatory nature, inciting to sedition and the bitterest class hatred. Presently, the door was cautiously opened, and I followed the children along a narrow passage to a room at the end of it. A young woman with an unamiable expression of countenance was preparing for a class. "May I come in?" I said, cheerfully. "Ye-es," she replied, eyeing me suspiciously, "you may sit at the bottom of the room." Congratulating myself that I had succeeded in gaining an entrance into what I had been informed was "one of the worst" of the Communist Sunday Schools, I gladly took a seat on the appointed spot. Three other women sat near me; one of them tried unsuccessfully to draw from me my purpose in coming. I was at once attracted by two enlarged portraits of men, perhaps more talked about and more hated than any other two men in the present day—the famous, or rather infamous Lenin, and Karl Marx, his inspirer and evil genius; these were hung on the wall low enough for the children to observe them well. The lesson began with the singing of a "hymn" from the Red Sunday School hymn book, which contains no word of Christian teaching and principles; they are hymns of hate, bitter and intense, with appeals to sedition and revolution. Here is a specimen:—

"We the rebel children sing,
Perish every Court and King;
We've a world to save and win
For the Revolution.
Come, workers, sing a rebel song,
A song of love and hate;
Of love unto the lowly
And of hatred to the great."

The lesson was drawn from the "ten proletarian maxims." Every child is called a "comrade," and each one was called upon separately, to repeat some of them after the teacher, and this is what I heard:—(1) "*Thou shalt not be a patriot, for a patriot is an International blackleg.*" (2) "*Thou shalt teach revolution, for revolution means the abolition of the present political state, the end of*

Capitalism." (3) "*Thou shalt demand on behalf of your class the complete surrender of the capitalist class*" (note the grammatical error!). (4) "*Thou shalt wage the class war.*" Then came a blasphemous allusion. Every child was rewarded with a sweet, which the teacher herself put into the expectant mouth. Other revolutionary "hymns" followed.

Burning with indignation, I listened with as much patience as I could command, to this infamous corruption of the young. The lesson was over, my turn had come, I could keep silence no longer:—"I thought you said this was a Sunday School," I remarked. "It is a Sunday School." "Then why don't you teach the children about God?" "We don't teach them about God, we teach them Communism." "You are teaching them to hate their fellow creatures, what a dreadful thing to do." The woman, making no reply, disappeared into an inner room. This was my opportunity. "Children," I said, "there is a God in Heaven, and there is a Saviour who loves little children, and when He lived on earth, He called them to Him, and took them up in His arms and blessed them, because He loved them so, and He was displeased with those who tried to keep them from Him. You will never be happy if you don't try to love and serve God." The woman returned, reinforced by a man, and the two walked down the room, stood in front of me and stared, but said nothing. I pointed to the pictures of the two men (living and dead) who had caused such infinite harm in the world. "Why don't you hang a picture of the Saviour on the wall, Who loved little children, instead of that cruel monster Lenin and that atheist Karl Marx." And a few more things I said, to relieve my feelings, to these obedient disciples of Lenin. No reply. "You are not teaching these children, you are corrupting them," I said, as I left the room.

Twenty years ago the movement for corrupting the young was first started in Scotland, three years later it spread to England; there are now at least two hundred of these "Schools" in the Kingdom, about forty in London alone; and hapless children are taught the most hideous blasphemy, to deride and mock at kingship, sedition, treachery, and robbery. By this means many thousands of children are being deliberately prepared to overthrow our beloved country and bring—with a revolution—all the anarchy, misery, and ruin that has befallen Russia. The menace is so great that it is clearly the duty of every man and woman to do all they can, for our country's sake, as well as for the sake of posterity, to destroy this poison that is sapping its very life. District Nurses, and any other group of Social Service Nurses, may have more in their power than they suppose, to do good in this matter; let them remember that apathy and indifference to evil is *passive participation in it*. Trained Nurses are a loyal body of women. We love our country, and we love and respect our good King George, God bless him. My heart was heavy when I returned to my house on that memorable Sunday afternoon.

BEATRICE KENT.

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 RECOGNITION OF MENTAL NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MY DEAR EDITOR,—I am always touched and gratified by, and never fail to note, the graceful and delicate compliments you so often pay to mental nurses in our Journal. Again, last week, in describing how the two nurses managed the poor demented ex-Soldier at Aldershot Hospital, you say: "The courage of the nurses in dealing with the patient was commented upon," adding, "we are sure they did their duty faithfully and well. Here follows the kernel of the compliment: "So do many nurses, of whom the public hears nothing, who, while the world sleeps, keep watch over delirious and insane patients."

If the public only knew how much is committed to the charge of the nurses in our vast mental hospitals and elsewhere, and how heroically they fulfil that trust, risking their lives often to save their poor patients from harm, themselves surrounded day and night by a latent element of danger, they would not only accord that noble and self-denying work some meed of praise, but take a little more interest in the system (and a wonderful system it is!) which produces these heroic souls. A nurse seeks no praise, nor is she perturbed by blame, but with splendid courage "carries on."

May the day soon dawn now when her work will be better known and understood by the public who owe her so much!

I am, dear Editor,

Yours faithfully,

A. E. MACDONALD.
(Sister).

194, Queen's Gate,
London, S.W.7.

KERNELS FROM CORRESPONDENCE.

TREATING THE NURSES' ACT WITH CONTEMPT.

Registered Nurse, Birmingham.—"I read the report of the last Council Meeting of the G.N.C. with some astonishment, as I have in my possession a copy of a leaflet issued in thousands by the G.N.C. last year, giving eleven reasons why nurses should register. (9) runs as follows: 'In December of this year (1922), a new General Nursing Council will be formed and sixteen of its members will be elected by registered nurses. *But only those nurses whose names are on the State Register by October 1st, 1922, will be able to vote for candidates in this election.* The General Nursing Council is the body which sets the standard of training and controls the professional education of nurses. It is, therefore, highly advisable that there should be a large number of nurses to take part in the election of the Council.' May I enquire why: (1) Hundreds of nurses, members of the College

of Nursing Ltd., who were registered on November 17th, have been included in the voting list and have had ballot papers sent to them? (2) Why the Chairman of the G.N.C. publicly repudiated the Syllabus of general training, and control of professional education of nurses, as he did to the deputation of delegates of the Association of Poor Law Unions on October 6th? Apparently this Statutory Body is permitted by the Ministry of Health to play fast and loose with our professional affairs."

[As a member of the late General Nursing Council for England and Wales, we are of opinion that the conduct of business by the majority has been totally illegal on numerous occasions, and the rights of the nurses granted by Act of Parliament treated with contempt. The most glaring instance of illegal conduct was the disfranchising of 802 nurses, whose applications had been received by September 30th, 1922, by refusing to register them on December 15th, *although their papers were in order*, and thus purposely denying them the right to vote for their representatives on the new General Nursing Council. As to the expression of opinion by the Chairman of the Council to the Poor Law Deputation that the "prescribed scheme" of education, demanded by Act of Parliament and drafted by the Council was only a model for guidance of training schools—in fact, a mere "scrap of paper"—it was, no doubt, made in ignorance of the provisions of the Act. It was no less erroneous for that, and we are glad to know that no matter who forms the next General Nursing Council, Registered Nurses are going to demand that the Act shall be conformed to, for General as well as Special nurses.—ED.]

NOTICE.

Will those of our readers who from time to time send stamps for a few copies of THE BRITISH JOURNAL OF NURSING remember that each copy, with postage, costs 3d.? Very often we receive an insufficient amount for postage. Communications on business matters should be addressed to the Manager, BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W.1.

OUR PRIZE COMPETITION QUESTIONS.

January 27th.—Give an account of the diet and treatment in a case of scarlatinal nephritis.

February 3rd.—What points would you emphasise in giving pre-natal instruction, and what special matters would you attend to in giving post-natal care?

February 10th.—What do you know of the after-care and treatment of infantile paralysis?

OUR ADVERTISERS.

Do not omit to buy, as far as possible, everything you need from "Our Advertisers," and to recommend them to your friends. They are all first-class firms.

The Midwife.

A TENDER HUMAN INTEREST.

There is no branch of nursing in which nurses take more interest than maternity nursing, and that H.R.H. Princess Mary is soon to become a mother arouses tender interest upon her behalf.

HEALTH VISITORS' LEAGUE.

▶ We quote the following interesting letter from the *Nursing Journal of India*, which we are pleased to note is again being published monthly. It is the official organ—professionally edited—of the Trained Nurses' Association of India, and has, therefore the status of the international organ for the Indian Empire, the Nurses' Association constituting an influential part of the International Council.

DEAR FELLOW MEMBERS,—I have been considering what would be a suitable motto for the Health Visitors' League, and I have come to the conclusion that a certain old adage is the best, it meets the requirements of Health Visitors better than anything else. It is this: "Prevention is better than cure."

This explains the work of a Health Visitor exactly, as her sole aim and object is prevention.

Now-a-days officials are realising that there is much to be gained by preventing diseases, it is easier to prevent an epidemic than to cope with it after it has got a good hold.

Most of the diseases from which babies and young children die are preventable, it is the Health Visitor's work to teach the mothers how to prevent serious illness. Puerperal fever is preventable, and by training dais and teaching them the rudiments of clean midwifery, this can be largely reduced.

Let us all take the motto I have suggested as our watchword and teach prevention, speak prevention, and *think* prevention all day and every day.

Mrs. Clarke writes from Calcutta as follows:—

"I was called to a case the other day in a Chamar's house. The confinement was premature, seven months only. When I got there I found a dai was in attendance and the baby had come (dead) the placenta was still inside. The dai said to me, 'Come and remove the placenta quickly.' She had her hands in already as I could see from the blood on them. I asked her who had delivered the patient. She said, 'I did.' So I told her to wait a little and the placenta would come by itself. The dai said, 'The child has been born two hours, the placenta has not come away, and the os is almost closed.' I then told her that the patient must be taken to hospital as only a doctor would be able to remove it. She said, 'You call yourself a midwife and you cannot take out a placenta; what use are you? You are only fit to put on

airs and make a fuss and show of washing your hands and putting them in medicine, before you touch a patient. By this time the patient is dying with the placenta inside her stomach. Get out from here, you useless thing, you cannot do it; stand there and see; I am a midwife; just see how I can remove it.'

"Then she pulled out the placenta in bits and said, 'See, bit by bit I am taking it out; it is more than you can do.'

"She then turned round to the house people and said, 'A fine kind of midwife you have brought, who cannot even take out a placenta! Don't you ever call these people again, they only make a lot of fuss with hot water and medicines. They want to show us that they are doing everything very cleanly, but all the time they are afraid themselves of getting any disease, so they keep washing their hands and putting them in medicine. It is not for you but for themselves that they do this.'

"I then tried to persuade the patient to go to hospital, but she listened to the dai and said, 'I am all right; you do not know anything.'

"After three or four days I went to see her again and found she had high fever and all symptoms of sepsis. Again I tried to get her to go to hospital, but she refused and said, 'You go away; the dai will cure me. I do not want your interference.'

"I visited her again after two days and was met with the news that she had died during the night. The dai said her time had come and the fever had killed her after all the trouble she had taken in delivering her."

This story shows the very great influence the indigenous dais have; the people listen to them, and all Health Visitors will find it one of their greatest difficulties. The only way is to make friends with the dais and try to improve their methods. We shall not be able to supersede them for many years to come.

Yours sincerely,
EDRIS GRIFFIN,
Secretary, H.V. League.

VIENNA MIDWIVES DEMONSTRATE.

The Midwives in Vienna appear to have more determination than British nurses. According to the Vienna correspondent of the *Daily Mail*, 1,300 registered midwives in that city demonstrated on Wednesday, January 10th, before the Town Hall, and took a petition to Dr. Seipel, in Parliament, demanding a State minimum subsistence allowance, old age pensions, and protection against quacks. They declared that only thirty Vienna midwives can earn an adequate income, because the birth-rate is much reduced, and most mothers are obliged, through poverty, to enter charitable institutions.

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Vol. LXX

EDITORIAL.

THE PREVENTIVE SIDE OF DISEASE.

Lord Provost Hutchison, who presided on the afternoon of January 16th at the annual meeting of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses in the City Chambers, Edinburgh, after expressing the appreciation and gratitude of the citizens of Edinburgh for the work done by the nurses of the Institute during the past 34 years, said it was obvious that to carry out the objects of an organisation of that nature a large annual revenue was required, and it was a matter of grave anxiety to the Council of the Institute that, on the ordinary revenue account for the past year, there was a deficit of no less than £6,125, which, after having been met to some extent from legacies and other sources, still stood at £1,213. The plain fact was that to maintain the work of the Institute at its present standard the revenue must be increased by at least £5,000 a year. The annual subscriptions all over Scotland amounted to £567, a sum which he thought might be very greatly increased.

Professor T. H. Bryce, of Glasgow, who moved the adoption of the Report, said that not until recently had he realised, and he did not think the people of Scotland realised, that the Institute was a national organisation, and that they had progressed so far towards the ideal at which they were all aiming—a national universal domiciliary service of home nursing. It was encouraging, and satisfactory, that the Institute could pursue its philanthropic work under the sympathetic eye of the Scottish Board of Health, and had behind it all the scientific and administrative resources of the Board. He thought if the people of Scotland recognised the immense benefits afforded to the community by its work that there would be no difficulty about money.

Sir Norman Walker, Edinburgh, who seconded the adoption of the report, said that domiciliary nursing, properly carried out, would prevent a great deal of disease, and that

was one of the most important points of nursing work. They wanted to arouse a healthy conscience in every section of the community. From the millionaire to the dustman everyone benefited from their hospitals, and from Nursing Services.

Captain Walter Elliot, M.C., M.P., Under-Secretary for Health for Scotland, supporting the adoption of the report, emphasised the importance of domiciliary work, which, from his own knowledge, was, he said, often the turning point between sending a patient to an overburdened hospital or keeping him at home.

He referred with special interest to the fact that the Institute had been able to work in with the Scottish Board of Health, and in the curriculum of lectures, which enabled the nurses to qualify for the Health Visitors' Diploma. That curriculum was very thorough, and if they felt the strain heavy it was important to remember that what they were working up to was the preventive side of disease. The essence of preventive work was voluntarism, not compulsion. To carry out preventive work the co-operation of the people in the home was necessary, and it was therefore essential that the health visitor should be welcome when she went in.

After referring to the scheme for the nursing of insured persons, Captain Elliot pointed out the great advances made in preventive medicine in the last few years, and in which they would make greater advances in the years to come. It was given to few people to see the immediate results of their work as had been done in regard to infant mortality and tuberculosis. The expectation of life had been increased by ten years since 1870. That was a tremendous figure, and the reduction of infant mortality was mainly responsible, and was in itself all the justification required for the demand which the Institute might make in laying its case before the public.

It is one of the joys of district nursing that so much can be done not only to nurse the sick, but to raise the standard of the health of the community.

OUR PRIZE COMPETITION.

GIVE AN ACCOUNT OF THE DIET AND TREATMENT OF SCARLATINAL NEPHRITIS.

We have pleasure in awarding the prize this week to Miss Gertrude E. Weeks, Northern Hospital, N.21.

PRIZE PAPER.

The cause of nephritis is that the kidneys become inflamed; therefore if we consider the work the kidneys have to perform we shall understand the changes in the urine. It will be remembered that their function is to remove waste matters and surplus water from the blood. They may, in fact, be regarded as a pair of living filters, which allow all impurities to pass through. This is their action in health. When attacked by disease they behave very much like filters that have got out of order. They may become blocked, so that very little is able to pass through; or, on the other hand, they may permit the passage of substances which it is their duty to keep back. The kidney secretion is diminished in quantity, and contains blood corpuscles and albumen. The urine may vary considerably in appearance. If there be much blood it is almost black, but more commonly it is red or smoky, while the deposit is of a chocolate colour. These peculiarities are very characteristic, but tests should be applied. The quantity of urine passed should be carefully noted, and the amount for the twenty-four hours entered on the chart.

In the treatment of the case the following are the main points. The patient must be kept warm in bed and carefully protected from draughts. A long flannel nightdress should be worn, the sheets should be removed, and he should lie between blankets. Our object is to increase the action of the skin, so as to compensate in some degree for the failure of the kidneys to do their work. In severe cases, when the flow of urine is much diminished, it may be necessary to promote perspiration by baths of warm water, hot packs, or hot air. As a rule they should last about twenty minutes, and afterwards the patient should be wrapped in a warm blanket and take a drink. A free action of the bowels should be secured daily.

The diet should be light and simple, and if the case be severe only liquids should be given. The patient must be encouraged to drink freely, in the hope of flushing the kidneys and removing the inflammatory products which are choking them up. Milk is our sheet anchor, but lemonade, imperial drink, weak tea, barley or plain water are all useful. Beef-

tea or any animal broth or extract must never be given. As the urine becomes free from blood and albumen the diet is gradually increased, and the other restrictions cautiously removed. Convalescence is, as a rule, slow.

At times the case presents symptoms of a graver character. Vomiting may be troublesome, and rigors or shivering attacks may make their appearance. A blotchy rash is occasionally present, best marked on the limbs and back. To check vomiting, the milk must be given in small quantities, and, better still, peptonised. When a rigor begins give the patient a hot drink, put hot bottles in his bed, and wrap him up well in his blanket. In the worst cases, in which the urine is greatly diminished or even entirely suppressed, symptoms of uræmia may supervene. The most characteristic of these are convulsions and drowsiness deepening into coma. The former are usually ushered in by a slight twitching of the face and limbs, which should be at once reported to the doctor; also excessive drowsiness. The usual treatment under these conditions is the administration of an aperient, or an enema if vomiting be present, and a hot bath. For the convulsions chloroform is frequently used.

The great majority of patients suffering from scarlatinal nephritis make a good recovery, and the urine becomes quite normal again. The latter result is most common when the case has been neglected in the early stages, as, for instance, when it has not been recognised that the patient is suffering from scarlet fever until the actual onset of nephritis. In these cases, too, well-marked dropsy is frequent, whereas in patients properly treated it is absent, or present to a very slight extent.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Rachel Dodd, Miss M. Bryan, Miss P. Thomson.

Miss Rachel Dodd writes:—"During the acute stage the diet should be restricted to milk, whey, barley and lemon water, imperial drink, and quantities of water, which has the effect of washing out the effete materials and inflammatory products deposited in the kidneys. If there is much œdema, fluids may be required to be restricted, and arrowroot, gruel, or Benger's food given instead. If the urine is scanty, and the dropsy rapidly increasing, it may be necessary to restrict the fluid to one pint of milk in the twenty-four hours."

QUESTION FOR NEXT WEEK.

What points would you emphasise in giving pre-natal instruction, and what special matters would you attend to in giving post-natal care?

NURSING ECHOES.

A general service medal, with clasps "Iraq," "Kurdistan," "N.W. Persia," and "S. Persia," is to be issued to those who took part in the military operations in those areas in 1919 and 1920. Applications should be made to the Secretary, War Office, S.W., in the case of officers and nurses, and to regimental record offices in the case of other ranks.

M. Strauss, French Minister of Public Health, who went to Brussels to attend the Pasteur centenary celebration, visited the Saint Gilles prison and placed some beautiful flowers in the cell occupied by Miss Cavell before her execution. Sir George Grahame, the British Ambassador, has expressed to M. Strauss his deep appreciation of this tribute to Miss Cavell's memory.

The Editor has received quite a number of anonymous letters, from illiterate persons, condemning her policy of objecting to midwives and V.A.D.s being placed upon the General Part of the Nurses' Register, with less than one year's training in a general hospital or infirmary. The Editor had sixteen years' practical experience of nursing the sick, but is not therefore qualified for registration by the Central Midwives' Board. Why, therefore, should untrained midwives be placed upon the Nurses' Register because they have had a few months' experience of nursing in a district or institution, and have been permitted to assume the title of "Nurse," to which they have no right to add "Registered." V.A.D.s are not professional nurses, but women with some training in First Aid and Home Nursing. They have their own well-defined position in connection with the Red Cross Society, and have no right to be permitted to compete with professional women as "Registered Nurses." As it is, they are taking much work away from nurses who have given many years to become efficient, in Government institutions, private nursing, and private nursing homes, at a cheaper rate than trained nurses can afford to work for. We have many letters on this question, and all our sympathy is with the conscientious working nurses who have qualified for their responsibilities, and now have their bread taken out of their mouths by persons who have grasped nursing responsibility and fees without taking the trouble to train. All that is required is a Rule for hard cases—with strict limitations and precautions—but the College demand, by those who have climbed to the top and are enjoying the highest

emoluments and pensions, that the certificated rank and file are to struggle for their lifetime for a livelihood, in competition with thousands of inefficient persons, *whose duty it was to make themselves efficient*, is, in our opinion, absolutely unjust. We believe in hard work, thoroughness, and skill, and demand that as far as possible the sick shall be protected from semi-trained attendants posing as thoroughly efficient "Registered Nurses." We hope these remarks "meet the eye" of our anonymous correspondents. Personal abuse will not alter our convictions.

At the Bath Board of Guardians meeting last week it was reported by the House Committee that as the presence of probationers from the Infirmary appeared to be resented by the nurses of the Royal United Hospital, they had decided that no more nurses be sent to the hospital for training. The report was adopted by the Board without comment.

Presumably the inclusion of short term workers from outside is found to give additional work and responsibility to the permanent staff at the Royal United Hospital, and in some measure to interfere with the routine work of the regular probationers. Organisation should be able to minimise the disadvantages, and one wonders how the system of affiliated training for the State Examination is going to work out, if general hospitals do not encourage nurses trained in infirmaries and special hospitals to come for further experience. It is a very thorny question.

If only the inmates of the Rochford Union Infirmary had tackled the bogus "Nurse Matilda" with a bass broom, a few plucky nurses would soon have discovered the fraud. As it is, the *Weekly Dispatch* reports:—

"'Nurse Matilda,' the ghost that haunted Rochford Union Infirmary in the guise of a Victorian Poor Law Sister, has been 'laid' at last by a nurse. Early in the morning one of the night nurses saw the 'ghost' approaching through the infirmary garden, and called one of the medical officers to witness the weird apparition. They waited and watched. The ghost attempted to enter the building by a window, and on being challenged turned out to be a very substantial and quite unghostlike male attendant, whose conduct will be the subject of an inquiry by the Guardians at their meeting this week. For more than a month the mysterious midnight visitor had terrorised the members of the nursing staff of this large institution. At first regarded as a peculiar kind of 'impractical' joke by a male attend-

ant in the mental ward, the ghostly visitations (accompanied by lowered lights and the ringing of the alarm bells that summon the whole staff to duty) later gave cause for some alarm. 'Such was the state of nerves created among the nurses following the repetition of the story by the nurse who first saw the ghost,' said an official to-night, 'that "seeing ghosts" became an epidemic infection. We tried to laugh the nurses out of their visions, but they persisted, saying that they had seen the spectral night-sister passing by the bedsides of the patients, looking at their temperature charts, and afterwards stealing silently out of the wards and disappearing in the gloom of the gas-lit corridors.' Mr. G. E. Gardner, the head of the institution, when asked about the ghost, said: 'We have found it all right.' At a meeting of the Guardians held on Tuesday certain admissions were made by one of the male nurses, and, these being confirmed, the Board took a serious view of the matter, and he was summarily dismissed.

That delirium tremens is sometimes due to other things beside alcohol—pneumonia, for example—was a doctor's statement at the inquest at Shoreditch on Thomas Cunningham, 43, who was taken to the infirmary when delirious and certified to be suffering from delirium tremens.

An inmate of the ward said he saw the witness Deacon kneeling on top of the deceased while another attendant was kneeling across the patient's legs. A police surgeon said he was suffering from delirium tremens.

Dr. Bronte said the cause of death was heart failure due to early pneumonia. Delirium from pneumonia was similar to that from delirium tremens, and the latter might come on in a person who had never been drunk in his life.

The jury, finding that deceased died from natural causes, said they hoped the inmate who thought undue violence had been used would not get into trouble when he got back into the institution.

Dr. Taylor: He is in my ward. He will be all right.

Dr. Bronte's pronouncement is of the utmost importance, and should be borne in mind by all prison attendants and nurses when delirious patients are shut up in the cells, and from whatever the cause, delirious patients should never be "knelt" upon!

Those of us who were permitted to help

splendid France in the War, and came into personal touch with the devastation caused by her ruthless and barbarous foe, rejoice to know that American nurses are still carrying on their national health work in the devastated regions. The organisation of an up-to-date Training School for Nurses in Paris has been discussed in New York, and we have no doubt will soon be an accomplished fact. This is invaluable help that Britain might well have offered and carried out, as the work of trained British nurses was greatly appreciated by the French Government, although some of our French friends still shudder at the antics of the extraordinary society women who were given passports in London and permitted to pose as "nurses" in France, whilst our certificated nurses were barred, by the British Red Cross Society, from giving their professional services in French hospitals, and passports refused to them for more than a year. All that remains for us to do is to wish God-speed to our American colleagues in their humanitarian devotion to our great Ally across the Channel. Well-educated young French women are *gentil, à l'esprit vif, avec beaucoup de savoir-vivre*; they possess naturally many of the qualities which go to make acceptable attendants on the sick, and we gather that the American idea is to train French women to take control of professional nursing in France.

L'École Florence Nightingale at Bordeaux, the pioneer Nursing School, has proved that systematic training is all that is necessary to place French women on the highest plane of National Health Service, and the name of Anna Hamilton will be for ever revered in this connection.

A NEW ELEMENT.

Two Danish chemists, Messrs. D. Coster and G. Hevesy, according to the scientific correspondent of the *Times* have discovered a new element, to which they have given the name of Hafnium, after Hafnia (Copenhagen). Their investigations were made by examination of the X-ray spectra of extractions from the rare element zirconium, in some samples of which they infer one per cent. of Hafnium to be present. The method of investigation by X-ray spectra was invented by Moseley, the young British physicist, whose death was one of the greatest losses of the war. By its means he was able to arrange the known elements in an orderly series. The position in this series is known as the atomic number, and evidence appears to prove that the atomic species or elements are limited to 92. Of these numbers, 43, 61, 75, 85, and 87 are still missing.

NURSES BEFORE THE CORONER.

The fatality which occurred at an important London Hospital, whereby an infant was scalded by water from a steam kettle, thus accelerating its death, proves the need for vigilance in carrying out every nursing duty. Routine duties are apt to become mechanical, and yet the least deviation, or carelessness, may be followed by the death of a patient and result in an inquiry by a Coroner, which indicates that he considers there is cause for questioning whether the death occurred from natural causes.

In the case referred to, a three months' old infant was admitted to the hospital suffering from pneumonia, and a steam kettle was ordered.

The nurse concerned stated at the inquest that she "placed the kettle on the gas-ring in the tent. As the steam was not sufficient she turned up the gas and then left." She went to the door of the ward to speak to a nurse, having called the attention of a colleague to the child, but not specially asking her to look after her. In about three minutes she was called back, and told that the boiling water from the kettle had splashed on to the child.

The nurse who called her deposed that while standing by the next cot she heard the sound of water bubbling. It came from the spout of the kettle, and fell on to the sheet of the deceased's cot. She did not see any fall on the child. She immediately removed the kettle, and called the nurse concerned.

The doctor in charge of the case stated that the child's condition was very serious, and he had ordered her to be treated by a steam kettle, as a means to save her life. The child was scalded on the right side of the scalp, the right arm, and right side of the chest. He thought the water must have spurted from the spout of the kettle. Death was due to pneumonia, accelerated by shock from the scalds.

He had never known one of these kettles spurt before. Replying to the Coroner he said he thought the gas must have been turned up too much.

The nurse, recalled, said that the gas was not turned up to the full extent.

The Coroner expressed the opinion that although the nurse said she was absent for three minutes he did not think she was so long away. She had given her evidence in a straightforward manner, and there was no intention of carelessness. He found that the death was accidental, adding that he thought

the nurse should not have left the gas turned up. There was no blame attributable, but the matter should be kept in mind.

We observe that in cases which come under the jurisdiction of Coroners—and we had the reports of three cases last week—they are usually leniently disposed towards nurses, and, while correct in their summing-up of the situation from the legal point of view, do not invariably understand the nursing details.

For instance, there is the position of the steam kettle. From the nature of the scalds it would appear that the spout of the kettle was pointed towards the child's head, whereas it should always be at right angles to it, the object of the treatment being to render the air within the tent moist, which is achieved by this method, and danger averted.

The use of gas in connection with a steam kettle is in our opinion open to question; this, however, is a matter for the hospital authorities; but, in any case, after the gas was turned up the effect should have been observed before leaving it. Possibly the higher gas pressure at the present time may have had something to do with the tragedy.

We think that if Coroners insisted upon the great responsibilities of nurses, and the serious results which may arise from any momentary relaxation of vigilance, nurses would be impressed with the seriousness of even small duties. Where lives are in the balance every action may have important consequences.

THE G.N.C. ELECTION.

SELF-DETERMINATION OR SERFDOM.

Wednesday, January 24th, at mid-day, was the last hour for receiving the Ballot Papers for the General Nursing Council Election, at Headquarters, 12, York Gate, N.W. We are informed that the envelopes are to be opened on Monday, 29th inst., and the Ballot Papers are to be counted on the following day, January 30th, so the result of the Election will be announced next week. We shall then know if Rule 9 (a)—designed to exclude the Independent Members of the Council and those Candidates advocating self-government for the Nursing Profession, and making it possible to place the government for the next five years under the control of the College of Nursing, Ltd.—has been successful. If through this illegal Rule, the Executive Officers, lay and otherwise, of the College, succeed in packing the General Nursing Council, the only benefit will be a free voice outside the Star Chamber.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

SONGS OF OTHER DAYS.

We are to have an unusual treat on *Wednesday, February 7th, at 3 p.m.*, when Mrs. Kennedy Fraser will give an address. Mrs. Kennedy Fraser is not only famous in musical circles, but throughout all English-speaking countries, for the devoted work which she has done in preserving and, indeed, in re-discovering a wealth of Celtic song and poetry. But for her energy many of the most delightful gems in our national poetry would have been lost for ever, and stories are told of incidents of her work in the Western Isles and her persevering research in recovering from the mists of time a music full of mysticism and pathos, and which is loved even by those who, as a general rule, care little about music. During February Mrs. Kennedy Fraser and Miss Margaret Kennedy are giving several recitals in London, when they are to sing Celtic songs to the Celtic harp, which Miss Patuffa Kennedy Fraser plays with such charm.

We do not know from what aspects Mrs. Kennedy Fraser will treat her subject, but that we shall enjoy a most delightful interlude in the ordinary round of affairs is very certain, and we may look forward to some lovely songs; for Mrs. Kennedy Fraser has told us that she will certainly require the piano, and a little bird has whispered that the Celtic harp is coming along to help it in the work of accompanying.

Another announcement which will give the R.B.N.A. Members great pleasure is that Sir Harold Boulton has very kindly promised to take the Chair on the 7th. We congratulate ourselves not only because he has been such a good friend to the R.B.N.A., but because he is perhaps the greatest living authority on the National music of Great Britain and Ireland, and is well known as the editor of such splendid collections as "The Songs of the North," "Songs of the Four Nations," &c. We may, therefore, look forward to a delightful and interesting afternoon, but, apart from this, we hope that Members will attend in large numbers and bring their friends to mark their appreciation of the kindness of those who are giving to us of their time, which must be valuable, and which can be ill-spared from professional and literary work.

There will be no charge for the lecture, but the usual one of one shilling for tea.

ANNUAL SUBSCRIPTIONS.

Members are reminded that a large number of Annual Subscriptions have not yet been forwarded. It will greatly simplify the work at the office if these can be sent at an early date.

THE STAFF DANCE.

The Domestic Staff at the Club had their annual dance on Wednesday, January 10th, and a large and happy company gathered at Queen's Gate. Miss Liddiatt very kindly came over early in the day to take over the work of organising, and great credit is due to her for, not only did she prove an excellent M.C. who kept the wheels of entertainment constantly in motion, but she was the life of the party. For delightful music we are indebted to Miss Violet Perkins, a Member of the Office Staff and an accomplished violinist, who came and brought other musical friends. Dancing was the chief entertainment with occasional songs. At the close Miss Liddiatt proposed the Health of the Domestic Staff of the Royal British Nurses' Club. One of the guests proposed the Health of Cook, Miss Cousins, who had prepared such delightful delicacies. After replying to this, she asked for three cheers for the Members of the Royal British Nurses' Club, and said that on behalf of all Members of the Domestic Staff she thanked them for the kindness and courtesy which made it a pleasure to work at 194, Queen's Gate. Miss Mitson, Head Parlour Maid, then asked for three cheers for Miss Liddiatt, which were heartily given, and then "Paddy, the Page," acting on his own initiative, made his maiden speech and asked for "everybody's thanks for the Gentlemen of St. Dunstan's for what they did for us." A number of the guests had come from St. Dunstan's, and one of them, in replying, expressed their thanks for a very happy evening; this closed with the singing of "Auld Lang Syne" and the "National Anthem."

THE RAMBLERS' CLUB.

A few kindred spirits gathered in the entrance hall of the London Museum on the 17th inst. to explore among all its treasures, but they found the contents so fascinating that they had only gone over a portion of the building when closing time arrived. A long interval was spent among

the lovely old Chelsea china; the relics of Cromwell came in for a large share of attention, and also the various costumes of different periods. We hope to arrange visits to other places of interest soon.

THE MOUNTAIN ASH.

It was only a mountain ash at the edge of the wood, but in its own way it carried to the city workers a real philosophy of life.

The wind blows hard, and gales and tempests sweep across those high altitudes of our stern Scottish Highlands, and this mountain ash had withstood the blasts of many winters, while around her lay her sister trees, withered and dead. Some of them, uprooted by the storm, lying along the ground like the blackening keels of wrecks upon the shore. A desolating spectacle, indeed!

Was our mountain ash just what nature intended it should become, or was there a plan at all in its life? From the mountain top one looked down upon a lovely strath, rich in wood and water; at the fields ripe unto harvest; at the browsing cattle and cosy homesteads; at the blue arch of heaven overhead, and back again at the mountain ash. Somewhere from out the stillness came the answer: "Yes, there is a plan."

Listen! Surely the birds and the flowers know and can tell us if they will. Nature is a stern parent, they would reply, like the Roman matrons of old, who, by hard discipline, so trained their sons to war, that they became Roman conquerors. Nature's plan is that in which the sweetness and beauty of the flowerets by the wayside is mingled with the howl of the tempest and the raging of the storm. Is there a philosophy in the wreckage of yonder blackened tree roots? Or does nature only teach the survival of the fittest? It would be cold comfort to suggest that the weak go to the wall either in nature or in human life.

Where, then, is the plan? As we sit on the hilltop and revel in the beauty of earth and sea and sky, breathing God's pure air, and wrapped in nature's silence, can we cull from it all some fresh impulse which will help the worker and ennoble the work?

Listen again! The leaves of the mountain ash rustle in harmony; the winds whisper something. Aye, even the blackened roots of yonder dead tree bear testimony. What do they say? You are possessors and participators in a great heritage; arise and claim it. So we retrace our way down the mountain-side, strengthened and cheered. Into every life some rain must fall; but somewhere, sometime, the sun shines behind the cloud. "Even I," says the mountain ash, "bear a share; for beneath my shade you workers have found rest and inspiration."

A. E. M.

REGISTRATION OF DISEASE.

At a recent meeting of the Royal Statistical Society, held at the rooms of the Royal Society of Arts, Adelphi, Dr. H. Dudfield (according to *The Times*), advocated the establishment of a national system for the registration of disease.

Dr. Dudfield said that though much attention

had been given to epidemic diseases, there was a mass of sickness and disablement treated in hospitals and other institutions maintained by voluntary contributions, the municipalities, and the Poor Law, of which no study on a grand scale had been attempted. The research work which was going on was too piecemeal in character. Data needed bringing together from all institutions to be collated and analysed by a central body of statisticians with medical experience. Hospitals and similar institutions had recently received help from local rates and Imperial taxes. Had not the time come when the payers of rates and taxes might demand from them periodical returns of the diseases and accidents treated, and the results of such treatment?

WAR AN INSANITY.

Sir Oliver Lodge, speaking on the League of Nations at Westbury (Wilts) appealed to teachers to familiarise the coming generation with the ideals underlying the League.

In the state of civilisation to which the human race had now attained, war was an insanity, he said. The bodies of men were not made to resist the violence of high explosives and the deleterious influences of broadcast poison and disease. It was no reasonable life or occupation for humanity to dig itself into the earth, or submerge itself under the water, and live for years in trenches, dug-outs, and submarines, burrowing into the ground, as our uncivilised cave-ancestors used to do.

It would be blasphemous for us to fail to do everything in our power to preserve civilisation from the destruction and suicide of a future great war.

GIFTS FOR THE CLUB.

Sir Harold Boulton: two volumes of "Songs of the North" and "Songs of the Four Nations"; Lady Bowden: box at Albert Hall; Miss A. E. Macdonald: flowers; Miss Sadleir: cakes for Sunday tea; Miss Timewell: book.

DONATIONS.

GENERAL FUND.

Miss S. E. Underhill, £1; Miss Whyte, 10s.; Misses F. M. Archer, L. Ball, J. Cowie, I. le Couter, G. Le Geyt, A. M. Mizen, and T. E. Terry, 5s.; Misses E. H. Kenny, B. Kent, 2s. 6d.; Miss S. E. Bath, 1s. 6d.

SETTLEMENT FUND.

Miss M. R. Makepeace, 10s. 6d.; Miss Whyte, 10s.; Misses A. M. Mizen, N. Stewart, 5s.; Miss Copeman, 2s. 6d.; Miss Colner, 1s. 6d.

HELENA BENEVOLENT FUND.

Miss M. R. Makepeace, 10s. 6d.; Miss S. E. Underhill, 10s.; Misses A. M. Mizen, E. Seymour, E. Todd, 5s.; Miss M. Wethered, 4s.; Misses F. M. Hart, B. Kent, 2s. 6d.; Mrs. Eaton, Miss B. Filley, 2s.; Misses S. E. Bath, A. E. Colner, I. D. Colville, E. Hanrahan, R. Steer, and Mrs. le Fevre, 1s.

ISABEL MACDONALD,
Secretary to the Corporation.

THE NORWEGIAN COUNCIL OF TRAINED NURSES.

REPORT SUBMITTED TO THE INTER-
NATIONAL COUNCIL OF NURSES,
COPENHAGEN, MAY, 1922.

PRESENTED BY SISTER BERGLIOT LARSSON.

The historical development of sick nursing in Norway (2,649,775 inhabitants) is more or less similar to the development in other countries. We got our first training school when the Norwegian Institute of Nursing Sisters was established in 1868. It is planned after the pattern of the Mother Institute at Kaiserswerth. Miss Cathinka Guldberg was trained at Kaiserswerth and became Norway's first Nursing Sister.

In 1864 was established the Norwegian Red Cross Society, which, in 1893, started its own school. Several private institutions and societies interested in philanthropic and social work took up sick nursing on their programme. Of these the Norwegian Women's Health Association was founded in 1896 and opened a training school in 1898, while the Methodist Nursing Sisters' Home was established in 1898. These institutions followed the German model with the erection of small nursing homes, generally quite independent of, and situated some distance from, the teaching establishments, hospitals and clinics. In these homes the young girls came under such influences that they became willing and self-sacrificing workers in the field of sick nursing. Religion and ethics were important subjects of instruction. Less importance was attached to the securing of good teaching materials, and the nurses themselves had little or no influence on the planning of the course of instruction. These homes and schools could not in the long run meet the demand for nurses, and in 1900 a couple of our large municipal infirmaries started schools, not out of interest for the nursing profession, but because the reform would help to secure cheap assistance, and the instruction would render that assistance more serviceable and disciplined. The same practice was introduced as had been adopted by the institutions, namely, that of securing the pupils for several years, and the natural result was the development of the three-year school in these infirmaries, thanks to the influence of the head nurses, first at Bergen's municipal infirmaries in 1898 and a little later at Christiania municipal infirmaries. For several years the sick-nurses were employed exclusively in the hospitals and a number of nursing sisters as parish nurses. The work of these latter consisted chiefly in helping the clergyman in his parish work and in looking after the poor. At present the sick-nurses, in addition to being employed in hospitals, sanatoriums, homes for consumptives, for the aged and for children, in district-nursing and as private nurses, are also engaged in the social work, which in our country is being greatly developed. In the social field the work is mainly in connection with

the local Boards of Health, in the districts as visiting nurses, in the schools and in inspection in the different departments for tuberculosis, epidemic and venereal diseases, house hygiene and care of children, unmarried mothers and infants, &c. In the municipal office for pensions to mothers and old people the inspector and her assistants are trained nurses. The sick clubs (Sickness Insurance) have nurses at the policlinics and as visiting nurses. Some of the factories have nurses in their service and in the office of the Female Inspector of Factories the inspector's assistants are nurses. Moreover, they are also working in private associations, such as the Society for the Care of Released Prisoners, in missionary work, &c.

The Norwegian Council of Trained Nurses, the national organisation for trained nurses, was founded in 1912 by 44 sick-nurses, representing the different groups and branches of the nursing profession. Its first president was the founder, Sister Bergliot Larsson. The Norwegian Council of Trained Nurses was formed in order that the nurses might combine to safeguard their profession and its rights, as well as to free it from the many parasites who were working as sick-nurses without having any training.

The objects of the Council are : (a) To form a rallying-point for the Norwegian nursing profession and to secure a better combination amongst trained nurses ; (b) to safeguard their economic and professional interests ; (c) to work for the development of the nursing profession and for the improvement of sick-nursing on the whole. The Norwegian Council of Trained Nurses at present numbers 1,150 ordinary members. The headquarters of the Council are in Christiania, but in every county the members form their local association, which again elects its county committee, with which the governing body must consult regarding the more important matters of interest for the association.

The leadership of the whole organisation lies in the hands of the governing body, consisting of seven members, whose task includes, in addition to the organising and administrative leadership, also the admission of new members. The rules for admission are very strict. The applicant is furnished with a form to be filled up, which, besides demanding information about the circumstances, education and examinations passed by the applicant before her training as a nurse began, also requires exhaustive details as to the individual applicant's development and work as a sick-nurse. Together with this form, duly filled up, the applicant must furnish a certificate that she has completed her training as a sick-nurse, as well as other recommendations. The governing body addresses inquiries regarding the applicant to the head nurses and doctors at the schools and subsequent places of work, and only after satisfactory replies have been obtained from these persons will admission to the association be granted and the nurse acquire the right to bear the badge of the Norwegian Council of Trained Nurses, after having signed the rules of the association. The badge is intended to be a proof of ability and of

devotion to duty and irreproachable life. It goes without saying that, as regards training, the Norwegian Council of Trained Nurses was in past years obliged to have certain transitional regulations and the taking of supplementary training has been allowed. For admission as member there is now required three years' continuous training in a hospital, the transitional regulations having been abolished from 1922.

The training has been greatly influenced by the N.C.T.N. We act as a vigilant conscience for the schools, and bearing in mind the proverb "Continual dripping wears away stone," we have again and again repeated our demand: Three years' training in hospitals with sufficient teaching-material and systematically planned instruction, both theoretical and practical, during these three years. The schemes for three years' training which we have made out are of great assistance to the schools when improvements are to be made or new schools established. At suitable intervals resolutions passed at the general meetings of the association are sent to the schools, and every time these resolutions appear we may count upon having a discussion started in the daily press in favour of the three-years' school, because our opponents must always try to counteract the effects of our resolutions. Neither schools nor institutions have any great liking for our demands or for our control, and our influence is being contested more or less openly, but without success, as the following figures show: In 1912, of 14 schools, only two were three-years' schools; in 1920 there were 18 schools, of which eight were three-years' schools; in 1922 we have 23 schools, of which the 17 largest are three-years' schools. The others are very small and mainly aim at trying to train nurses for the country districts. These schools are also, to a large extent, kept alive by the harmful system adopted by some nursing societies in one or other of the country districts of paying for a young girl's training on the condition that she binds herself to work for the society and district for several years. The small schools are also the most expensive to maintain, and the Norwegian State sacrifices large sums in the form of annual grants. Even over these obstinate schools we have influence; they are now beginning to be more careful in the choice of material and it is our hope that, owing to the small attendance and thanks to the fact that the public are becoming more and more awake to the advantages of a well-developed and highly-trained nursing profession, they must either become three-years' schools or else die out.

(To be concluded.)

WORDS FOR THE WEEK.

"Guard well thy thoughts, for thoughts are heard in heaven."—*G. Herbert.*

"What is prayer? This is its simplest definition—the lifting up of the heart to God—with all that is in the heart, joys and sorrows, hopes and fears, sins and doubts and needs."—*Bp. A. C. Hall.*

LEAGUE NEWS.

THE LONDON TEMPERANCE HOSPITAL.

At the monthly meeting of the London Temperance Hospital Nurses' League, held in the Out-Patient Hall, on the evening of January 17th, an interesting lecture on the "Action of Alcohol," more especially in its relation to the sick, was given by Dr. Sanguinetti.

The visitors were welcomed in a brief speech by Miss Kathleen A. Smith, R.R.C., Matron of the Hospital, and President of the League, and Mrs. Pearson, who took the chair, spoke with the authority of a supporter of the hospital of twenty-five years' standing, and was a very charming and forceful advocate of its principles.

Dr. Sanguinetti said that some years ago the alcohol bill of hospitals was five times larger than the milk bill. Now the reverse was the case; the demonstration given by the London Temperance Hospital had much to do with that result.

While not denying that alcohol might have some value as a food, Dr. Sanguinetti contended that it was a poor and expensive food. It was most certainly not a stimulant, but a narcotic, and the short-lived sense of well-being which it imparted was followed by a depressing effect.

Major Rigg (chairman of the Hospital), spoke of the pleasure with which those present had listened to Dr. Sanguinetti's presentation of his case from the scientific standpoint, and suggested that in this jubilee year of the hospital, and as a result of this meeting, a total abstinence branch of the League might be started. He mentioned that the hospital, since its foundation, had treated some 45,000 in-patients, and in only 165 cases had alcohol been prescribed.

Miss Richardson, formerly Matron of the Hospital, said it was delightful to come back to the old place. She emphasised the social and moral influence of nurses in temperance matters, and expressed her thanks to Miss Smith for the opportunity given that evening to listen to Dr. Sanguinetti's address.

After Miss Smith had thanked the speakers, coffee was served at small tables, and delectable cakes handed round with a celerity which was a credit to all concerned.

M. B.

THE QUEEN'S HOSPITAL NURSES' LEAGUE, BIRMINGHAM.

A meeting of this League was held on January 17th at the Queen's Hospital, when the eighth annual report and balance-sheet were presented. The Hon. Secretary reported that two general meetings had been held during the year. At one of these Mrs. Edmund P. Beale gave an interesting address on the League of Nations Union.

A Needlework Guild has been formed to provide garments for the use of in-patients at the Hospital; 89 members have promised to send one garment a year. We are glad to help our Alma Mater in this way.

The Reunion Dinner and Theatre Party was held in May, when 49 members assembled, some coming from long distances. This gathering is to be an annual function and will be held in future in October instead of in the Spring.

The Hon. Treasurer reported that the balance-sheet showed a sum of £47 7s. 4d. in hand, and that the Benevolent Fund stood at £26 15s. 3d., no calls having been made on it during 1922.

After an interval for tea, 30 members took part in a progressive whist-drive in the nurses' recreation room, three prizes, given by members, being awarded. The evening was spent most enjoyably in meeting old friends and making new ones.

THE PROFESSIONAL UNION OF TRAINED NURSES.

NOTICE.

A members' meeting of the P.U.T.N. will be held at 6, Nottingham Place, W.1., near Baker Street Station (by kind permission of Mrs. Northwood), on Thursday, February 1st, 1923, at 5 p.m.

A special meeting for M.A.B. members will precede it at 4 p.m. Please make every effort to attend, as it is *your own business* that is to be considered.

MAUDE MACCALLUM (*Hon Secretary*).

APPOINTMENTS.

MATRON.

Heatherwood Hospital (United Services Fund) for Orthopaedic Children, Ascot.—Miss Elsie Carter has been appointed Matron. She was trained at the Cheltenham General Hospital, and has held the position of Sister at the Essex County Hospital, Colchester, and the Royal United Hospital, Bath; of House-keeping Sister at Lord Mayor Treloar's Hospital, Alton; and of Assistant Matron at the Victoria Hospital for Children, Chelsea.

Birmingham and Midland Ear and Throat Hospital, Birmingham.—Miss Agnes Laidlaw has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and has held the position of Sister at the Royal Scottish Nursing Home, of Night Sister at the Royal Infirmary, Doncaster, and of Theatre Sister at the Birmingham and Midland Ear and Throat Hospital.

Chipping Norton and District War Memorial Hospital, Chipping Norton.—Miss Eva M. Snow, Registered Nurse, has been appointed Matron. She was trained at the Lewisham Hospital, and has been Sister at Eltham Infirmary, and at Kensington Infirmary, and has worked in connection with Queen Alexandra's Imperial Military Nursing Service Reserve, both at home and abroad. She is a Certified Midwife and holds the certificate of the Royal Sanitary Institute for Health Visitors.

Victoria Hospital, Deal.—Miss Norah K. Vere has been appointed Matron. She was trained at the Seamen's Hospital, Greenwich, and has held various positions as Sister at the Royal Hospital, Richmond, where she has also been Assistant Matron. She was also Theatre Sister at the Queen Victoria Hospital, Nice.

COUNTY SUPERINTENDENT NURSE.

Isle of Wight County Council and County Nursing Association.—Miss S. Jane Lambert has been appointed County Superintendent Nurse. She was trained at the London Hospital, and has held the appointments of Assistant Inspector of Midwives and Assistant County Medical Superintendent for East Suffolk County Nursing Association, and Assistant County Superintendent and Inspector of Midwives, Cornwall County.

ASSISTANT SUPERINTENDENT NURSE AND TUTOR-SISTER.

Union Hospital, Epsom.—Miss Elizabeth Bedworth has been appointed Assistant Superintendent Nurse and Tutor-Sister. She was trained at the Selly Oak Hospital, Birmingham, where she is still working.

SISTER X-RAY DEPARTMENT.

Croesnewydd Hospital, Wrexham.—Miss C. F. Oddie has been appointed Sister of X-Ray and Electro-Therapeutic Department. She was trained at the Royal Northern Hospital, and London Therapeutic College, London, and has been Radiographer-in-Charge at North Staffordshire Infirmary, and Sister-in-Charge of Electrical Department.

HEALTH VISITOR AND SCHOOL NURSE.

Middlesex County Council.—Miss Norah Marion Cooper has been appointed Health Visitor and School Nurse. She was trained at the Children's Hospital, Queen Street, Belfast, and at Westminster Hospital, and has held the position of Sister at the Children's Hospital, Paddington Green, at Queen Mary's Hospital for the East End, Stratford, and at the South London Hospital for Women, Clapham Common. She has been School Nurse under the Manchester Education Committee, and Health Visitor under the Finsbury Borough Council. She did Military Service as a Staff Nurse, in connection with Queen Alexandra's Imperial Military Nursing Service Reserve during the war.

PRESENTATION.

Miss E. Frankham, better known as Sister Frankham, of Ipswich Isolation Hospital, on Tuesday, January 16th, was presented by the staff with an English leather attaché case as a token of the esteem in which she is held at the hospital.

Miss Frankham has rendered a great public service at the Isolation Hospital for over seven years, especially during the war period, when many soldiers and sailors received her ministrations. Over a thousand adults and children of all ages have received her attention in their illness, and many will wish her every success in the new work, which she is taking up in London in the near future.

RESIGNATION.

Miss E. C. Barton, R.R.C., Matron of the Chelsea Infirmary, has resigned the position, after a quarter of a century of useful work there. She is retiring to a house of her own in Chelsea, where she will be able to keep in touch with the many interests with which she is associated. Her numerous friends will wish her many years of health to enjoy the leisure following so long a period of active service.

LEGACY FOR A NURSE.

Mr. Henry Bois, of Ashburn Gardens, South Kensington, S.W., left property of the value of £32,588. He gave, amongst other bequests, £200 to Nurse Elizabeth Gordon.

PRIZES FOR NURSES.

LEEDS GENERAL INFIRMARY.

The Countess of Harewood presented the prizes gained during the past year by members of the nursing staff of the Leeds General Infirmary, on the 19th inst. The Chairman of the Board (Mr. T. L. Taylor) presided and the Vicar of Leeds (the Rev. Bernard Heywood), in the course of an interesting address, reminded his hearers of the duty of courtesy to the patients, without distinction of rank or class; a hospital was a guest house, and those who in one capacity or another were the hosts should not fail in consideration and courtesy to all guests.

The following is the list of prize winners, to whom Lady Harewood distributed the prizes:—

Principles and Practice of Nursing.—1, Fanny Ramsdaile (First Class Honours); 2, Kathleen Billequez (First Class Honours); 3 (divided), Ethel Dawber (Honours) and Alexandra Stopford Smyth (Honours).

Chairman's Prizes for Aggregate Marks in Anatomy and Physiology.—Medicine and Surgery—1, Clara Turner (First Class Honours in Anatomy, Physiology and Medicine); 2, Madeline Powlson (First Class Honours in Medicine and Surgery); 3, Elizabeth Luke (Honours in Anatomy, Physiology and Surgery).

Anatomy and Physiology.—1 (divided), Florence Kaye (First Class Honours) and Dorothy Stubbings (First Class Honours).

Medicine.—1, Dorothy Stubbings (First Class Honours); 2, Dorothy Gaussen (First Class Honours).

Surgery.—Madeline Powlson (First Class Honours); 2, Elizabeth Lake (Second Class Honours).

Gynaecology.—1, Annie Willows (First Class Honours); 2, Elsie Sidgwick (First Class Honours).

Hygiene.—1, Ruby King (Honours); 2, Mathilde Burke.

Diseases and Management of Infants and Children.—1, Elizabeth Colley (First Class Honours); 2, Dorothy Cummins (Honours).

Pupil Probationers' (Training School) Class Examinations, October, 1921—October, 1922.—1, Lorna Macmillan; 2, Bessie Whitehead; 3, Charlotte Nelson.

The Eva Moynihan Gold Medal and Prize of £5.—Constantia Elizabeth Overton, D.N., University of Leeds (First Class Honours in Anatomy, Physiology, and Medicine, Honours in Surgery, Gynaecology, and in Final Examinations).

Votes of thanks to Lady Harewood and the Vicar, proposed by Sir Berkeley Moynihan and seconded by Miss G. E. Overton (Gold Medalist), were heartily accorded.

LECTURES.

BY ANNA MAUD HALLAM.

An announcement of lectures now being given in Leeds, by Miss Anna Maud Hallam, will be found on page 1 of our advertisement pages. Since she arrived in England Miss Hallam has lectured and taught Practical Psychology to large audiences in London, Liverpool and Sheffield, among whom were many nurses, and some in London have formed a sub-committee of the Practical Psychology Club founded by Miss Hallam. It is hoped that this branch will be a great boon to the public, and help to meet their demand for nurses with a knowledge of Psychology. Nurses wishing to join the study class should apply to Miss A. Claridge, Queen's Hotel, Leeds.

HOSPITAL WORLD.

THE INFANTS' HOSPITAL, VINCENT SQUARE, S.W.

The Infants' Hospital, Vincent Square, London, S.W.1., is one which, as a pioneer institution, has always aroused a great deal of interest. We well remember the enthusiasm with which it was founded for the treatment of infants suffering from the diseases of mal-nutrition; further, how it demonstrated, in the opinion of Dr. Ralph Vincent, that infantile diarrhoea was wrongly named epidemic diarrhoea, and that though the disease might be prevalent at certain seasons, the reason was not to be found in its communication from one child to another, but in the impurity of milk which, in hot weather and during the fly season, became poisonous to infants. 'This theory was supported by the fact that breast-fed babies were immune from so-called epidemic diarrhoea.

These facts caused the authorities of the hospital and the medical staff to feel justified in admitting infants suffering from "epidemic" diarrhoea to the general wards, and also to spare no pains to secure an absolutely pure milk supply, for which reason the hospital established its own farm down at Sevenoaks.

Last autumn the hospital was re-organised, Dr. Eric Pritchard being appointed Medical Director. The scope of its work was altered, inasmuch as while formerly it only admitted infants, it now takes in children up to five years of age. In the general wards the air space allowed per child has been doubled by the necessary reduction in the number of cots from twenty-four to twelve. Specially selected cases are also admitted to "wardlets," one infant in a wardlet with its attendant nurse. In the day time the babies are nursed in the open air; at night the nurse sleeps in the wardlet. It would be interesting to know what experts in the nursing of sick children think of this plan of having a nurse sleep in the baby's room at night.

Apparently the present medical authorities do not endorse the view of their predecessors as to the non-communicability of infantile diarrhoea, as the Matron, Miss M. F. Hughes, states that little patients suffering from this complaint are as strictly isolated as those suffering from any infectious disease.

Probationers are received at the hospital for eighteen months' training, a certain number, after twelve months' training being selected for appointment as probationer staff nurses. A probationer accepted after a month's trial, receives a salary of £18 per annum, and probationer staff nurses at the rate of £24 per annum.

Pupil probationers are also received for a course of lectures, with practical nursing of infants. The fees for the course are respectively, three months, £20; six months, £35; nine months, £50; and one year, £60.

Midwives, trained nurses (without infant experience), pupil health visitors, social workers and others are eligible for courses of from three months to two years, according to training and experience.

Preparation for Infant Welfare Work is one of the special aims of the Hospital.

The hospital is greatly in need of funds, and at the present time Sir Nevile Wilkinson's wonderful doll's house, "Titania's Palace," is on view at Messrs. Marshall & Snelgrove's, Oxford Street, W., in aid of the charity.

The last two remaining cases of smallpox in London have been discharged from the Long Reach Isolation Hospital, Dartford, and an official of the Metropolitan Asylums Board on Saturday stated that the Metropolitan area is now "all clear." This is good news, but no reason for relaxing vigilance in connection with vaccination. Idleness and ignorance are the chief reasons why parents fail to have their children vaccinated, and thus endanger the lives and health of the community.

The Maudsley Hospital, which will be opened by the L.C.C. on January 31, is the first municipal institution for early treatment of lunacy and scientific research into causes of insanity.

The conditions of the Christian refugees arriving at the Piræus (Greece) is truly deplorable. Out of a total of 2,000 in one ship, sixteen hundred are stricken with typhus, smallpox, and cholera, and two out of the three doctors on board are ill.

Thirty-five of the refugees died and were buried at sea, and a further twenty-five have died since the vessel's arrival in Piræus Harbour. These bodies have been ordered by the Greek health authorities to be cremated in the ship's furnaces.

The Greek Government has now prohibited the admission of further refugees until the epidemics have been brought under control.

This is a task which the Greek Government cannot carry out alone, as the health situation throughout the refugee camps has now become critical. What is the British Red Cross Society doing in the matter? It has the money and the power and should use them for the benefit of humanity, or stand aside and let others do the work.

Miss Clara D. Noyes, Director of Nursing American Red Cross, a service of highly-qualified Registered Nurses, reports in the *American Journal of Nursing* that the American Red Cross has established its headquarters in Athens, and in co-operation with the Greek Government, Greek Red Cross, and other National Committees such as the International Red Cross, and the League of Nations, is doing all it can to mitigate the suffering. Large quantities of material have been bought in Europe and several shiploads of goods, clothing, food and medical supplies sent from America. About \$1,500,000 has already been spent by the Red Cross for this purpose.

In addition to the nurses who have been assigned to this work, the following sailed for Greece on December 9th:—Christine M. Nuno, Alice G. Carr, Mary M. A. Weiss, Eleanor Dove.

ROYAL SANITARY INSTITUTE.

The courses of training for Sanitary Officers, Health Visitors and School Nurses and Maternity and Child Welfare Workers for the Spring Term, arranged by the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. 1, commence on January 31st and February 2nd.

These training courses are of particular interest just now when so many educated women are being appointed on the staff of Public Health Authorities, and the demand for trained women appears to be increasing.

The Lectures are followed by the standard Examinations of the Institute, which are recognised in all parts of the British Empire.

EXAMINATION FOR HEALTH VISITORS AND SCHOOL NURSES.

The Royal Sanitary Institute established in 1908 an examination for Health Visitors and School Nurses, and the Certificates granted have been very widely adopted by local authorities in making appointments.

In 1919 the Board of Education set out requirements with regard to the training and qualification of Health Visitors, and arranged for the granting of certificates which the Ministry of Health stated would be necessary for appointments requiring Government sanction and grant, after a date to be prescribed.

From time to time modifications of these requirements have been introduced, and in July, 1922, the Ministry issued a memorandum naming the Board of Education certificate and also other alternative qualifications that would for the present be accepted for appointments.

The regulations for admission to this Examination of the Royal Sanitary Institute have been extended so as to include qualifications named in the memorandum of the Ministry, and from January, 1923, all candidates for the Institute's Certificate will be required to have:—

- (a) Training in the duties of a nurse at a recognised Hospital Training School for a period of not less than three years; with
- (b) The Certificate of the Central Midwives Board or other equivalent qualification in Midwifery; and also
- (c) Attendance at a course of training approved by the Royal Sanitary Institute.

The Examinations of the Royal Sanitary Institute are well known, and it is thought that this certificate, which specially applies to the work and duties of a Health Visitor, being supplemental to the minimum requirements of the Ministry of Health, will be considered by local authorities in making appointments as providing evidence of additional training.

The Nurses' Registration Acts are already beginning to bear fruit. Would that hospital authorities had not opposed nursing legislation for thirty years.

Two dances, in aid of local institutions, have been arranged in Cardiff—one last Tuesday in aid of King Edward VII's Hospital, and the other the ball in aid of the Queen Victoria Jubilee Institute for Nurses on Friday, February 9th.

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REAL BARGAINS.

Those desiring to replenish their wardrobes just now should not fail to visit the establishment of Messrs. Cozens, 32-50, Edgware Road, W. (near the Marble Arch), where real bargains are to be found. To mention a few, there are well-cut coat-frocks from £1 1s to £2 2s. in coating serges and gabardines; taffeta silk dance frocks, 29s. 6d.; artificial silk dresses in all the leading colours, trimmed with beads of contrasting shades, 35s. 6d.; knitted wool dresses from 12s. 11d., and knitted coats and skirts from £1 1s. The firm are also showing a splendid range of marabout stoles in nigger and black, from 12s. 11d. The special needs of nurses are also catered for, regulation dresses in various styles costing from 6/11 to 15/11. We cordially recommend those who desire good value for their money to pay a visit to Messrs. Cozens forthwith.

BOOK OF THE WEEK.

THE BREAKING POINT.*

This very interesting and able novel deserves wide popularity.

The "breaking point" refers to the crux of the story—that is, the lapse of ten years' identity in the case of Dr. Dick Livingstone, the good-looking and popular partner of his Uncle David, who practised in a suburb in the States.

This ten years of Dick's life was, as far as he was concerned, completely blotted out, and Dr. David and Aunt Lucy were well content that it should be so, and prayed that the terrible events that led up to Dick's loss of memory might be for ever buried in oblivion.

These events took place when Dick was but twenty-one, and he was then known as Judson Clarke, the son and heir of a very wealthy man. He had fallen in love with an actress, and was madly jealous of the man she married, and was supposed to have killed him in a fit of rage and afterwards fled to the mountains, where it was assumed that he died of hunger and privation.

But he lived unsuspected in the person of Dick Livingstone, and no one, himself included, had any idea that Judson Clarke and he were one and the same person.

When the story opens he is good-looking, popular Dr. Dick, who, beyond being aware that there is an unaccountable period in his life, has no suspicion that there is anything wrong with him.

He is deeply in love with pretty Elizabeth Wheeler, who is a charming character, and first appears before the reader as a church chorister.

She liked the small sense of achievement it gave her of being part on Sundays of the service. She liked the feeling, when she put on the black cassock and white surplice, and the small round velvet cap, of having placed in her locker the things of this world, such as a rose-coloured hat and a blue georgette frock, of being stripped, as it were, for aspiration. In the afternoon her dreams were of a different character. Generally

speaking, they had to do with love—romantic, unclouded young love, dramatic only because it was love, and very happy.

Dr. Dick loomed large in these dreams, but clouds had already begun to gather before he kissed the engagement ring and then her finger, and slipped it into its place.

"Forsaking all others, so long as we both shall live," he said unsteadily.

"So long as we both shall live," she repeated.

The tragedy of the story begins when unsuspecting Dick is recognised as Judson Clarke, and very cleverly the plot is unravelled.

That handsome, debonair Dr. Dick could have identity with the wild, undisciplined boy of ten years previously seemed an impossibility.

Dick himself is horrified and mystified, and travels back to the scene of the murder, where bit by bit his memory comes back to him. He satisfies himself that he is indeed Judson Clarke, the former lover of Beverley Carlyle, and, strangely, with the establishment of his identity, his old infatuation for her revives, and Elizabeth's image temporarily fades.

To understand this really clever plot it is imperative that the book should be read, as it is impossible in a few words to convey to the reader the ingenious means by which Dr. David and dear old Aunt Lucy had contrived to cover Judson Clarke's tracks and transform him into Dr. Dick.

After many thrilling and interesting adventures the book closes with Dr. David and Dick once more in partnership.

The latter's infatuation for Beverley faded as quickly as it had revived, but above all, his innocence of the murder established.

There are many dramatic and appealing situations in the fine story. Dr. David and Aunt Lucy are both very lovable characters, and the reader cannot but feel sorry that the dear old lady did not live to enjoy Dick's return.

Very pathetic is the note that Elizabeth's father put in her Christmas stocking, and which went far towards healing the breach between her and Dick:—

"Dearest,—You will find this in your stocking in the morning, when you get up for the early service, and I want you to think it over in church.

Life is not so very long, little daughter, and it has no time to waste in anger or bitterness. A little work, a little sleep, a little love, and all is over."

Elizabeth, reading this on Christmas morning, felt the fierce repression of the last weeks was gone.

She saw herself cold and shut away, not big enough nor woman enough to meet him halfway. She saw David gaining harbour after the storm and finding no anchorage there.

She turned and went half blindly into the empty street.

The next morning saw the announcement in the press of an engagement between Elizabeth Wheeler and Dr. Richard Livingstone.

* George Doran. New York.

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.

ANOTHER SUNDAY AFTERNOON.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—On hearing of Miss Beatrice Kent's visits to the Communist Sunday Schools, I came to the conclusion that to sit by my fireside on Sunday afternoons, and leave one brave woman "to carry on alone" was unthinkable, so I offered my services as her aide-de-camp, when she sallied forth on her next expedition, on the following Sunday.

Our destination was a certain bye street off Lisson Grove. Having arrived too early, we decided to go and rest in a very forlorn-looking barrack of a Church in a gloomy street close at hand.

The church was empty, but an elderly man appearing at the vestry door, I went forward and explained to him the reason of our visit to his neighbourhood and to his church.

Imagine our joy when he told us that, owing to the vigorous and persistent efforts of one man, that Communist Sunday School had been closed.

He added, with pride in his voice: "The man who accomplished this is a Borough Councillor and a Roman Catholic."

Whilst speaking, a number of nice-looking, merry boys from the streets trooped in, and were greeted with a kindly smile.

"My Bible-class boys," he informed me. So, thanking him warmly for all the information he had given us, we silently left the church, thanking God that there are men still to be found in Old England who love the Faith, and are ready to fight for its defence, and to save the children of the Empire from moral corruption.

ANNIE E. HULME.

SECOND SIGHT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In reference to apparitions, may I point out that a human apparition generally wants help in some form. The teaching of the highest authorities on the subject is that the manifestation should be regarded as an opportunity for service to a fellow-creature, and a privilege for us. The right attitude is to ask kindly and calmly what we can do for him.

He may maintain materialisation with difficulty, and have not a moment to spare. He may even disappear, but will remain near and hear what is said to him. If he cannot speak he may be able to express himself by a simple code of signals such as raps, if this is arranged for him. Failing that, we may assure him that we will be at his service on his own plane when we fall asleep at night so that he can easily explain what he wants from us.

Many souls on the astral plane are earth-bound by anxiety over some matter which could be put right by a friend in the physical body. There is on record the well-authenticated case of a Roman priest who haunted the scene of his anxiety for eighty years before he could find someone who had the sense to ask him what he wanted, and to offer his help.

It is an interesting commentary on our belief in immortality and the communion of saints, that, directly we have proof of this, most of us are terrified and run away!

I am, Dear Madam,

Yours faithfully,

M. M. G. BIELBY.

Cranford, Middlesex.

THE AGE OF RICKETS IN EUROPE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I wonder if any of your readers can give an earlier date than the later Bronze Age [1,000 to 500 B.C.] for the incidence of rickets in Europe?

In the current number of the *Antiquaries' Journal* there is an account of the finding of an ancient clay beaker and a skull in a stone cist at Gellygaer, Glamorgan.

The skull is described by experts as being that of a rachitic child, probably a boy, aged about three. Not only are typical "Parrot's nodes" present, but areas of inflammatory bone are found on the hinder part of the skull. Also an unerupted upper lateral incisor tooth showed constrictions in two places due to an attack about six months of age, and another one at a year.

The question arises, was rickets in the Bronze Age caused by malnutrition, overcrowding, or a damp sunless atmosphere? Clearly, we cannot, in face of this evidence of rickets among primitive men, lay the blame for rachitis on our modern civilisation alone.

Yours faithfully,

G. FIRTH SCOTT.

KERNELS FROM CORRESPONDENCE.

"THOUGHTS ON THOUGHTS."

E. E. P., Reigate.—"The article headed as above interested me greatly, and I felt so pleased to find one of my pet plans put forward, which I have never mentioned to anyone, but merely done: that is storing up things and scenes to think of. I am much alone; and I have a big read, so that when I am sitting hours at work, I have something to think of, apart from myself. And I go miles, and see so much in my worktime. It seems dreadful to see so many people so wrapped up in themselves, that they have no interest in anything else. The worst is, these are the ones least worth thinking about! Books, Pictures, Nature—what am I to come first!"

OUR PRIZE COMPETITION QUESTIONS.

February 10th.—What do you know of the after-care and treatment of infantile paralysis?

The Midwife.

A CLEVER IMPROVISATION.

By HELEN HANKINS, R.N., *St. Joseph, Missouri.*

It was a breech delivery and in spite of hard pains and very splendid effort on the part of the mother, the breech would not come down. The mother's age contributed to the rigidity of too small maternal parts. When the baby's left leg was finally brought down it was discovered that the right leg was extended upward across the chest with the foot about the neck. This was brought down with considerable difficulty and the child delivered.

The right femur had sustained a fracture, about midway, and it was the proper care of this which presented a real problem to the doctor and nurse. The physician wished to place the leg in Buck's extension. How to do this, to keep the parts in position, to avoid unnecessary motion, and yet not hinder the child's normal development, was the question.

An ordinary tea table on wheels was utilized for a bed. A frame was built about the top of the table on uprights about eight inches high. Strips of wood, two by two, were used. On the foot of this frame, a little to the right of the center, was placed an inch and a half pulley. Adhesive was placed about the leg in much the same manner as if the patient had been an adult, the cord was passed over the pulley and weights attached to give traction.

For decorative purposes, the frame was covered with blue mull and dotted swiss. The great advantage of the tea cart came in transporting the baby from the nursery to the mother's room. At nursing time, the mother moved to the edge of the bed, the cart was brought close alongside, and the baby was able to nurse without being moved or disturbing the dressings in the least.

Some weeks after dismissal, an X-ray showed perfect alignment and the results obtained have proven entirely satisfactory.—*American Journal of Nursing.*

ADVANCED LECTURES ON INFANT CARE.

The first half of a Course of Advanced Lectures on Infant Care, for Infant Welfare Workers, Teachers, Mothers, &c., is now being given in the Lecture Hall at Carnegie House, 117, Piccadilly, W., on Monday Evenings, up to and including February 26th, from 6 to 7 p.m. Lecturer, Dr. H. C. Cameron, Physician, Children's Department, Guy's Hospital.

The second half of the Course will be given at the Infants' Hospital, Vincent Square, S.W., from Monday, March 5th, to April 23rd inclusive, omitting April 2nd and 9th. Lecturer, Dr. Eric Pritchard, Medical Director.

Tickets for the whole course, 8s. 6d.; single lectures, 1s. 3d. Apply Miss Elsie Reed, Secretary, National Association for the Prevention of Infant Mortality, 117, Piccadilly, W. 1.

TEACHERS INSTRUCTION COURSE.

An interesting course of lectures for teachers of midwifery, from January 29th to February 3rd inclusive, has been organised by the Midwives Institute. The majority of the lectures including the inaugural meeting, on "The Aims of the Course," to be held in the Royal Society of Arts Hall, 18, John Street, W.C.1, will be open to any certified midwife. Tickets 2s. 6d. each. Apply Miss C. L. Melly, Midwives Institute, 12, Buckingham Street, Strand, W.C.

THE THRESHOLD OF MOTHERHOOD.

"The Threshold of Motherhood," by Mr. R. Douglas Howat, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow), published by Maclehose, Jackson & Co., Publishers to the University, Glasgow, is designed to be a handbook for the pregnant woman.

The author, in his preface, points out that "there are many excellent text-books of midwifery for students, doctors, and nurses, but few if any exist for the exclusive use of the most important person—the patient.

"To-day is the Day of Enlightenment in all things sexual, and such is as it should be. The Mohammedan conceptions of woman's estate, adhered to throughout the Victorian age, have died a natural death. To-day it is generally accepted, perhaps grudgingly enough by many, that woman is the equal of man. She enters politics, reads for the bar, sits on juries, and fills countless other highly responsible positions. Yet the average pregnant woman is surprisingly ignorant concerning the circumstances attending her present and future state. In this book, an attempt has been made to explain the various phenomena which occur during the successive stages of a normal pregnancy and those functional disturbances which are likely to occur. It has been the writer's object to avoid all unnecessary technicalities."

MIDWIVES IN VIENNA.

Last week we reported that the midwives of Vienna had demonstrated, demanding a State minimum subsistence allowance, old age pensions, and protection against quacks.

This spirited action, combined with that of the midwives of Nether Austria, has been immediately effective. The demonstration at the town hall was followed, the *Times* correspondent reports, by a march round the House of Parliament, resulting in their representatives being received by the Federal Chancellor and a number of leading party men. They gained their demand that they shall be guaranteed a minimum subsistence allowance and old age pensions. We congratulate them.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,818.

SATURDAY, FEBRUARY 3, 1923.

Vol. LXX

EDITORIAL.

THE IMPORTANCE OF SCIENTIFIC DIETING OF THE SICK.

The inquiry held into the cause of death of a patient in which the doctor in charge refused to sign the death certificate, which has been widely reported in the daily press, has many instructive lessons for trained nurses and the public.

Dr. S. A. Clarke, who attended the deceased, said at the opening of the inquiry that neither he nor Sir Sydney Russell Wells, whom he had consulted, was satisfied as to what caused the patient's death. The inquiry was thereupon adjourned for a report from Mr. John Webster, a Home Office Analyst, as to the contents of the stomach. At the resumed inquiry, on January 26th, Mr. Webster stated that there was no evidence of any poison.

Dr. Clarke at no time suggested that he had any suspicion that his patient had been poisoned, though that aspect almost inevitably presented itself to the police when a death certificate was refused; but he did suggest that had his directions as to diet and medicine been carried out, the patient might very possibly have been alive to-day.

Every trained nurse knows the importance of suitable dieting in cases of valvular disease of the heart, from which this patient was suffering. Incidentally, the case illustrates the importance of thoroughly grounding probationers-in-training in food values, the appetising preparation of food, and the reasons for the prescription of certain diet in various diseases.

The companion and housekeeper of the patient deposed that she had held this position for twenty-four years, and they were attached to one another. The invalid had fish almost every day, and was very fond of sheep's brains. She sometimes had chicken, which was always steamed, also plenty of eggs, and a patent food, milk puddings and jellies. She usually had bread and milk for supper. Questioned as to

why the medicine ordered for her employer had not been given to her, she asserted of one medicine that it "did her no good"; of another that it was given to produce sleep, and she was "chary of making the patient sleep too much"; and of a third, "it made her queer. Sometimes it made her restless, but more often sick."

The position in which the doctor was placed was, therefore, that his carefully thought out scientific treatment was of no avail, because it was in the hands of an attendant ignorant of his aims, who had the audacity to question, criticise, and ignore his instructions.

Dr. Clarke stated that the patient suffered from valvular disease of the heart. He objected to the whole régime adopted. He objected to fish at every meal, and to sheep's brains if they made the patient sick. Death was substantially accelerated by the conditions surrounding. The patient was dominated over. He never got a straight answer from her. He was absolutely certain she did not carry out his instructions. He ordered a nurse, but the maid would not have one. If his instructions as to diet had been carried out, the patient might be alive now. He considered the vomiting was caused by improper feeding.

A friend of the deceased lady stated that the patient would not have a nurse "because Ellen could not get on with her." From November to her death witness went to see her friend daily; she did not consider the proper diet was given to her.

The Coroner, summing up, said the jury had heard the result of the analysis. The next point was, had there been any negligence?

The jury returned a verdict of "Death from natural causes," and the Coroner added: "I must say I think Dr. Clarke acted quite properly in refusing to give a death certificate in this case."

The moral of the case is the value of scientific nursing, the protection afforded to the public by a State Register of Nurses, and a compulsory Syllabus of Nursing Education, enforced by Act of Parliament.

OUR PRIZE COMPETITION.

WHAT POINTS WOULD YOU EMPHASISE IN GIVING PRE-NATAL INSTRUCTION, AND WHAT SPECIAL MATTERS WOULD YOU ATTEND TO IN GIVING POST-NATAL CARE?

We have pleasure in awarding the prize this week to Miss Mildred W. Comer, Room 16, Town Hall, Bournemouth.

PRIZE PAPER.

(a) Expectant mothers should be advised on the following subjects:—

Clothing should be warm and light, woollen underclothing preferably; petticoats and skirts arranged so that very little pressure falls on the waist. It is advisable that clothing should be made to hang from the shoulders. It is better to omit corsets, but if this cannot be persuaded, great care must be taken that there is no injurious pressure on the waist and breasts; the effect on the latter would cause flattened nipples.

Women who have had several children may have lax abdominal wall, causing the enlarged uterus to fall forward. In this case a proper abdominal belt should be advised. It is important to impress that tight bands and clothing are dangerous, as the heart, lungs, and kidneys have extra work to do, and anything likely to impede their action must be abandoned.

Garters must not be worn. If veins of the legs are enlarged, the legs should be carefully bandaged and the patient advised to elevate them when sitting down.

A nourishing diet, with the addition of fruit, vegetables, brown bread, and plenty of water, should be advised, and all highly seasoned, indigestible food avoided. Bowels should be daily regulated, no strong purgatives taken. A daily exercise of walking—not too far to cause fatigue—should be encouraged.

Dancing, cycling, or using a sewing machine strongly forbidden.

Advise special care at the time a period would have come on, as miscarriage is likely to occur about that time.

If possible, a warm bath should be taken daily, at night preferably. Special attention must be paid to the nipples and vulva; use plenty of soap and water.

Nipples must be carefully washed and dried daily. If tender and small or retracted, apply a little spirit and water to harden them. They should be gently massaged and drawn out to avoid the discomfort and danger of sore nipples.

Great care must be taken of the teeth; if

any tendency to decay, seek the advice of a qualified dentist.

The urine should be examined early in pregnancy and every succeeding month, and twice during the last month.

Any excessive sickness, swelling of feet, obstinate constipation, puffiness of face, persistent headache, loss of blood, however slight, or if the woman says she is menstruating regularly, should be at once reported to a doctor.

If there is any stunted growth, deformity of body, or history of previous abnormalities during pregnancy, labour, or lying-in, medical advice must be strongly urged.

(b) *Post-Natal Care.*—Strict asepsis must be observed during the puerperium, also when attending to the infant's umbilical cord. An aperient should be given to the mother on the second day and the amount of urine passed noted.

Temperature taken and charted twice daily. The character of the lochia noted daily. See that the uterus is contracting well. The breasts must be kept clean by swabbing with boracic lotion before and after suckling. Diet should be plentiful and nourishing.

See that the patient gets sufficient sleep.

If the child dies or conditions arise which forbid breast-feeding, a breast-pump should be used to draw off the milk, cotton wool applied over the breasts and bandaged firmly to the chest wall, and a saline purgative given night and morning.

Breast-feeding should be encouraged and its importance explained. Breast-milk is the natural food, and its constituents are in correct proportion and change in quantity and quality during lactation to suit the gradual development of the child. It is free from pathogenic organisms and is the correct temperature always. Breast-feeding causes uterine contractions which are advantageous to the mother.

If the breasts are full and heavy, they should be supported by a pad of wool and firm bandage.

The child should be washed and fed regularly, its eyes bathed three times a day, bowels well regulated; should get sufficient sleep and fresh air, gain weight—sleep in a cot always.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. G. Firth Scott, Miss Rachel Dodd, Miss P. Thomson, Miss Jane Macintosh.

QUESTION FOR NEXT WEEK.

What do you know of the after-care and treatment of infantile paralysis?

MODERN TECHNIQUE IN TREATMENT.

In the course of a series of articles published in the *Lancet*, on "Modern Technique in Treatment," T. Izod Bennett, M.D. (Lond.), M.R.C.P., discusses the treatment of whooping-cough, from which we quote as under:—

THE TREATMENT OF WHOOPING-COUGH.

PROPHYLACTIC TREATMENT.

1. *Isolation*.—Every case of whooping-cough should be immediately isolated and kept away from uninfected children for two months, or for fourteen days after all paroxysms have ceased. Parents should be instructed as to the infectious nature of the disease, and particularly of the enhanced risk of infection when a healthy child is in contact with an infected one in a confined space. For this reason while the paroxysms last, and for fourteen days later, infected children should be excluded from schools, clinics, omnibuses, trains, and trams. It may be desirable to get such a child away to the seaside or country, but precautions, such as a special carriage, which can afterwards be disinfected, should be taken. Particular care must be exercised in detecting and isolating those mild cases which often escape diagnosis; as a general rule, any child with a chronic or paroxysmal cough should be regarded as a case of whooping-cough if another member of the family is known to be affected with the disease. This rule applies especially to infant welfare centres, creches, and infant schools which, in the absence of strict precautions, may readily become converted into breeding centres for disease.

2. *Immunisation*.—In the case of particularly delicate children, children with incipient tuberculosis, or the children of very anxious parents, an attempt to confer some degree of immunity may be made by giving a series of injections of vaccine. . . . The parents must be warned that immunity cannot be guaranteed, but that such treatment affords reasonable hope of minimising the attack and preventing dangerous complications.

GENERAL TREATMENT.

1. *Hygiene*.—Exposure to severe weather must be avoided, but in uncomplicated cases there is no doubt that paroxysms are less frequent in the open air or in well-ventilated rooms than in hot and stuffy rooms. Dust and smoke even in minimal quantities may excite coughing, and provided that chill be avoided it is better that the child's temperature-regulating mechanism be exercised by adaptation to mild changes of temperature, than that his delicacy be increased by a perpetual artificial warmth. When going out of doors such children should be well clad, mothers should be discouraged from allowing them to have legs, arms, and necks exposed as they often are with modern clothing. At night flannel pyjamas

afford a protection to the restless child who is apt to throw off his bedclothes.

2. *Dietetic*.—Nothing is more important in the treatment of whooping-cough than the diet. The disease is a serious one involving considerable physical exertion on the part of the patient, recovery cannot take place for some weeks at least, and at any moment complications may arise during which a few grammes of energy-producing food reserve may turn the scale in the patient's favour. For these reasons it is the duty of the medical attendant to see that the food-intake is adequate.

It is always risky to change the diet of a healthy infant, it is even more risky in the case of a sick one. If a baby has been thriving on any particular food up to the moment of infection it is not probable that a change will be for the better, but a change in the time of feeding may be advantageous. The giving of food to a baby or a child with whooping-cough often provokes a paroxysm; this makes the patient unwilling to feed, and frequently leads to the vomiting of that part of the meal which has already been swallowed. It is, therefore, better to give a feed about ten minutes after a paroxysm, at which time it will usually be comfortably retained. In the case of babies, the feed should be given after the first paroxysm occurring subsequent to the normal hour of feeding; if vomiting and loss of weight are taking place the intervals between feeds should be decreased, and the bulk of food at each feed diminished. With older children large meals must be avoided, and fluid foods such as milk, soups, &c., given between meals, the period following a paroxysm being chosen for each meal or feed.

3. *Record of Progress*.—The best record of progress in any case is given by a chart showing the number of paroxysms occurring each day. Mothers should be trained to make a note of each attack of coughing from 8 a.m. until 8 a.m. on the following day. In this way the practitioner can keep a chart which will give him a reliable index of progress.

VACCINE TREATMENT.

Vaccine treatment in whooping-cough, whether prophylactic or curative, is logical and harmless; it is not at present possible to say that it is invariably beneficial. I recommend it especially as an aid to the prevention of pulmonary complications.

AFTER TREATMENT.

With the exception of measles, no disease is more likely to be the forerunner of tuberculosis; convalescence should, therefore, be carefully supervised, and whenever possible a change of environment to a mild, sunny climate should be secured for a time. Iron and arsenic, alone or together with malt extract, are of value at this stage. Persistent infections of the naso-pharynx should be attended to, and the general resistance of the patient improved to the utmost extent by careful hygienic measures and a diet containing abundance of vitamins and lipoids.

NURSING ECHOES.

Many nurses are amongst the recipients of invitations from Major Barnett, M.P., and Mr. J. W. W. Hopkins, M.P., to a Reception, Dance, and Whist Party, at which they are to entertain the Officers and Committees of the South-East and South-West St. Pancras Conservative and Unionist Organisations, at the Public Hall, Prince of Wales Road, N.W., on February 9th. Prizes will be awarded for the most original fancy costumes and for Whist. The Spirit of Nursing, the Science of Nursing, State Registration, and "Sairey Gamp" should all put in an appearance, out of compliment to Major Barnett, the Champion of Legal Status for the Nursing Profession, without whose generosity in giving the Nurses' Registration Bill the place won by him in the Ballot in 1919, we should still be outside the professional pale.

In connection with the effort to pay off the debt of £800 on the funds of the Cathedral Nursing Society for the Sick Poor, Newcastle, a series of concerts is being arranged by the Daffodil Concert Party, assisted by the Misses Elsie Newton and Laura Callard, and Messrs. G. Hutchinson and J. Walton. Tickets, 1s. 6d. and 1s. each may be had from Miss Pybus, 21, Victoria Square, Jesmond.

Queen's Nurses at Brighton have, as usual, given their bounteous tea and entertainment to past and present patients, 140 of whom were present in St. Martin's Hall, Queen's Road. This annual treat is immensely enjoyed, and Miss Godden and her assistants, Miss Butler and Miss Klamborowski, with other Queen's Nurses, had a busy time seeing the wants of the guests were supplied, but they accomplished an exacting task with entire success. Mrs. Cooper Rawson made a sympathetic little speech from the platform, in which she wished the guests health and happiness during the year, and voiced their appreciation of the kindness of the Queen's Nurses, whose vocation, she added, was the highest and noblest any woman could be called to. She called for three cheers for the nurses, which were lustily given.

About this time of year we receive numerous annual reports of hospitals and institutions. We always give a glance through to see what nice things have been said of the Nursing Department and the nurses, as recognition of faithful service is very encouraging. Often

this all-important Department is not referred to at all, and we feel sure there is a screw loose somewhere! On the other hand, in some reports we find generous recognition of nursing service.

For instance, in the one hundred and forty-sixth report issued by the Dumfries and Galloway Royal Infirmary, we note under heading "Staff Complimented":—

"It is again the pleasurable duty of the directors to tender sincere thanks to the medical staff for the valuable work which they have done for the Infirmary in the course of the year, and also to acknowledge gratefully the services of the Lady Superintendent, Miss Crichton. The thanks of the directors are also due to the other members of the staff for their untiring efforts in furthering the good work of the Infirmary.

"Apart altogether from the discharge of their duties, Miss Crichton and her staff have earned the most sincere thanks of the directors for the exceptional effort which they made during the year for the good of the Infirmary. Better than anyone else could, Miss Crichton and her staff realised how sorely in need of renewal were the beds and some other equipment in the wards, and they set themselves not only to organise a sale of work but to provide the work for the sale, and the zeal with which they worked may be gauged from the fact that the result of their efforts enabled them to supply the Infirmary with 53 new bedsteads, 45 bed tables, 24 bed rests, 87 ward lockers, two ward dressing trolleys, a large ward table, and a quantity of other useful equipment. The patients are now enjoying comforts which, but for the generous action of the Lady Superintendent and the staff, they would not have experienced.

"The usual course of lectures has been given to nurses during the year, and in the competitive examinations Nurse Livingston attained highest place and was awarded the gold medal. A prize was also awarded to Nurse Martin, who was second in order of merit. Seven nurses received certificates on completing their course of training."

We also congratulate Miss Crichton and the nursing staff on the wonderful result of their devotion to the comfort of the patients at Dumfries Royal Infirmary, and the Directors on their kindly recognition of the same.

At the annual meeting of the Bradford District Nursing Association, which was held in the City Council Chamber last week, the Lord Mayor (Alderman Thomas Sowden) presiding,

it was reported that a nurse employed by the Association many years ago had died at Utah and had bequeathed her savings, amounting to about £500, to the institution.

It is proposed to apply the money toward the fund for purchasing the Nurses' Home and to erect a tablet to the benefactor.

It is not often that nurses are able to indulge their generous instincts, as few can save more from their limited remuneration than to provide for their old age.

THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL AND THE OCTO-CENTENARY OF THE HOSPITAL.

The League of St. Bartholomew's Hospital Nurses have appointed a League Appeal Sub-Committee to promote recognition of the Octo-Centenary of their splendid Hospital, of which Mrs. Rosamund Hayward has been elected Hon. Secretary, and Mrs. de Segundo Hon. Treasurer, together with Miss P. Watt, R.R.C.; and Miss G. M. Simms.

The League hopes to mark the great occasion by the Endowment of a Bed, for which it is appealing for £1,000, for which subscriptions are invited from all nurses trained in the Hospital, whether members of the League or not. When we remember that there were Sisters of Mercy associated with the Brothers who managed the Hospital from its very inception by the great Rahere, and before the patients were served by a medical staff, we feel sure every nurse trained in the Hospital will be fired with an ardent desire to participate in this commemoration. Subscriptions (and it is hoped every nurse will contribute or secure a guinea) should be sent before May, 1923, to Mrs. de Segundo, Hon. Treasurer of the Appeal, c/o The Matron's Office, St. Bartholomew's Hospital, London, E.C.

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

There will be a meeting of the Executive Committee of the R.N.P.C. on Saturday, February 3rd, at 431, Oxford St., W., at 4.30 p.m. at which it is hoped as many members as possible will be present. The Business will include:—(1) Report of Election of Nurses, General Nursing Council for England and Wales. Resolution; (2) Report of replies from Candidates for election to Parliament *re* the whole Nursing Question; (3) Suggestions for immediate action, civic and professional.

MARGARET BREAY.

ELECTION OF NURSE REPRESENTATIVES AND NOMINATED MEMBERS OF THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

We have received the following official announcement from Sir W. P. Herringham, Returning Officer:—

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The following have been appointed as Members of the General Nursing Council for England and Wales:—

By the Privy Council—

Lady Hobhouse
The Hon. Mrs. Nina Louisa Hills.

By the Board of Education—

Miss A. S. Barratt.
Sir Wilmot Parker Herringham, K.C.M.G.,
C.B., M.D., L.R.C.P.

By the Ministry of Health—

The Rev. G. B. Cronshaw.
Dr. E. W. Goodall.
Dr. Bedford Pierce.
Dr. Smedley.
Sir T. Jenner Verrall.

The following have been elected as Members of the General Nursing Council for England and Wales:—

I. BY THE NURSES REGISTERED ON THE GENERAL PART OF THE REGISTER.

1. Matrons of Metropolitan General Hospitals.

Cox-Davies, Rachel Annie 5,179
Lloyd-Still, Alicia Frances Jane .. 5,169

UNSUCCESSFUL CANDIDATES.

Fenwick, Ethel Gordon 2,345
Heather-Bigg, Mildred Fanny .. 1,526

2. Matrons of Provincial General Hospitals.

Musson, Ellen Mary 5,378
Sparshott, Margaret Elwin 5,531

UNSUCCESSFUL CANDIDATES.

Alcock, Clara 839
Pearse, Helen Lucy 1,590

3. Matron of a Metropolitan Poor Law Hospital.

Alsop, Harriet Amelia 4,614

UNSUCCESSFUL CANDIDATE.

Ballantyne, Jessie Fraser 2,141

4. Matron of a Provincial Poor Law Hospital.

Seymour-Yapp, Charlotte .. unopposed

5. Registered Nurses.

REPRESENTING PUBLIC HEALTH NURSES.

Smith, Ellinor 3,786

REPRESENTING PRIVATE NURSES.

Bremner, Geraldine 4,064

REPRESENTING GENERAL NURSES.

Coode, Dorothy Sandys 3,372

Cowlin, Gertrude 3,094

Du Sautoy, Cathlin Cicely 2,711

UNSUCCESSFUL CANDIDATES.

Anslow, Mabel	1,005
Cattell, Emma Alice	1,782
Embry, Florence Mary	349
MacCallum, Maude	2,202
Macdonald, Isabel	2,212
Marsters, Susan Maria	2,116
Swiss, Emily Constance	2,632
Wade, Emily	575
Watson, Millicent Isabella Stewart	1,242
Webster, Violet Jane	720
Windley, Dorothy	703

II. By Male Nurses.

Stratton, Frederick William ..	unopposed
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III. By Male and Female Mental Nurses.

REPRESENTING FEMALE MENTAL NURSES.

Wiese, Maude Eva	294
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UNSUCCESSFUL CANDIDATE.

Perry, Helene Maud	171
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REPRESENTING MALE MENTAL NURSES.

Donaldson, Robert	265
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UNSUCCESSFUL CANDIDATE.

Christian, Tom	206
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IV. By Sick Children's Nurses.

Bushby, Alice Mary	102
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UNSUCCESSFUL CANDIDATE.

Coulton, Agnes May	41
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V. By Fever Nurses.

Villiers, Susan	unopposed
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(Signed) W. P. HERRINGHAM,
Returning Officer.

January 30th, 1923.

Rule 9 (A).

Rule 9 (A), drafted and promoted by Dr. E. W. Goodall and the College members of the late Council, to provide preferential treatment for members of the College of Nursing, Ltd. (and thrust through Parliament by the late Minister of Health, although it was illegal according to the Act), to permit them to be quickly passed, and placed on the State Register out of their turn, and thus pack the Electorate, has effected its purpose; and, organised through the College of Nursing, Ltd., the votes of these nurses have been closely canvassed and largely controlled in support of the College nominees, with the anticipated result.

It is most significant that where the electorates for the Supplementary Candidates could not be thus influenced by the College—as the General Part of the Register has been through Rule 9 (A)—*every vacancy has been filled by an Independent Candidate!*

We warmly congratulate the special electorates upon their choice of candidates, and these public-spirited nurses upon their election. The Male Nurses and the Fever Nurses had

their Candidates (Mr. F. W. Stratton and Miss Susan A. Villiers) returned without a contest; the Sick Children's Nurses have a splendid representative in Miss Alice M. Bushby; the Female Mental Nurses and the Male Mental Nurses will be well served by Miss Maude E. Wiese and Mr. Robert Donaldson. Miss Cicely C. du Sautoy, Independent Candidate, has also been elected to represent General Nurses.

The rest of the elected members of the Council are nominees of the College of Nursing, Ltd., the majority of whom are members of its Council.

We reserve our Editorial remarks for our next issue.

THE RESULT OF MISMANAGEMENT BY THE MAJORITY OF THE G.N.C.

The "Second Interregnum" of the General Nursing Council, through the grave mismanagement of the recent majority, who voted on more than one occasion to prevent themselves, and their dissentient colleagues, performing their public duty, is amply apparent. Let us touch on two results of this policy alone:—

(1) The Registered Nurses' Society, immediately the State Register was opened, adopted a Rule that only trained nurses registered by the Statutory Council, were eligible for membership. This Rule should, of course, be enforced by all persons sending out private nurses, so that the legal status granted trained nurses through the Nurses' Registration Acts, should be recognised, both for the benefit of Registered Nurses, and for the safety of the sick.

What, however, has been the result of this sense of professional responsibility upon the part of the R.N.S.?

That owing to the mismanagement by the Registration Committee—and the quite illegal recommendation to the Council to defer the registration of 800 applicants from December to February, many of whom had already been waiting for *months*, all the candidates accepted upon their first class certificates and recommendations, by the Committee of the R.N.S., have been deprived of work, as they have not been registered by the G.N.C., and have thus suffered very serious financial loss and inconvenience.

No one now expects any courtesy from Headquarters, but that letters from these injured nurses should be treated with contempt by the Registrar and remain unanswered for weeks, only adds to the justifiable indignation of the nurses and their detestation of the arrogant bureaucracy, as permitted under the present direction of their affairs.

(2) It will be remembered that the recommendation of the Registration Committee to re-

cognise the East Ham Borough Isolation Hospital as a training school, to qualify for registration on the Fever Nurses' Register, was referred by the G.N.C. on December 15th, for investigation, owing to the conditions prevailing there.

Owing to the "Second Interregnum" of the G.N.C. since December 23rd last, presumably this inquiry has not taken place, with very injurious results to the institution. To quote the *East-End Observer* :—

"The revolt of nurses at East Ham Borough Isolation Hospital is continuing, and the position at the institution is declared to be more acute than ever.

"It is such as to give the Town Council cause for grave anxiety. An official inquiry by the Ministry of Health seems to be regarded by many as the only means of rescuing the hospital from the present chaotic state, and it is firmly believed that in the not distant future an inquiry will be held by the Ministry.

"The one consolation during this period of trouble is that cases of infectious disease in the Borough are comparatively few in number; in fact, the number of patients in the institution is lower now than it has been for a long time. A year ago the accommodation was taxed to the utmost.

"The latest resignations of staff include a sister and four staff nurses. Several probationers—said to be six in number—have also refused to sign on under present conditions. The reason for this action of the probationers, and also for that of some of the four staff nurses, is that the hospital has not been recognised by the General Nursing Council which has been set up by the Ministry of Health to register training schools for nurses.

"A month ago, when the General Nursing Council met to deal with the registration of hospitals as training schools for nurses, the question of registering East Ham Isolation Hospital was deferred pending an inquiry into the conditions prevailing there. That inquiry has not yet been held by the General Nursing Council, and it is feared that their action in having delayed the granting of recognition will create a difficulty in staffing the hospital."

We repeat the opinion we expressed in relation to this institution in a previous issue, "that the sooner an inquiry into the management of the hospital is made the better." The present nursing staff appear loyal and willing, and it is scandalous that they should be made to pay the penalty for the errors of others.

A person associated with the East Ham Borough Council remarks in a private letter: "We want an inquiry by the Ministry of Health—not by the General Nursing Council—which would indeed be a case of the blind leading the blind."

A DANGER TO THE PUBLIC.

An interesting correspondence has been taking place in the *Birmingham Post*, as the result of a paragraph in the "London Letter," supporting the demand for a minimum training of one year, and criticising the policy of the College of Nursing, Ltd., in its agitation to depreciate the State Register by opening the General Part of the Register to all and sundry.

Miss Musson, Matron of the General Hospital, Birmingham (a member of the College Council), writes in the *Post* denying that the College is making an attempt "to place V.A.D.s and other untrained persons" on the State Register. . . . "It advocates, however, that liberal treatment should be accorded to certain nurses during the 'period of grace,' in order that injustice may not be done to those older nurses who received their hospital training some years ago, before the three years' system was generally accepted, many of whom have spent their whole lives in nursing the sick."

This is a very misleading statement. The "period of grace" makes it possible for nurses with only *one year's training* up to November, 1919, to be placed on the General Part of the Register till July 14th, 1923—a most liberal provision for the semi-trained nurses, who may be quite young women, who obtained one year's training in 1917, and not in prehistoric times.

Moreover, the three years' system has been enforced throughout the hospital world for the past thirty years—and at Miss Musson's training school to which she refers, for *forty years*—so that a very limited number of nurses are excluded from registration by the present slight standard—and their needs could be met by a rule to deal with individual hard cases, without thrusting through a new Rule—as the College is attempting to do—to make it possible to swamp the General Part of the Register with persons *recently* entering the nursing profession without any general training at all—a Rule which is a gross breach of faith with the 16,000 nurses who have already been registered or applied for registration under the existing Statutory Rules.

A "Registered Nurse" proves, in the *Post*, as we have done, that liberal treatment has been accorded the older nurses by the G.N.C., and adds: "As State Registration is voluntary, there is nothing to prevent the partially or untrained nurse from continuing her work, and, therefore, no hardship arises, while it is difficult to see why the public who pay for fully trained nurses should not be protected by the State Register, which, after all, was formed with that object in view, together with the protection of the trained nurse."

Miss Maude MacCallum, P.U.T.N., contributes some keen criticism of the College tactics in its campaign to depreciate the State Register—the while claiming that it maintains the three years' term of training, which in the past it has not done, and she calls for an explanation of why nurses appear on the College Register as "certificated" who do not possess such a qualification.

The truth is that the College advocates are instinctively and temperamentally "anti." They always have been and they always will be. They have no sympathy with the aspirations of the minority of the rank and file for self-determination, or personal and professional responsibility. Nurses always have been "done for" by their superior officers. Let well alone!

SCIENTIFIC TRAINING OF NURSES AND CHILD WELFARE.

Miss Jentie Paterson appears to have found her *metier* in helping to give publicity to the special work of Dr. Truby King, the Director of Child Welfare Work in New Zealand, and making known its wonderful effects throughout the world. Miss Paterson is still in New Zealand, and writes that :—

‘Just lately the Prime Minister of Queensland, cabled the Prime Minister of New Zealand asking him to arrange with Dr. Truby King so that nurses from Brisbane might be received and trained at Dunedin in N.Z. (Truby King) lines, the Queensland Government defraying all expenses. The nurses will then return to Queensland and open the new baby clinics.

“Sydney has already a Karitane Hospital (the name used throughout all infant hospitals where the nurses are trained and the children treated on Dr. Truby King’s system). The Matron, Miss Elizabeth McMillan, is a daughter of Sir William McMillan, of that city; she trained in infant work at Trebovir Road, Earl’s Court, London, where Dr. King founded a training school in 1917. Twenty-five nurses were trained on N.Z. lines during the year, and the Government Infant Clinic Nurses are being passed through in turn.

“In Tasmania the Superintendent Nurse in the Government Health Department was also trained in London after the war, while all the Clinic Nurses in Hobart and Tasmania were sent to Dunedin.

“Victoria has sent several nurses to N.Z., who have returned and are working in ‘Truby King’ clinics throughout the State. Western Australia has been supplied with nurses from N.Z.; whilst, of course, in Central Europe, the infant clinics established by Lady Paget’s Mission are all run by nurses trained in the N.Z. method.

“Dr. Truby King, as Director of Child Welfare for the Dominion of N.Z., has been conducting a Health Campaign for the last eleven months. Practically every town and many outlying districts in both islands have been visited. From end to end of N.Z. there is uniform authoritative advice given to mothers and nurses. Post-graduate lectures for midwives and talks to the school children of the fifth standard upwards have been the outstanding features. The Government of N.Z., of course, by publishing an authoritative guide to parents (free of charge), have done much to educate the people, and prevent the multitudinous variety of advice (some quite erroneous) given by various bodies running infant clinics in Great Britain.

“During the whole time I have been lecturing with Dr. King and lately conducting all lectures for him while he has been engaged on other important duties.”

A GENEROUS GIFT.

A cable was received on Tuesday from Miss Jentie Paterson from New Zealand, notifying a most generous gift of £5 towards the expenses of the Parliamentary Council.

THE NORWEGIAN COUNCIL OF TRAINED NURSES.

(Continued from page 57.)

State authorisation has, of course, stood on N. C. T. N.’s programme since 1912, but we did not dare to come forward with a proposal until we had more three years’ schools. We were working our way steadily forward, but we were obliged to take so many things into consideration, partly out of gratitude for the good work that many women and men had done for the cause of nursing and partly because many of our members belong to the different institutions and are in a position of dependence towards them. The Norwegian Medical Association forestalled us and appointed in 1915 a committee consisting of representatives from the different schools. This committee was large and the nurses were in the minority. Everyone held firmly to his own views, seeing that the reforms would cause the schools much trouble. The committee was at once divided into two factions. Our demand for three years’ training was admitted as regards the other branches of our work, for it could not well be rejected, but not for district nursing. The plans of the majority were to the effect that there should be two different kinds of schools. :—

I. Schools where the nurses shall be trained for three years and obtain the title *authorised sick-nurses*.

II. Schools where the nurses shall be trained for one and a-half years and be called *officially examined sick-nurses*.

These latter should be more suitable for employment in the country districts and more willing to do rough work.

The minority (the nurses) wished to have only one class of nurses and that authorisation should be given only after three years’ training in schools with sufficient training material. If this demand could not be carried through, it would be better to postpone the authorisation. During the debate were heard the arguments and speeches for and against sufficient training, with which you are all acquainted. We hear once again the doctor’s view and the clergyman’s view. We have strong friends and strong enemies. This repeats itself in every country where the question comes up for discussion. In 1918 the storm raged fiercely on the question of authorisation. The Norwegian Medical Association sent a resolution to the Government, in which the Government was requested to take the matter up. The Norwegian Council of Trained Nurses held a meeting of protest and demanded that the matter should be postponed until there was a clearer understanding of the work and training in sick nursing, and if a departmental committee should be appointed, that the professionally trained nurses should be strongly represented, and that regard should be paid to N. C. T. N.’s demand for training. At the same time the committee of the Norwegian National

Council of Women sent to the Government a warm recommendation of N. C. T. N.'s claim. From November, 1921, till now there has been a lively discussion in the daily press. If our opponents are to be enabled to continue their support of the two-class system for sick nurses, they must hasten to get the authorisation established, for they can well see that the ill-trained nurse is dying out, and the point is to keep her alive by artificial means with the aid of the authorisation. She must be recognised by the State, for the nurses' organisation will not do so. There has now been submitted to the Norwegian Parliament a proposal for the preparation of a law regarding the training of sick nurses.

DRAFT OF A LAW REGARDING THE TRAINING OF SICK NURSES.

1. Every institution which under this Act intends to train nurses must have the sanction of the King for that purpose. The detailed conditions for recognition are to be fixed by the King.

2. The King will appoint an education committee for the training of nurses, and this committee shall hold office for six years at a time. The committee shall consist of three doctors and three nurses and of a chairman who possesses administrative insight and experience of the economic sides of the official sick nursing, and who is not practising as a doctor or sick nurse. A deputy shall likewise be appointed for each member.

3. The duties of the committee mentioned in the foregoing paragraph will be:—

(a) To suggest the conditions for the recognition of training-establishments for sick nurses according to the first paragraph of this law.

(b) To approve of text books, plans of instruction and rules of examination for the training of nurses.

(c) To keep a list of all recognised sick nurses, which list shall be printed and published as the department concerned shall decide.

(d) To deal with and to give its opinion or suggestions regarding such matters as may be submitted to the committee by the department concerned or by the Director of Public Health.

As regards other duties of the committee detailed provisions may be laid down by the King:

4. Persons who have passed the final examination of an institution recognised in accordance with Par. 1 can, on application to the committee referred to in Par. 2, be recognised as sick nurses and entered on the list of recognised sick nurses, as mentioned in Par. 3, No. 3.

Recognition as sick nurse under this law may be refused or recalled, when the person in question has shown herself to be incapable of properly performing her work or, in spite of warning, continues to act in an unbecoming manner either in the service or in her way of living in general. The decision rests with the Director of Public Health after hearing the suggestions of the education committee and after the nurse concerned has had an opportunity of making a statement. When the recognition is recalled the person in question is to be struck off the list.

5. The Director of Public Health shall, after obtaining the opinion of the education committee, decide in every separate case whether nurses who have been trained abroad, or who are in practice or in training when this law comes into force, can be recognised as sick nurses.

6. This law shall come into force from the date appointed by the King.

This law seems no doubt rather dangerous, but the decisive point will be the composition of the committee, and it will be very interesting to see whether the nurses' standpoint or that of our opponents shall win the day. The Norwegian nursing profession would still be better served by a postponement of the authorisation question for some years longer, as the development is going steadily and surely in the right direction.

(To be concluded.)

APPOINTMENTS.

MATRON.

Cleaver Sanatorium, Heswall.—Miss Dorothy Kelsall, Registered Nurse, has been appointed Matron. She was trained at the Withington Hospitals, Manchester, and has worked at the Cleaver Sanatorium as Staff Nurse, Sister, and Assistant to the Matron. She has also had experience of private nursing.

SISTER-TUTOR.

Royal Albert Hospital, Devonport.—Miss B. Macdonald, M.A. (Edin.) has been appointed Sister-Tutor at the Royal Albert Hospital. She was trained at St. Bartholomew's Hospital, London, E.C.

SISTER.

Selly Oak Hospital, Birmingham.—Miss Gladys Emily Anson has been appointed Sister in the Children's Ward. She was trained at the West Bromwich and District Hospital, and has been Sister at the Children's Hospital, Birmingham, Night Sister at the Homœopathic Hospital, Birmingham, and School Nurse under the Staffordshire Education Committee.

Miss Grace Carse Neilson has been appointed Sister. She was trained at the West Middlesex Hospital, Isleworth, and has been Sister at the Braycourt Neurological Hospital, Maidenhead, and Massage Sister at the West Middlesex Hospital.

Royal Hospital for Sick Children, Aberdeen.—Miss Mary J. Smith has been appointed Sister. She was trained at the Stephen Cottage Hospital, Dufftown and the Western Infirmary, Glasgow.

SUPERINTENDENT.

Navy Nurse Corps, U.S.A.—Miss J. Beatrice Bowman, Registered Nurse, has been appointed Superintendent of the Navy Nurse Corps, U.S.A., the Headquarters of which are at the Bureau of Medicine and Surgery, Department of the Navy, Washington D.C. Miss Bowman graduated from the Training School of the Medico-Chirurgical, Philadelphia, in 1904, and has had a distinguished nursing career. Perhaps her most conspicuous service in the Navy, says a contemporary, was that which she gave as Chief Nurse of the Naval Hospital, Great Lakes, during the years 1918-1920. She was recalled from the position of Chief Nurse of the U.S.S. *Relief* (hospital ship) for a preparatory course in her work as Superintendent.

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

Miss Beatrice M. Thompson is appointed to Shrewsbury, as Superintendent; Miss Lucy Taylor is appointed to Devonshire, as Assistant Superintendent; Miss Ethel L. Clark to Langwith; Miss Louisa M. Dunk to Berkhamsted; Miss Mary Foy to Accrington; Miss Ethel Homeyer to Shotley Bridge; Miss Edith Matthews to Southgate; Miss Elsie Pell to Watford; Miss Eva W. Owen to Elland; Miss Violet M. Saunders to Crofton; Miss Elizabeth Shannon to Sheerness; Miss Mary F. Smith to Langwith; Miss Lucy N. Thompson to Stockport; Miss Gladys N. Wide to Three Towns.

RESIGNATION.

Mrs. Lenah S. Higbee, Superintendent of the Navy Nurse Corps, U.S.A., has resigned that position to take up other work. As Nurse, Chief Nurse and Superintendent Mrs. Higbee has been associated with the Navy Nurse Corps since its foundation in 1908.

DUBLIN NURSES FOR AMERICA.

On Friday, January 26, five nurses on the staff of the Hostel, 34, St. Stephen's Green, left Dublin for Southampton, there to embark on the "Mauretania" *en route* for Canada. The Misses M'Cutcheon, Lynch, Deacon, Irvine, and Brennan, who were entertained the previous evening by Miss Huxley at her residence. Guests to meet the travellers included Miss Reeves, Miss O'Flynn, Miss Thornton, Miss Holmes, Mrs. Manning, and Miss Patton, and the "send off" of a dainty supper was very bright and gay. Miss Huxley proposed the health and happiness of the five ladies, and many good wishes were showered upon them, with congratulations on the enterprise and courage of their venture. Miss Huxley and their colleagues look forward to hearing of good work in their new surroundings, and wish them the best of good luck.

PSYCHOLOGY AND NURSING.

A course of six lectures on "Psychology and Nursing" will be delivered at the Tavistock Clinic for Functional Nerve Cases, 51, Tavistock Square, W.C.1, by Miss Evelyn N. Saywell, M.R.C.S., L.R.C.P., on Wednesdays, at 5.30 p.m., beginning on February 7th. For further particulars, see our advertisement page i under heading of Official Announcements.

PENCIL WEEK.

What is Pencil Week? It is a novel effort to raise funds in aid of welfare work for mothers and babies, organised by the Association of Infant Welfare and Maternity Centres, the National Baby Week Council, and other societies. Anyone who will help is asked to write to the Secretary, Pencil Week Committee, 117, Piccadilly, London, W. 1, enclosing a stamped addressed envelope for reply.

THE HOSPITAL WORLD.

The committee appointed at the statutory meeting of the General Court of Contributors to the Royal Infirmary of Edinburgh, having considered the annual report of the managers of the institution, recommend the contributors to express their approval of another year's successful management. The number of indoor patients for the year shows an increase of nearly 500, and the total treated came to 14,156; while the outpatients increased by about the same number to no less than 42,342.

The committee are pleased to observe that the managers have acquired Woodburn, in Canaan Lane, as a home for part of the nursing staff. The provision of this house made it possible to restore a ward formerly occupied as nurses' sleeping quarters. They are pleased to find that the managers have succeeded in acquiring ground for tennis courts, which have been much appreciated by the nurses generally. "In the case of one of the large Glasgow hospitals a special legacy has enabled the managers to proceed with a new nurses' home, and possibly some generous donor might be able to render our infirmary a similar service. About £25,000 is required for this addition."

On the whole the ordinary revenue amounts to slightly over £99,000, while the ordinary expenditure is fully £20,000 in excess of that figure. The total expenditure has been reduced, as compared with the previous year, by about £15,000, chiefly through the fall in prices of provisions and supplies, and to some extent through fuel saved by the introduction of the new heating system. Still, the annual cost works out at about £137 per bed, which compares with about £70 in pre-war years. While it is hoped that the expenses may be further reduced, it is evident that an increase of revenue of about £20,000 is required to put matters on a sound footing.

The Central Poor-Law Conference will be held at the London Guildhall, E.C., on February 20th and 21st.

Wandsworth Board of Guardians are to improve the accommodation for their nursing staff at St. James's Hospital, Balham, by the erection of a new block of buildings to accommodate 155 nurses and staff.

An Irish republican flag belonging to the Matron of a home for children was discussed by Bradford Board of Guardians recently.

It was decided that if the Matron—referred to as the "foster-mother"—declined to remove the flag she should be dismissed.

It was stated that the objection to the flag was not that it was Irish, but that it was a rebel flag.

COMITÉ AMERICAIN POUR LES REGIONS DEVASTÉES DE LA FRANCE.

PUBLIC HEALTH NURSING SERVICE.

December came with all its work expected and unexpected. There were, however, fewer cases of acute illness requiring bedside care.

The examinations for school children, both in Soissons and the villages, were started with excellent attendance by the children and a fine spirit of co-operation on the part of the school teachers. The report on the follow-up work has not been made, but will appear after the physical examinations have been completed.

Through the kind interest of Monsieur le Maire at Marizelles, who gave us a baraque, we were able to open a local for our nourrissons in this village, in November. For the present, however, the reunions are only being held twice a month. The attendance and interest of the mothers at the three reunions since the opening is such that we hope to have regular consultations with a doctor in attendance.

The consultation de nourrissons at Belleu, interrupted for months, faute de local, was reopened in a baraque given by the Commune. The first attendance was very promising, 11 babies being present.

On December 5th we sent a convoy of 34 children to Switzerland; they met as usual at the Soissons centre in the morning; they were weighed, head, eyes, nose, and ears were examined, and a hot luncheon served. They were as thrilled and happy as ever at the opportunity of a vacation in Switzerland. On the 8th, 14 children returned—six from our villages in the Aisne, and eight for Reims, much improved in health and an appreciable gain in weight.

Christmas gave us some extra work. We had a special lunch at Reims for the nurses. The Reims children, through the kindness of the Committee, attended the movies, and received candy, clothes; toys and candy were given in all our villages to the babies, pre-school children and school children. Some extra food supplies were given to the familles nombreuses, and in many of our villages we had Christmas trees.

At the Soissons centre we had a Christmas dinner and tree on the 25th. The next day we took the tree to the Saint Medard Institute for the blind and deaf-mutes and distributed toys, food and some clothing. We went to give some joy to this unfortunate family and did not expect to be given such a pleasant afternoon. They had quite a programme: songs and tunes had been composed especially for us. It was most pathetic to hear the blind boys singing, playing the piano and violin; the deaf-mutes read some words of appreciation for all the Committee has done and continues to do for the Institute. The Director of the Institute reminded us that five years ago on the same date the Committee helped them generously. During the night a shell fell on the building and very early in the morning a

member of the Committee arrived and inquired what had happened, and for three months they were given food and helped in many ways.

On the 27th, the hospital at Soissons gave an entertainment, and an invitation was sent to all the members of the Centre. This is the first time since the war that the hospital has been able to provide a real fête with a Christmas tree—songs, recitations and comedies, the whole programme being done by the children and staff of the hospital.

Miss Evelyn Walker reports that the sub-committee on nursing held its first meeting on December 4th in New York. Doctor Winslow presided and there was a good attendance of members. The question of the future training school in Paris was very freely discussed, and Doctor Winslow appointed a special sub-committee to formulate a tentative plan and budget for the school, to be presented at the conference on the annual meeting on December 13th. This special committee worked very hard and presented a tentative plan and budget, which was heartily approved by all who heard it. But as it has not been acted upon by the sub-committee on nursing it cannot yet be published. The conference held at the Hotel Pennsylvania on December 13th was well attended, both by members of the A.C.D.F. and others interested in nursing questions. This conference will be fully reported both by the *American Journal of Nursing* and the *Public Health Nurse*. The result has been, however, increased enthusiasm for our nursing department, and offers of help in all directions.

Miss Walker also reports that our students at Columbia are well and very interested in their work. Mlle. de Joannis has been received with open arms by all those who could help her for the future organisation of the Training School in Paris, and she is tremendously pleased with her visit to America.

Miss Walker also visited the five from France at Johns Hopkins, Baltimore, and finds that they are doing well, and, although there are many things which they do not like about a nurse's training none of them would think of giving up. It was exceedingly interesting to see them in their trim nurse's uniform instead of the more or less trim uniform of the chauffeuses in France. They had many interesting stories to tell of their work and many funny incidents which Miss Walker promises to tell us when she returns to France.

HOMES FOR FAMILIES.

We hope other large landowners will follow the example of the Duke of Westminster, who has offered to give a site in Pimlico Road to the Westminster City Council for the erection of buildings for families with children. The site is large enough for a block of about forty working class tenements. If the scheme is carried through, and a provisional agreement has been entered into for conveying the site to the Council, subject to the approval of the Ministry of Health, no families without children living with them need apply.

BOOK OF THE WEEK.

THE WOMAN IN THE LITTLE HOUSE.*

In "The Woman in the Little House" Mrs. Eyles has given us a study of the conditions of life in the little houses of the suburbs—a sordid, miserable life. The aspects presented are Housing, Difficulties of Shopping, Food, Lack of Amusement and Spiritual Nourishment, Motherhood, &c. It amounts to an appeal for State recognition of Motherhood, and shows that much of the labour trouble of to-day is due to the unhappy homes of the men; this unhappiness, it is pointed out, is "caused by the overworked neurotic women."

The book is dedicated "with the author's thanks and affection to Isabel Thorne, who is doing so much to bring romance into the little grey houses and who dragged one woman out of her little house by teaching her to write stories."

Miss Norah March, B.Sc., contributes the Foreword, in the course of which she writes:—

"I would like all who are working on public bodies to read this book—the Town Councillor, the Member of Parliament, the Health Visitor, the Medical Officer of Health, the educated citizen, man and woman, whose views count so much for the development of public opinion and the promotion of reform—but, most of all, I would like the working man himself to read it. Perhaps he may then realise what his wife herself cannot put into words. . . .

"This sympathetic and tolerant, yet withal uncompromising, view of the Mother in the Little House is without compare."

The problem presented is not that of a woman living in the slums. As Mrs. Eyles herself says, "The Mrs. Britain of whom I write is as far removed from the slums as is Grosvenor Square from Balham; she is not 'poor,' strictly speaking; in comparison she is quite well-to-do—the wife of a steady working man, a skilled labourer, a shop assistant, a Corporation worker, or a factory hand.

"I particularly want to make Mrs. Britain realise her own importance as mother of the next generation; she is too much shut within her four walls at present to see that she is, to some extent, carrying the race on her back. I feel that once she realises this she will begin to think out to better things for herself, her husband, and her children; and her thinking will take effect in the type of representative she sends to Parliament as well as in the type of children she starts in life."

"Fifty years ago," says the writer, "Science put a heavy foot on the accelerator of the world's engine, and has kept it there. Evolution ceased to be the gradual, beautiful thing it has been for millions of years; it bolted, and those driving the car have lost control a little. They can't see the road along which they are tearing. They know they will 'get there' some day, but in their path they are knocking down and hurting thousands who could easily board the car and be carried

along. It is to help the mothers of the working class to board the car, and bring their men folk and their children along with them, that I have hammered out a few difficulties in this book.

"I don't think many people have seen the immense importance of teaching everyone the elementary rules of physiology and psychology. I feel I cannot too strongly protest against the attitude of the lady novelist who recently, in a Sunday paper, urged that the secrets of reproduction should remain 'beautiful mysteries.' This attitude would be defensible if we were all in the Eden state of childish loving-kindness and 'simple faith.' But we are not. Centuries of muddling unhappiness have made humanity essentially suspicious; anything mysterious is invested with uncleanness. That the most vital fact of life—reproduction—should be made the subject of ignorant, half-fearful, half-lewd experiment seems to me appalling—and it is appalling in its results, as a glance at the statistics of divorce, illegitimacy and venereal diseases will show. . . .

"Love—married love, at any rate—rests on a physical foundation, except in a very few, very unusual cases; that is to say, it passes through the gate of physical passion to a comradeship and serenity fulfilling 'each day's most quiet need by sun and candle-light,' with occasional little excursions back to the gateway in search of romance and mutual adventure. . . .

"Married life is a game—a great game, too. There are rules to be learnt before it can be played successfully. It is surely at least as skilled a game as cricket or football! But for lack of instruction people are playing lone hands at present. Education in elementary physiology and psychology would co-ordinate them most effectively—it would remove the barnacles of ignorance, puritanism, over-indulgence and lewdness, that make the sex problem one that clean-minded people turn from with nausea. . . .

"I think, too, that it is impossible to overstress the importance of married women's loss of sleep during the child-bearing and child-rearing periods; it accounts for so much of the hysteria, the lack of balance, the bad temper of which such women are accused. . . . For a working-class woman, who combines in one tired personality the careers of mother, wife, nurse, cook, housemaid, bargain-hunter, laundress, and dressmaker, to become hysterical and mentally unbalanced is sheer disaster. Her children have no escape except for a few hours in the streets, from which they have to return to nagging and disorder. The tiny ones have not even so much escape as this; they are fastened up in the backyard or the kitchen, always in the way, cuffed and scolded, *not* because they are naughty, but because poor mother is cross and tired. The husband escapes to the pub., or—this is important nowadays—to the political club or federation.

"I believe that the political revolutions that end in bombs and massacres begin with the tired neurotic women in the Little Houses: they so rake up the men folk, who have not the comprehension to

* By M. L. EYLES. (Grant Richards, Ltd., St. Martin's Lane, London. 4s. 6d. net.)

Pregnancy, Lactation and Diet

"The diet of pregnant and nursing mothers should be rich in the accessory factors (vitamins) so that they may be able to supply their offspring.

"A mother's milk is only adequate when she receives a sufficiency of these subjects (vitamins) in her own diet."

pp. 70 and 100. Report of Joint Committee of Lister Institute and Medical Research Committee on "Accessory Food Factors (Vitamins)." H.M. Stationery Office, 1919

Virol has been specially designed by Medical Men and Food Experts to meet the requirements of growth and development. Virol is

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see that they are grievously overburdened and ill, that red murder enters the men's hearts. But the primitive instinct that usually makes a man protect his own, forbids him, in most cases, from murdering the poor woman; he goes about with murder in his heart against society.

"Again, the cloistered state of the married woman is a very perilous thing for her and for the community. We hear much about the damnable effects of prison life on the individual. But the married woman's life, in her little home, is worse than a convict's because, while the convict is always thinking of the time when he will get out, she does not think it likely she will ever see anything different. She has nothing, literally nothing, on which to feed spiritually. The country woman has the green trees, the flowers, the song of birds, and the wind on the heath. The town woman has nothing . . . and her brain, quite a fine machine really, is unused and untrained.

"I don't pretend to go into deep questions in this book. I merely want to be the voice of thousands of inarticulate women, because I lived in the little house I describe here for five years, and know all the misery of it. . . . In that house I discovered the depths of discomfort, ugliness, irritations of flesh and spirit, weariness and indignity that are inseparable from the herding together of human beings in ugly, inconvenient surroundings.

"Remembering how spiritless and unhappy I got in my little house . . . how neurotic, narrow and touchy I got in spite of an always outcropping sense of humour, I have written this little book with two ends in view. I want wise men and women—and especially the women who will put up for Parliament in the near future—to see just how wasteful of human energy is the life lived by my friends in the 'Little House'; I want these wise people to hold out a helping hand to women in time to prevent them from getting so neurotic, so unhappy that they are unfitted to be wives or mothers or members of a community at all. Secondly, I want the women themselves to feel that they are not forsaken, that there is a great movement on foot to help them, but that they must take a little friendly criticism, not in a carping spirit, but realising that helpers and helped must meet each other halfway.

"If people are herded on top of each other, soul and body alike will grow stunted. The Public Health authorities provide for so many cubic feet of air space per person; public common-sense authorities will some day provide so many cubic feet of solitude for every person. Man is a solitary animal at times; gregariousness has only come about with civilisation, and human beings need quiet and space to keep in good nervous and spiritual health. . . .

"For five years of my life I was never alone for one single instant: in bed, in the kitchen, shopping, gardening, always was someone very near to me, touching me most of the time. I felt sometimes as though I could come to hate these crowding people who were really so dear to me. Is

it in one of these momentary spasms of impatient desire to get alone for a few minutes that murders are sometimes done?"

Mrs. Eyles deals successively with the Economic Problem, Shopping and Food, Amusements and Routine, the Sex Problem, and Motherhood.

"Do you know," said one woman of her husband, "I'm downright glad if he's rolling drunk when he comes home, because some of his pals put him on the kitchen sofa, and then I have the bed to myself. It do seem rotten, somehow, never able to call your body and soul your own! I don't mind being a man's beast of burden all day, but I do think a woman might get her rights to herself."

Read the book, and if you are a person of even average sensibility you will sympathise with "The Woman in the Little House," and realise your obligations to do something to make the conditions of life more tolerable for her.

M. B.

THE MONTHS.

JANUARY.

Whatever change your hours may ring,
Whatever they may lack,
We know they hold one gracious thing,
You'll bring the daylight back.

FEBRUARY.

"Fill Dyke" Spring gives you welcome when the rain
Assembles your "fair maids" in white again
To waken her, and when
A mandate that no other months call theirs
Brings Valentine, the Saint of lovers' prayers
And Leap-years now and then!

C. B. M.

COMING EVENTS.

February 3rd.—Meeting Registered Nurses' Parliamentary Council, 431, Oxford Street, London, W., 4.30 p.m.

February 7th.—Royal British Nurses' Association Club. Lecture by Mrs. Kennedy Fraser on old Scottish National Songs, 194, Queen's Gate, S.W., 5 p.m. Admission free. Tea 1s.

February 20th and 21st.—Central Poor Law Conference, Guildhall, London, E.C.

WORD FOR THE WEEK.

"There are big tasks lying before women—tasks that call for such wisdom as we get by combined study; tasks that need the altruism we get in working together; tasks that need the energy we get from combination of effort. We want homes where the big things are made big and the little things unimportant. We want communities that are extensions of the home, where we shall be friends, we people of all races and creeds. We must have the vision to stand together nation-wide."

—Alice Ames Winter.

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 AGE OF RICKETS IN EUROPE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The excavations in Luxor make us realise how short a period in the earth's history is 3,000 years, and how little man has changed, physically and mentally, since 1350 B.C.

Is it safe to assume that rickets during the later Bronze Age could not have been due to malnutrition, or a damp, sunless atmosphere?

Given a sunless valley residence, a faulty digestive system, and unhappiness on the part of the child; a mother who, through disease, may have been unable to feed the child adequately, and a disposition on his part to gloom and inaction which the mother may have indulged, all the probable factors in rickets would have been supplied.

In the light of medical astrology I have studied carefully certain cases of rickets of the latter half of the last century in children of the higher class who had good food and more than the average allowance of sunlight and cubic air-space. In each case defective assimilative power, combined with painful emotion—fear, extreme sensitiveness, and constant screaming—appear to have been the root cause.

Nowadays, such cases could hardly exist amongst the well-to-do because the influence of happiness in nutrition is recognised by many, and the idiosyncrasy of the child is considered until a diet is found that he *can* assimilate; a weighing-machine and scientific observation of the excreta forming an infallible test of the value of different food stuffs to the individual, whether child or adult.

Until Nature's laws of reproduction are understood and kept we shall always have unhappy and badly-nourished children with us.

I am, dear Madam,
Yours faithfully,

Cranford, M. M. G. BIELBY.
Middlesex.

KERNELS FROM CORRESPONDENCE.

TREATMENT BY STEAM KETTLE.

Registered Sick Children's Nurse.—"May I add to your good advice *re* treatment by steam kettle, that the kettle spout should never be placed under the tent until the water is boiling and the steam getting off freely. There is then no chance of spurting water. The kettle should not be filled too full of water."

SIR WILMOT HERRINGHAM'S COUNCIL.

Registered Poor Law Sister.—"In an editorial in the *Poor Law Officers' Journal*, dated January

26th, on 'Snobbishness at Bath,' the writer alluded to the General Nursing Council as 'Sir Wilmot Herringham's Council.' Why? Our Council no more belongs to its Chairman (although he acts as if it did) than the General Medical Council 'belongs' to Sir Donald MacAlister, or the Central Midwives' Board to Sir Francis Champneys. We nurses are a poor down-trodden lot, but I strongly object to our Statutory Nursing Council being allocated as the private property of one medical man. It only shows how true it is that a medical oligarchy has been established, thanks to the servility of the College matrons and their satellites."

THE DEATH PENALTY.

Celtic writes: "Your article 'A Memorable Sunday Afternoon,' in the issue of the BRITISH JOURNAL OF NURSING of the 20th ult. interested me very deeply, but the thing that lies even nearer to my heart is the continuance of the infliction of the death penalty. Is it not time that the abolition of the death penalty should be sought for and obtained? Is it right to suppose that a murderer has sinned past all redemption, that he must be hanged and robbed of any chance whatever of making good in this world? Is not the termination of life the prerogative of the Almighty? Would not a higher value be set on life if even the Law refused to take it?"

[The Divine pronouncement, "Whoso sheddeth man's blood, by man shall his blood be shed," is the authority for retaining the extreme penalty as the punishment for murder when extenuating circumstances cannot justifiably be pleaded.—ED.]

REPLIES TO CORRESPONDENTS.

We have received a ten-inch letter from the Matron of the Royal United Hospital, Bath, for which we regret we have not space this week, objecting to a paragraph which appeared in the Echoes in our last issue *re* the withdrawal of probationers for training from the R.U.H. by the Bath Board of Guardians. We shall deal at length with the question in our next issue.—ED.

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—

ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRELAND—33, St. Stephen's Green, Dublin.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

February 17th.—What is the importance of diet in a case of (1) diabetes; (2) valvular disease of the heart? Give a suggested menu for one day in each case.

February 24th.—Describe the duties of a Sister-Tutor, and what she should teach.

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 Thursday, January 25th, Sir Francis Champneys presiding.

CORRESPONDENCE.

A letter was received from the Secretary of Queen Victoria's Jubilee Institute for Nurses, stating that Miss Rosalind Paget had been re-appointed as the representative of the Institute on the Board for the year ensuing April 1st, 1923.

REPORT OF STANDING COMMITTEE.

Letters were received from the Local Supervising Authorities for the County of Southampton, Surrey, Ipswich, Great Yarmouth, and Southend-on-Sea, forwarding the following Resolution:—

"That the Central Midwives Board be urged to consider the desirability of making a rule prohibiting the application or administration by a midwife of any drug (*e.g.*, pituitrin or ergot), other than a simple aperient, before the birth of the child, except under the direction in each case of a registered medical practitioner."

It was agreed that the Local Supervising Authorities for the County of Southampton, Surrey, Ipswich, Great Yarmouth, and Southend-on-Sea be informed that the Central Midwives Board has always declined to schedule drugs except in so far as stated in Rule E. 19, and sees no reason to depart from its practice in this respect.

A letter was read from the Medical Officer of Health of Bethnal Green, conveying the following Resolution passed by the Public Health Committee of the Bethnal Green Borough Council:—

"That the Medical Officer of Health be instructed to write to the Central Midwives Board calling attention to the fact that Midwives are apparently allowed to perform the minor operation of stitching the perinaeum without calling in medical aid; that the Committee is of opinion that Midwives should not be permitted to perform this operation; and that the Board be informed that the Committee is desirous of sending a small deputation to discuss the matter."

It was agreed that the Medical Officer of Health for Bethnal Green be informed that the Board has already expressed the view that any case of ruptured perinaeum which requires stitching is a case of "serious" rupture within the meaning of Rule E 20 (3), and thinks that no useful purpose would be served by the Board receiving a deputation to discuss the matter.

A letter was read from Miss E. B. Franklin asking that she might be admitted to examination by virtue of midwifery training undergone in Victoria and registration as a midwife in that State.

It was agreed that the application be granted.

APPLICATIONS.

For Approval as Lecturer.—The following applications were granted subject to conditions: Lionel Charles William Cane, M.R.C.S., L.R.C.P.; Richard Arderne Wilson, M.B.

For Approval as Teacher.—The following application was granted: Beatrice Mary Johnson, No. 26790.

The Standing Committee reported that the chairman made a communication on matters arising out of the case of Maud Mabel Cashmore, No. 3559, heard by the Penal Board on December 20th, 1922.

It was agreed on the recommendation of the Committee: (a) That the conduct of Dr. H. M. Wise, as disclosed by the evidence given at the hearing of the case of Maud Mabel Cashmore by the Board on December 20th, 1922, be reported to the General Medical Council; (b) (1) that the British Hospital for Mothers and Babies, Samuel Street, Woolwich, be required to obtain the annual approval of its training midwife and lecturer in future, (2) that in addition to such personal approval of training midwife and lecturer the approval by the Board of the arrangements for securing medical help be required; (c) that with regard to Mrs. Bruce Richmond's request for direction on certain points arising in a midwife's practice, Mrs. Richmond be informed that an order or advice from a doctor does not justify a midwife in adopting a treatment in the absence of a doctor which is manifestly outside the province of a midwife and that any such action on the part of a midwife will be judged on the merits of the case.

This case was one in which the Acting Sister-Superintendent of the British Hospital for Mothers and Babies telephoned for instructions to the Medical Officer of the Hospital in connection with a case in which uterine-inertia was present, and the foetal heart sounds diminishing. The head being actually in sight the doctor instructed the Sister to give a whiff of chloroform and lift the head over the perineum. This was done successfully, and the patient delivered of a living child. Subsequently the husband reported the case to the Central Midwives Board, which was unwilling to characterise the exceptional circumstances as "misconduct," and dismissed the case.

PENAL CASES.

At a Meeting of the Central Midwives' Board, held on Thursday, January 25th, charges alleged against two midwives were heard, with the following results:—

Struck Off the Roll and Certificate Cancelled.—Midwife Hannah Taylor (No. 44651), who was also prohibited from acting in any capacity in attendance on a woman in childbirth.

Cautioned.—Midwife Annie Peart (No. 3187). Report asked for from Local Supervising Authority in three and six months' time.

THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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SATURDAY, FEBRUARY 10, 1923.

Vol. LXX

EDITORIAL.

THE ELECTION OF NURSE REPRESENTATIVES ON THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

We received a report of the composition of the new General Nursing Council as we went to press last week, but have not yet received from the Returning Officer an Official Report of the Election of the direct representatives of the Nurses.

In this Report should appear :—

- (1) The total number of persons entitled to vote in each Section.
- (2) The total number of Voting Papers received in each Section.
- (3) The number of spoiled papers, and why the voters were disqualified.

These details, with the exception of why voters were disqualified, were, of course, at once announced to the Scottish Nurses by the Registrar of the General Nursing Council for Scotland, when the election of their nine representatives took place in November last.

A PACKED COUNCIL.

Never, should we imagine, has any professional body of workers been placed in so degraded a position as the Nurses registered on the General Part of the Register for England and Wales, some 5,500 of whom have voted to place in office women who combined, by a tricky policy, to draft the now notorious unjust Rule 9 (A), to give them preference on the State Register over their colleagues, who have refused to become members of a Company which is, in effect, one of the most dangerous oligarchies of employers in this country—women, moreover, who have betrayed the interests of the whole Nursing Profession over and over again, during their recent term of office, supported, we regret to say, by the lay and medical members of the Council.

Those of us who are determined not to be governed by Sir Arthur Stanley, Sir E. Cooper Perry, and Dr. E. W. Goodall, can only congratulate ourselves that some 17,000

College nurses have failed to subscribe to the whip-up, and add their votes to those of their more servile colleagues.

That the Government has renominated eight of the nine " strikers " proves the complicity of the Permanent Officials in the Ministry of Health, who have power to meddle with our professional affairs, and the high-handed attitude of these bureaucrats towards the rank and file of the Nursing Profession.

Miss Maude MacCallum, in her statement of her attendance at the opening of the Ballot Papers at Headquarters, reports that—in spite of giving notice that she considered the outer envelopes should not be opened excepting in the presence of the assessors, and those candidates who chose to exercise their right to be present—she found upon arrival that the Chairman (the Returning Officer) and the Registrar had opened the outside envelopes, and, as Returning Officer, Sir Wilmot Herringham had put aside as " spoiled papers " those stated not to have been enclosed in the covering envelope—whether they were correctly inscribed or no—without reference to the assessors or candidates.

We agree with Miss MacCallum that such a proceeding was highly indecorous, if not illegal, and is only one more proof of the dictatorial attitude of the Chairman towards members of a profession he was purposely appointed to intimidate, and has no right to control, but who have been sold into bondage by the self-interested and servile women who have, without protest, submitted to his uncouth methods; who have sat through meeting after meeting without opening their lips in protest, against methods of procedure which would be inexcusable in dealing with Indian squaws.

We want to assure kind friends who have apparently taken the result of the Election very much to heart, that there must be no repining. The result of the Election was known to us when Rules 9 (A) and 43 (2) were secretly drafted during the Strike, and thrust through the Council, and Parliament, as the result, in the first instance, of the College determination to " nobble " the Council, and

of the mendacious babbling of Miss M. S. Riddell, the Registrar, to members of Council, and at the Ministry, embodied in the now notorious "14 Points"—the original copy of which is in our possession, and which will now see the light of day.

We stood for election, in spite of the campaign of calumny originating from Headquarters, knowing full well that secret, insidious untruths were being propagated far and wide throughout the hospital world by College detractors—a campaign made possible by the financial support which had percolated through the Nation's Fund for Nurses, and from the British Red Cross Society, into the coffers of the College of Nursing, Ltd., of all three Committees of which Sir Arthur Stanley is Chairman.

We stood for election because it was our duty to our profession, and we were determined that Miss Cox Davies and her supporters should be made to declare their policy in the open—that the animus with which we have been pursued in the performance of our Public Duty within the Council, for opposing the flagrant jobs, irregularities, hideous waste of money, ignorance, depreciation of our professional rights, and those of our colleagues, should be made public.

For upwards of sixteen months we have faced this persecution within the Council; it was necessary, therefore, to place our policy before the electorate, and be hounded out by the packed College electorate—and this has been done.

It is the fate of all successful reformers; the sweets of Office are always gobbled up by the "antis" once there is power and pelf to monopolise.

Few more degrading episodes stand to the discredit of the College Caucus—and that is saying much.

At an early date we intend to insert in THE BRITISH JOURNAL OF NURSING, in short articles, the truth of this campaign to crush out the soul of the Nursing Profession; and the large part played in it by the terrible Jew tyranny in the press, in philanthropic circles, and in the Government, through which the liberties and independence of this country are being slowly strangled, will not be the least interesting sidelight on the Degradation of the British Nurse.

E. G. F.

WORD FOR THE WEEK.

"Marchez à la tête des idées de votre siècle, ces idées vous suivent et vous soutiennent. Marchez à leur suite, elles vous entraînent. Marchez contre elles, elles vous renversent."

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF THE AFTER-CARE AND TREATMENT OF INFANTILE PARALYSIS.

We have pleasure in awarding the prize this week to Miss Christina Tait, Royal Hospital for Sick Children, Sciennes Road, Edinburgh.

PRIZE PAPER.

Infantile paralysis, or Poliomyelitis, is a form of spinal paralysis, most commonly confined to one limb, which occasionally occurs in children, and is caused by an inflammatory affection limited to the anterior portion of the grey matter of the spinal cord throughout a greater or less extent, and affects, therefore, the function of motion.

After-care and Treatment.—The treatment consists of measures which aim at supporting the patient's strength and maintaining his or her health while the nervous system is slowly restoring itself so far as may be. The conditions of the disease in any particular case can only be understood and appreciated by the medical expert, under whose direction alone treatment can be advantageously carried out.

Since paralysed muscles tend to undergo degenerative changes, their molecular integrity should be maintained as long as possible. With the view of improving the circulation in the muscles, and also in order to prevent stiffening of the joints, massage is very useful. In order to exercise the muscles, the faradic current, or failing it the interrupted galvanic current, should be applied daily.

When acute symptoms have ceased, but not before this period, the use of nerve tonics, such as quinine and strychnine, and, in certain cases of substances which encourage tissue change, such as iodide of potassium and arsenic, is most essential.

In the case of paraplegia there is a necessity for highly skilled nursing, since not only the patient's comfort but his or her life depends on careful management, directed towards preventing bed-sores, by keeping the patient's back scrupulously clean and dry, by washing it daily with soap and water, sponging it with spirit, and finally dusting it with a powder of zinc oxide or boric acid; by examining night and morning for any sign of redness, and especially by changing the patient's position, so as to relieve the various prominences of constant pressure.

Care must also be taken to prevent inflammation of the bladder in cases where the act of urination is interfered with.

Special care is necessary in feeding the

patient, owing to his difficulty in swallowing, and the throat should be sprayed frequently.

Patient is isolated, and all discharge from nose and throat must be burned.

Child must be kept lying down in bed. Fomentations or ice applied to affected part of the spine. Affected limb or limbs should be wrapped in cotton-wool; great care must be taken to prevent the weight of the bedclothes from pressing the feet into a position of extension, which may become fixed by the paralysis of the leg muscles, therefore the bed-clothes must be cradled to prevent all pressure. Affected muscles must be kept relaxed. Warmth of the affected limbs is most essential.

Great care should be taken in the use of hot-water bottles, as in these cases a burn may be very easily produced without the patient knowing it.

Sometimes surgical operations (tendon grafting) are of benefit, and sometimes mechanical supports can be devised to enable the patient to get about.

Convalescence may last two years.

Child needs plenty of fresh air and good, nourishing diet-tonics.

Special exercises and spinal splints to prevent deformities.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, Miss Rachel Dodd, Miss S. A. Myers, Miss M. James.

Miss Henrietta Ballard writes:—Acute poliomyelitis, or infantile paralysis, is an acute infectious disease which occurs sporadically or in epidemics, and usually is more common in children under six years of age; it produces morbid changes in the lower efferent neurons, which, unless patiently treated for a long period, may result in much deformity of limbs.

The acute stage is very infectious, and patient must be isolated, and all utensils and linen used by him disinfected, and all discharges, especially of mouth and nose, treated with rigid disinfection or burnt, gauze or rags being used for handkerchiefs. The patient must be nursed in the recumbent position, and a water-bed will be necessary. He must be given absolute rest, and treated on much the same lines as an enteric patient. A fluid nourishing diet must be given.

QUESTION FOR NEXT WEEK.

What is the importance of diet in a case of (1) diabetes; (2) valvular disease of the heart? Give a suggested menu for one day in each case.

NURSING ECHOES.

Many thanks, dear old friends, for "little bits of sugar." Kind letters, telegrams, flowers, and medicine. The latter, a nerve tonic, proved most efficacious, as we enjoyed a real hearty laugh when the box was opened, and shall, if we need it, certainly have recourse to a dose. Just at present pulse, temperature, appetite, and sleep are normal, and we feel sure they will remain so.

The generosity of the Independent Candidates and their friends has been boundless, and Miss M. Breay, who has been kindly acting as Treasurer of the Election Fund, desires to have it made known that the £150 required has all been subscribed.

We feel sure the Candidates—whether successful or not—will desire to express their thanks for this necessary financial support, £50 of which was wasted owing to the disgraceful mismanagement of the Election.

The Male, Mental, Sick Children's, and Fever Nurses electorates will, we feel sure, wish to unite with their representatives in thanking their colleagues, who made it possible by their generosity to pay all the expenses of the Election, and thus demonstrate once more the principle of professional self-support.

The War Office announces that the medals of over 20,000 officers and nurses who served overseas during the war are still undistributed. In many cases the medals have been despatched to the recipients, but have been returned through the post, owing to non-delivery due to change of address. Ex-officers and nurses or their legatees or next-of-kin, who have not yet received their medals, should make early application to the Secretary, War Office.

The Matron-in-Chief, Territorial Army Nursing Service, would like to remind all members of the T.A.N.S. who have not already sent in their Parchment this year to their Principal Matrons, to do so at the earliest opportunity.

The Social Gathering at the Mansion House on Friday, February 2nd, of the City of London Branch of the Royal Society of St. George was a remarkably pretty function. The Lord Mayor is President of the Branch, and Major Richard Rigg, T.D., O.B.E., J.P. (Chairman of the London Temperance Hospital), Chairman of the Executive Council.

The guests were received by the Lord Mayor and the Lady Mayoress, and a picturesque

feature was the Guard of Honour of the Lord Mayor's Own City of London Scouts. The Band of the Honourable Artillery Company, under the direction of Mr. Herbert W. Lock, played delightfully, and the patriotic songs—solos and duets—of Miss Nellie Walker, Mr. Frederick Henry, and Mr. Milton Stanley were very greatly appreciated, "St. George of England," sung by Mr. Henry, being perhaps the most popular of all.

Dancing was enjoyed with much verve and zest in the Egyptian Hall—Waltzes, Fox Trots, One Steps—but the great feature of the evening was, unquestionably, the Minuet, in costume of the Georgian Period—an Exhibition Dance by members of the Nursing Staff of the London Temperance Hospital. One was left wondering why this stately and graceful dance ever went out of fashion. The dresses, also, were charming, the flowered brocades, dainty laces, and powdered hair being most becoming. Refreshments were served in the Long Parlour, and all concerned in the arrangements of the evening are greatly to be congratulated on the enjoyment it gave, and the success it undoubtedly was.

Amongst the important objects of the Royal Society of St. George are: To encourage and strengthen the Spirit of Patriotism amongst all of English birth and race throughout the world, irrespective of creed or party; to revive the recognition and celebration throughout the world of St. George's Day; and to further English interests by every possible means.

Membership is restricted to men and women of English Birth and Race (or their issue), wheresoever born, being British subjects.

Further additions to the remarkable series of sudden resignations and disappearances of nurses from the East Ham Isolation Hospital were reported on Saturday, says the *Weekly Dispatch*.

A sister and a staff nurse have just tendered their notices, while the authorities are still searching for a probationer nurse who disappeared on Thursday night.

Recently, it will be recalled, five nurses ran away from the hospital, and a meeting of the East Ham Borough Council decided by a majority not to order an inquiry.

After the last batch of resignations, over a month ago, staff nurses, probationer nurses, and maids were advertised for. These appointments were filled, but after a week's service the usual month's notice to leave was given by a number of the new nurses.

The affair is causing considerable apprehen-

sion in the vast East End district served by this fever hospital, and it is stated that a town's meeting is to be called, on the requisition of a large number of ratepayers, to request an official inquiry by the Ministry of Health.

"No blame is attached to the Matron" (Miss Boyes), says Councillor Lethaby; "it is merely one of those 'mix-ups' inevitable where there is a large staff of women."

Such "mix-ups" do not occur under efficient administration.

A smoking-room for nurses is to be provided by the Shoreditch Guardians in the St. Leonard's Hospital.

This has been agreed to following a report from the hospital committee that smoking was prohibited by the Matron, but that it had been going on surreptitiously.

A member of the board said that 90 per cent. of the nursing staff smoked, and that one, against whom a complaint had been made, attended before the committee and said that it was impossible for her to give up the habit. He forecast that a rigid prohibition would result in the loss of practically the whole of the staff.

Royal love marriages are quite the order of the day, and physiologists know how all-important it is for the future race of royalties that there should be affinity of parentage and not merely a *mariage de convenance*.

Their Majesties the King and Queen of Italy have consented to the engagement of lovely Princess Yolanda, their eldest daughter, to Conte Calvi di Bergolo, a captain in the Italian Cavalry.

The young Princess has long been interested in her mother's School of English Nursing standards in Rome, the Scuola Convitto Regina Elena, where Miss Dorothy Snell has done such wonders, under very difficult conditions, in the training of Italian girls as nurses, and has paid it many visits. The Princess has also attended lectures at the hospital of the Blue Cross Sisters, organised by the well-known Miss Grace Baxter, an English lady who was trained in the United States, which has done excellent work in supplying instruction on modern lines. It is rumoured the pretty Princess might have worn a Crown had she so desired.

Days change so many things—yes—hours!
We see so differently in suns and showers.

—Geo. Klinge.

THE ETHICS OF CO-OPERATION.

A Superintendent of a Private Nurses' Co-operation asks us:—

"Can nothing be done to teach private nurses what *co-operation* means? For instance, a young nurse comes up to London from the country, or Scotland or Ireland. She knows no one—no doctors. Through the Co-operation of which she is a member she is introduced to clients of the Society, and medical practitioners. Of course, if she is worth her salt she makes friends amongst her employers. She is asked for by friends of a former patient—and this, of course, is as it should be. But I have often heard a nurse claim this patient as 'my patient,' failing to realise that it was on the introduction of the 'Co' that she came into contact with the new call. Then another thing is, in spite of a rule that the only address for calls must be that of the Society's Office, 'Co-op' nurses give their personal addresses to doctors to whom the 'Co-op' has introduced them, so that they may receive personal calls, with the result that, if engaged, the doctor may go elsewhere, or the manager of the Home offers a nurse in residence, who pays her a percentage. This is most unfair on fellow-members of the 'Co-op,' who should act together for the general benefit, and not merely individual success. Again, until Mr. Walshe, J.P., contested the matter in a Court of Law, and got a verdict in favour of honest dealing, many nurses on chronic cases resigned from the 'Co-op' which found them the case, and took the case and fees for themselves—really a very dishonest action."

We think private nurses who are members of Co-operations will realise that all these things do happen amongst their colleagues from time to time. To protect the very large majority of members of Societies who scrupulously maintain a high standard of professional ethics, and conduct, we recommend that the Rules to which members of Co-operations agree to conform, before being accepted as members, should incorporate co-operative principles, that they should be carefully explained to applicants, and that should such Rules be broken, the penalty should be enforced. Ignorance and selfishness are usually to blame for unprofessional conduct, and both should be reduced to a minimum if "co-operation" is to effect the good of the

whole. Selfish patients are often to blame for encouraging nurses to act dishonourably towards their Societies and their colleagues, by taking the cases for themselves, and depriving their colleagues of the percentage which is their right, in support of the general expenses of the Society, for which all are responsible.

HIGHER EDUCATION OF NURSES AT LEEDS.

We recently published the names of the successful prize-winners and honours class of the pupil probationers at the General Infirmary, Leeds. The whole of the Examination Lists, however, are full of interest and hopefulness, for one who, like ourselves, has been working for the last forty years to raise the standard of nursing education.

We note that five pupils trained at the Infirmary have now gained the Diploma in Nursing given by the University of Leeds, and one nurse, Miss Constantia E. Overton, D.N., passed with honours in the Final Examination at the Infirmary, thirteen others passing successfully.

We like the system of grading the candidates in the class examinations under the headings Pass (with distinction where merited); Honours; and First Class Honours; both because credit is thus given where credit is due, and also because it is an incentive to hard work on the part of the probationers.

The Class Examinations embrace: (1) The Principles and Practice of Nursing; (2) Elementary Anatomy and Physiology; (3) Elementary Medicine; (4) Elementary Surgery; (5) Elementary Gynæcology; (6) Hygiene; (7) Diseases of Infancy and Childhood. It will be seen, therefore, that the course is a comprehensive one.

The Nurses' Committee includes Mr. T. L. Taylor, Chairman of the Board; Miss Innes, R.R.C., D.N. (Leeds), Lady Superintendent; Professor Kay Jamieson, Dean of the Faculty of Medicine; Mr. Charles Lupton, and four medical men. The Lecturers for 1922 included the Lady Superintendent, Miss Moore, Sister Tutor, Miss Blakesley, D.N., Assistant Sister-Tutor, the Dean of the Faculty of Medicine, and Members of the Medical Staff.

The Examiners were:—*For the Lectures' Courses*—The Lecturers, with the Examiners for the Final Examinations. *For the Final Examinations*—Miss Hills, R.R.C., Royal Infirmary, Halifax, Dr. Maxwell Telling, and Mr. H. Collinson. *For the Pupil Probationers*—The Sister-Tutors, the Lady Superintendent, and Dr. Maxwell Telling. Thus for the final Examination the Examiners were a matron unconnected with the Infirmary and two medical men who were not lecturers to the nurses.

MENTAL NURSES' REPRESENTATIVES ON THE GENERAL NURSING COUNCIL.

We have already published the portraits of the successful Independent Candidates representing the General and three of the Supplementary parts of the Register. In this issue we have pleasure in publishing those of the Mental Nurses' Representatives.

Miss Maud E. Wiese, REGISTERED MENTAL NURSE.

Miss Wiese holds the position of Chief Charge Nurse of an Infirmary Ward at Claybury Mental Hospital, Woodford Bridge, Essex. She holds the Certificate of the Medico Psychological Association, and is pledged to work in the interests of every Registered Nurse.

Mr. Robert Donaldson, REGISTERED MENTAL NURSE.

Mr. Robert Donaldson, who has been elected to represent Male Mental Nurses on the General Nursing Council for England and Wales, was trained at the Woodilee Asylum, Glasgow, obtaining the Certificate of the Medico-Psychological Association in 1899. In 1900 he joined the Staff of the Male Nurses' Temperance Co-operation, then located in Thayer Street, W. In 1908 he was sent to Edinburgh, as Manager of the branch of the Co-operation in that city, and later returned to London as Manager at the Head Office. Recently the Co-operation moved to 8, Hinde Street, and



MISS MAUD E. WIESE.



MR. ROBERT DONALDSON.

is now amalgamated with the Mental Nurses' Association, where Mr. Donaldson is Manager, and a Director of the combined societies. We wish him a useful and successful term of office.

Mr. Tom Christian, who now goes out of office, will be much regretted by many of his colleagues. His outlook was honest, fearless, and full of common sense, and when he spoke on Mental Nursing questions his views always commanded attention.

We are informed that very few Male Mental Nurses who are trade unionists have registered—or intend to register—under a Council governed as the G.N.C. is. They realise that they would place themselves under the control of their employers—and object to it on principle. Small blame to them. Trades' union nurses, male and female, are out for self-government, and intend to agitate for an amended Governing Body under the Act.

The representatives of the Mental Nurses on the General Nursing Council have a great opportunity. Very little is really known by general nurses, and their representatives, of the great and highly-skilled branch of mental nursing, and the Council will have to depend on their expert knowledge concerning the many practical nursing details which will arise in connection with the Supplementary Part of the Register for Mental Nurses. Further, we are on the threshold of a new era in regard to the early treatment and study of insanity.

GENERAL NURSING COUNCIL ELECTION.

COUNTING THE BALLOT PAPERS.

Having been informed by the Returning Officer that the opening of the envelopes would commence on Monday, January 29th, at 11.15 a.m., I was present a little beforehand, but found, however, that some time previously the Chairman, with I understand the help of the Registrar, had already opened the large envelopes addressed to the Returning Officer, in spite of my protest at the last Council Meeting against such a course, and he informed me that he had placed in a box a certain number of papers he intended to reject. None of the Candidates had been present when these were opened; he had done it entirely on his own initiative. I asked why the papers had been rejected, and he informed me that the voting paper was outside the identification envelope. I looked up Rule 4, which deals with this matter, and read:

"Each voter . . . shall place her voting paper folded face inwards in the appropriate identification envelope, and securely fasten the same."

The Chairman informed me that although he was rejecting certain papers because they were outside of the identification envelope, he was allowing to pass through certain envelopes *that were open*, as there were only a few of them. I sat behind, and a little to one side, of one of the girls who were opening the envelopes, and counted twenty of these *open* in a very short time. Twice I called the attention of the Chairman to this fact, and said that if he were rejecting papers because they were outside the identification envelope, it would be only fair to reject those envelopes which were open, as the same Rule covered both cases. His reply to me was: "I am going to pass them; if you object, you can apply to the Minister."

On the second day, when the actual counting took place, eight gentlemen from the Marylebone Town Hall were kind enough to conduct the business for us, and indeed it would not have been possible to manage without expert assistance—it was a most complicated election. One of the experts remarked that it was a pity the General Nursing Council had not consulted somebody who was used to the business of elections before making the arrangements, as it could have been very much simplified.

There was no definite statement made as to how many voting papers were sent out, or how many were returned; about eight thousand of the latter, I gathered. Neither was there a statement as to how many of the number returned were accepted, and how many rejected. When I suggested that it was usual to add the number accepted and the number rejected together and to make it total with the number received, the Chairman gave me to understand that it was never possible to make the numbers agree. In all properly conducted elections, however, they *have to be made to agree*, if the election is to be valid, otherwise who is to say how many papers may have been abstracted?

The Council, as a matter of fact, were not allowed to make any criticisms on the special election scheme; it was finished and printed before being laid on the table at the very last Council meeting previous to the election. From the beginning, of course, it was a foregone conclusion that the Independent Candidates on the General Part of the Register would not be elected, and sitting for eleven hours listening to the counting, I came to the conclusion that either the papers had been marked for the nurses, or that a statement made to me was true, *i.e.*, that certain nurses were required to take their papers to a sort of class where the Matron, or some other person in authority, told them where to place their crosses.

MAUDE MACCALLUM.

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

A meeting of the Executive Committee of the Registered Nurses' Parliamentary Council was held at 431, Oxford Street, London, W., on Saturday, February 3rd, Mrs. Bedford Fenwick presiding in the absence of Miss Beatrice Kent, the President.

The minutes of the last meeting having been read and confirmed, arising out of the minutes the Hon. Secretary announced an acknowledgement, by the late Minister of Health, of a Resolution sent to him, together with a Statement *re* the Syllabus of Training in General Nursing.

CORRESPONDENCE.

The correspondence included letters of regret at inability to attend, from which we quote, *re* the General Nursing Council Election:—

Miss M. Heather-Bigg, R.R.C.—"Really, the nurses deserve to remain under the heel of serfdom. They have lost their best friend and supporter."

Miss G. Le Geyt.—"Not only has the profession lost the legitimate guidance of its most statesman-like mind by the non-election of our beloved leader, Mrs. Bedford Fenwick, but the strength of mind of the outspoken, courageous minority, who struggled to uphold the principle of self-determination for nurses."

"With the snail's pace of progress we adopt in England, I tremble to think of the times and struggles ahead for the nursing profession before the shackles forged by the votes of the present-day institutional staffs, through their lack of vision, can be broken down, and nurses may come to know the real meaning of self-government."

Miss E. B. Kingsford.—"Heaven help Nursing in this country."

Miss F. E. Wise.—"We must show up the tricks that have entirely destroyed the value of the Register and the freedom of the electorate."

Other correspondence included a cable from Miss Jentie Paterson, from New Zealand, announcing that she was sending a donation of £5 to the Parliamentary Council.

Letters from Dr. Chapple, M.P., and Major R. W. Barnett, M.P., acknowledging the congratula-

tions of the Council on their success in the recent Parliamentary elections. Dr. Chapple wrote: "If I can be of any service, you know how pleased and proud I shall be, for if the fight has been won the fruits have not yet been all realised," and Major Barnett wrote: "I can never be sufficiently grateful to the nurses for all that they did for me."

REPORT RE ELECTION OF NURSES, GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

Mrs. Bedford Fenwick commented on the result of the Election of the 16 Nurse Representatives. As had been expected, where the College of Nursing, Ltd., through Rule 9 (A) had provided for preferential treatment for its members, and had been able largely to control the Electorate in regard to the General Part of the Register, its nominees had with one exception, been returned. In the case of the Special Registers where it could not exercise such control no College nominee had been returned. The nurses on every Special Register had sent an Independent Candidate to the Council. She warmly congratulated Miss A. M. Bushby on her election to the Council, and the nurses on the Sick Children's Register for their perspicacity in electing her. The meeting thoroughly endorsed these sentiments.

The Report was, the Chairman said, not a pleasing one. The Nursing Profession was probably the only one which had to contend with such reprehensible tactics, backed by unlimited wealth. There had been a campaign of villifying the Independent Candidates, and representing them, quite unjustifiably, as contentious people. There had also been an uninstructed electorate, which had succumbed to this infamous system of defamation, but the electorate could not be wholly excused. More courage, conscientiousness, and love of truth would have ensured a different result. She feared there was not much hope of raising the Nursing Profession for another decade, nothing would be done until the nurses had found their conscience. You could not pour out of a pitcher what was not in it.

RESOLUTIONS.

The meeting unanimously agreed to the following Resolutions:—

A Resolution taking exception to the mismanagement by the Chairman of the Council as Returning Officer, of the recent Election, and the unnecessary expenses consequently incurred and defrayed out of the nurses' money, and demanding that he be made to refund the cost of the second Election.

A Resolution to be sent to the General Nursing Council for England and Wales, demanding the following returns in connection with the recent Election:—The number of the electorate; the number in each section; how many voted in each section; how many were rejected and for what reasons.

Also protesting against the opening of the envelopes before the candidates entitled to be present were there, and disqualifying such Ballot Papers as the Returning Officer chose without submission to the Assessors and Candidates.

A Resolution to the Minister of Health, protesting against the packing of the electorate through Rule 9 (A); the provisions of the "prescribed scheme" for Election, and the irregularity, and waste of money on the Election.

A Resolution objecting to the conduct of the Registration Committee and General Nursing Council in refusing to place on the Register 800 Nurses who had applied within the prescribed time, and whose papers were in order, thus depriving them of their right of exercising the franchise in the recent Election.

The next business was to receive a Report of replies from Candidates for the recent Parliamentary Election to a Circular sent to them.

A very encouraging report was presented.

It was agreed to take vigorous action to defend both the Civic and Professional rights of nurses, for the benefit of the sick and the Nursing Profession, and two sub-committees were appointed to organise the work.

An encouraging number of new members were elected. The meeting then terminated.

MARGARET BREAY, *Hon. Sec.*

PROFESSIONAL UNION OF TRAINED NURSES.

A members' meeting of the Professional Union of Trained Nurses was held at 6, Nottingham Place, W., on February 1st, by the kind permission of Mrs. Northwood. The Chair was taken by Mrs. Paul.

(a) A very useful informal discussion took place and a good deal of information was acquired with regard to the nursing conditions under the Metropolitan Asylums Board.

(b) Seldom have nurses been roused to such a pitch of indignation over anything as they have been at present by the treatment which Mrs. Bedford Fenwick and the other Independent Nurses—including the Secretary of the Union—have received at the hands of the College of Nursing, Ltd.

The Chairman, in her Address, pointed out that while all the Independent Nurses on the General Part of the Register (over which the College of Nursing had control) have been turned out of the General Nursing Council for England and Wales, the Supplementary Parts over which the College of Nursing had no control have each returned an *Independent Candidate*. The General Nursing Council has under its present constitution, therefore, no democratic representation, and she emphasised the necessity that nurses should combine and manage their own affairs if they did not wish to become absolute slaves. So far, nurses had lacked co-ordination and organisation.

She referred to the very great disgrace to the whole nursing profession which had been caused by the act of a small majority of nurses (members of the College of Nursing) in voting so as to exclude from the General Nursing Council Mrs. Bedford Fenwick, who had worked for nurses for thirty years (before ever the College of Nursing was thought of), and who had drafted the very

first Nurses' Registration Bill brought before Parliament. She was one of the great pioneers in the nursing world, and the only British one of modern times who was known all over the world.

She condemned the College Matrons who had sold the Nursing Profession for their own self aggrandisement, and contended that they had ceased to be nurses, and had simply degenerated into employers' agents.

She pointed out that now was the great chance for free nurses to organise and be self-supporting, financially and otherwise, stating that no organisation could be self-respecting unless it was also self-supporting. If nurses wanted to have control of their profession, they must work for it *and pay for it*, unless they wished to emulate the College nurses who were so willing to accept charity from anyone who offered it to them, thus proving themselves to be nothing more than parasites and unfit for self-government.

During the discussion which followed many members expressed their indignation over the manner in which the election had been manipulated by the College, with the consent of the Ministry of Health, and two, on their own initiative, started a Defence Fund for the expenses of the Union in connection with this matter, the proposer remarking that as nurses were to be found disinterested enough to fight for the Profession and for those who were unable to do so for themselves, the least the rank and file could do would be to provide them with the sinews of war. An unexpected amount of money was subscribed on the spot, and more promised.

Two resolutions dealing with the matter were proposed, seconded by two nurses present, and passed unanimously, the Chairman being asked to forward them to the Minister of Health, and also to Mrs. Bedford Fenwick, with a covering letter to her expressing the grateful thanks of the nurses and their unbounded admiration for the honest and straightforward manner in which she had always conducted the nurses' affairs.

The Secretary reported that the Union had made considerable headway since the last Members' meeting, and pointed out to those present that the Trade Union now was the principal thing that stood between them and serfdom. That if the Union was to become of more use in the future even than it had been in the past, they must make up their minds to work for it and to get as many new members as possible. They already had definite proof that "Union is Strength" in their dealings with employers and hospital authorities.

She emphasised the fact that if anyone attempted to coerce a nurse in any way, with regard to joining or remaining a member of the Union, it would be possible for the Union to take legal proceedings against them, as a trade union was a form of association definitely recognised by the State.

Resolution Passed at a Members' Meeting of the Professional Union of Trained Nurses, held on the 1st February, 1923.

That this Members' Meeting of the Professional Union of Trained Nurses protests with the greatest

indignation against the manner in which with the support (privately given) of the late Minister of Health (Sir Alfred Mond), the College of Nursing, Ltd., governed by Hospital Authorities, have been able to pack the electorate of the General Nursing Council, so that those representing the Independent Working Nurses on the General Part of the Register have been excluded from it, and only Members of the College of Nursing elected. This has been made possible by the fact that:—

(1) The College had the Majority Vote upon the late nominated Council;

(2) That, having this Majority Vote, they were able, with the support of the lay and medical members, to exclude from the Registration Committee the Independent Nurses, keeping the registration business in their own hands.

(3) That the only three Nurses employed in the General Nursing Council Offices—the Registrar, the Assistant Registrar, and the Registrar's Clerk—are College Members.

They call upon the Minister of Health to hold an enquiry into the manner in which the business of the late General Nursing Council has been conducted.

Resolution Passed at a Members' Meeting of the Professional Union of Trained Nurses held on the 1st February, 1923.

That this Members' Meeting of the Professional Union of Trained Nurses desires to place on record its very great indignation at the manner in which Mrs. Bedford Fenwick has been excluded from the General Nursing Council by the deliberate arrangement of the College of Nursing, Ltd. That this lady, who originated the idea of Registration, worked for it and paid for it for over thirty years, whose name is known and honoured all over the civilised world wherever nursing work is recognised, should be superseded by a College Matron who has strenuously opposed Registration and signed the manifestoes against it, and also by another College Matron who sought to deprive Nurses of the record of their certificates on the State Register in order to hide the fact that the College Council had published an incorrect Register, recording certificates against the names of certain of their members who do not possess them, is an open scandal that requires a most searching public enquiry.

(Signed) WINIFREDE PAUL.

ULSTER NURSING COUNCIL.

At a meeting of the Joint Nursing and Midwives Council (Northern Ireland), held in the Council Office, Great Victoria Street, Belfast—Colonel Dawson, C.M.O., presiding—it was decided to recommend certain modifications of the Joint Nursing and Midwives' Council Act (Northern Ireland), 1922, as desirable in case of new legislation.

No doubt Northern Ireland Nurses will be consulted before their Council recommends alterations in the Act under which they are registered. Now Nurses have legal status they should take an intelligent interest in the government and Rules of their profession.

According to a new bacteriological theory, advanced by Dr. d'Herelle, of the Pasteur Institute, germs are subject to attack by other germs, and fall sick of diseases peculiar to themselves.

APPOINTMENTS.

MATRON.

Stroud General Hospital.—Miss Amy Moffat, A.R.R.C., has been appointed Matron. She was trained at the London Hospital, and has been Matron of Rock Spa Hospital, Llandrindod Wells, Hermitage Red Cross Hospital, Lucan, Co. Dublin, the Casino Hospital, Fécamp, Seine Inferieur, and nursed wounded in France and Belgium during the war.

ASSISTANT MATRON.

Royal Hospital, Richmond, Surrey.—Miss Florence Walden has been appointed Assistant Matron and Theatre Sister. She was trained at the Prince of Wales' General Hospital, Tottenham, and has been Night Sister and Ward Sister at the Royal Hospital, Richmond.

ASSISTANT IN PRELIMINARY TRAINING SCHOOL.

Paddington Hospital, Harrow Road, W.—Miss Mary C. Jones, Registered Nurse, has been appointed Assistant in the Preliminary Training School. She was trained at the Royal Berkshire Hospital, Reading, where she has held the position of Sister, and the Mount Vernon Hospital for Consumption, she has also had experience of Private Nursing.

SISTER TUTOR AND RADIOGRAPHER.

District Hospital, West Bromwich.—Miss E. Freeman has been appointed Sister Tutor and Radiographer. She was trained at the Birmingham General Hospital.

WARD SISTER.

Leeds Township Infirmary, Beckett Street, Leeds.—Miss M. Boulton has been appointed Sister. She was trained at Booth Hall Infirmary, Blackley, Manchester; and has been Night Sister and Assistant Housekeeper, at West Park Hospital, Macclesfield.

Miss E. Downes has also been appointed Sister at the same institution. She was trained at St. Andrew's Hospital, Bow, and has been Ward Sister at that hospital.

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 October 1st, 1922, and January 1st, 1923:—

To be dated October 1st, 1922.—Alice E. Dixon, Catherine G. Robertson, and Irene E. McClean.

To be dated January 1st, 1923.—Alice M. A. Farrow, Susanna G. Jackson, Doris E. Povey, Winifred V. Whitelam, Mary Bamber, Norah G. Drewe, Grace E. Pates, Elizabeth A. Perry, Hilda M. Wilkins, Marguerite A. Seylaz, Margaret Daly, Blanche V. Webb, Emily M. Colbourne, Jessie M. Staley, Lillian I. Charlton, Dora Ceasar-Gordon, Elsie E. Tickner, Eleanor W. Harris, Margaret Duxbury, Mary A. Irvin, Julia Gogerty, Phoebe E. Miller, Blanche M. Sticklan, Lillian M. Campbell, Florence M. Burdett, Violet M. Batty, Jennie Platt, Mary Verity, Maggie W. Hesselton, Winifred A. Johnson, Gertrude Sargent, Florence K. Bogue, Mary Ferris, Gertrude Perry, Hilda E. Morgan, Annie R. Sandesson, Lucy J. Gough, Rose Leonard, Sarah A. Boneham, Jeanie Carlisle, Catherine Lambe, Florence E. Wager, Winson Lawrence, Ida E. Matson, Ann O'Donnell, Hildreth Hannay, Dorothea F. Lee, Doris M. Roantree, Annie S. Binns, Maggie Robinson, Maud Sanders, Emily L. Warren, Annie Elliott Ethel K. Griffiths, Myfanwy E. Buckley, Gwladys

Jones, Deborah Parry, Annie MacSweeney, Isabella Bremner, Janet Barbour, Margaret H. Cheyne, Caroline Colvin, Maggie Christie, Janet Gatt, Eliza M. Jamieson, Isobel Leadbetter, Catherine M. McKinnon, Betsy A. McLachlan, Florence McNeary, Lucy E. Stoneley, Catherine Sutherland, Christine M. Wood, Rose M. Eddie, Isabella K. Fraser, Agnes W. Taylor, Elizabeth McVicar, Harriet J. Moir, Annie F. Sinclair, Isobel J. L. Wright, Mary O'Donnell, Florence J. Fincher, Teresa Farrell, and Mary E. Mitchell.

NEW POWERS FOR THE VOLUNTARY AID DETACHMENTS.

It has been decided to reconstitute the Central Joint Voluntary Aid Detachment Committee, which was formed during the war to administer the Voluntary Aid Detachments and was composed of representatives of the War Office, the Territorial Force Associations, the Order of St. John of Jerusalem, and the British Red Cross Society.

The War Office is the Department to which the Joint Council will be responsible.

The Central Joint Voluntary Aid Detachment Council, as it is to be called, will therefore include representatives of the Admiralty and the Air Ministry, and its composition will be as follows:—

Admiralty	1 representative.
War Office	3 representatives.
Air Ministry	1 representative.
Territorial County Associations ..	6 representatives.
Order of St. John	5 representatives.
British Red Cross Society ..	5 representatives.

Within the limits of the approved scheme the Council will have full administrative and executive powers.

The Central Joint Voluntary Aid Detachment Council will be composed as follows:—

Admiralty.—Surgeon Commander G. O. M. Dickenson, M.B.

War Office.—The Director-General, Army Medical Services (or his deputy), Colonel R. F. Riley, C.M.G., D.S.O. (Deputy-Director of the Territorial Army), Miss A. Beadsmore Smith, C.B.E., R.R.C. (Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service).

Air Ministry.—Air Commodore D. Munro, C.I.E., M.B., M.A., F.R.C.S.(E) (Director of Medical Services, Royal Air Force), Miss J. M. Cruickshank, R.R.C. (Matron-in-Chief, Royal Air Force).

Territorial Army Associations.—Major-General the Earl of Scarbrough, G.B.E., K.C.B., T.D., Major-General the Lord Treowen, C.B., C.M.G. (representing Wales), Sir Hugh Shaw Stewart, Bt., C.B. (representing Scotland), Colonel F. W. Higgs, C.B.E., M.D. (representing the London Territorial Army Associations), Colonel W. Coates, C.B. (provisionally appointed to represent Lancashire), Major J. M. Reddie, C.B.

British Red Cross Society.—Lady Amptill, C.I., G.B.E., Major R. L. Bower, C.M.G., Professor T. H. Bryce, F.R.S. (representing Scotland); Brigadier-General H. C. Frith, C.B., Sir Edward Stewart, K.B.E.

The Order of St. John of Jerusalem.—Brigadier-General the Earl of Shaftesbury, K.P., K.C.V.O., C.B.E., Colonel Sir James R. A. Clark, Bt., C.B., C.M.G., Sir Herbert Lewis, G.B.E., Lady Oliver, D.B.E., R.R.C., Lady Perrott, R.R.C.

Secretary.—Mr. A. R. McBain, O.B.E. (War Office).

Why has the Queen Alexandra's Royal Naval Nursing Service no Nurse representative upon it? The Head Sister of the Service would rank with the Matron-in-Chief at the War Office and the Matron-in-Chief Royal Air Force.

HOSPITAL WORLD.

On Tuesday, February 6th, the votaries of Terpsichore met to render homage to the goddess under the banner of the Royal Northern Hospital, when a great Carnival Dance was held in the Ball-Room at the Alexandra Palace. The splendid floor, which accommodates 1,500 dancers, is specially prepared, and afforded the maximum opportunity for enjoyment. Splendid prizes were offered in various competitions, including the best fancy dresses, and no effort was spared to make this, the last of the season, the most successful of the dances in support of the Hospital.

The perfect floor added greatly to the pleasure of the dancers, and the procession of those competing for the prizes was one of the events of the evening. The first ladies' prize was won by "Wireless," most becomingly dressed in blue and silver, with battery, electric light, and wings complete, with the legend "listening-in" attached. "A Little Tin Soldier" carried off the first prize for men, and his clever costume well merited the honour. Everyone agreed that the evening was most enjoyable, and the Secretary of the Hospital, Mr. Gilbert G. Panter, is greatly to be congratulated on its organisation. It is to be hoped that the Royal Northern Hospital will benefit materially.

At the fortnightly meeting of the Mile End Board of Guardians, held in the Board Room, Bancroft Road, E., on February 1st, the General Purposes Committee reported, with reference to recent allegations, that after a full, careful, and impartial enquiry, in which they had heard and gone through all available evidence, they were of opinion that the allegation that a dying man was refused a drink of water by nurses in the infirmary was untrue.

At the same meeting, as reported by the *East London Advertiser*, a letter was received from Lord Knutsford, in reply to one sent by the Board at their last meeting, *re* a woman patient, whose leg was broken at the London Hospital, and who was sent by motor ambulance to the Infirmary. In the letter Lord Knutsford said that the old lady, who was being treated in the Ophthalmic Ward, had got out of bed without permission and unfortunately broke her leg. As they had 900 or 1,000 on their waiting list, the surgeon advised her removal to the Infirmary. He apologised, and admitted that the woman should have been placed in one of their own Surgical Wards.

I wish I loved the Human Race;
I wish I loved its silly face;
I wish I liked the way it walks;
I wish I liked the way it talks;
And when I'm introduced to one
I wish I thought *What Jolly Fun!*

—“*Laughter from a Cloud,*” by Sir Walter Raleigh.

THE NORWEGIAN COUNCIL OF TRAINED NURSES.

REPORT SUBMITTED TO THE INTERNATIONAL COUNCIL OF NURSES, COPENHAGEN, MAY, 1922.

(Concluded from p. 73.)

N.C.T.N.'s training committee is working on the question of training, and the members are leading nurses. The county associations have also each their representative. The committee has its attention directed to the need of more and better textbooks, to plans for the guidance of the schools, to school material, to such reforms as preparatory schools, &c. It also makes recommendations as to the allotment of scholarships.

Repetition courses. In connection with our great general congresses, which are held in different places in Norway, courses of instruction are given. In these courses several hundred nurses take part, N.C.T.N. is fully aware of the necessity of special courses, especially for head nurses, teachers and nurses doing social work, and the object aimed at is the High School of Nursing, whether it is to be established through co-operation between the Scandinavian lands or separately in each country. A number of nurses have taken part as pupils in the social courses of the Norwegian National Council of Women.

N.C.T.N.'s engagement bureau arranges engagements for nurses throughout the whole country, both in private nursing and in permanent situations in hospitals, district nursing, during epidemics, &c. In 1919 the Lady Superintendent of the bureau was awarded the King's Gold Medal for Efficient Service. During the war the bureau made arrangements for the sending of nurses to Austria, England and Finland. The bureau is managed by a committee, the members of which have had many years' experience and work in the different branches of sick nursing. The committee prepares minimum wage tariffs, makes suggestions as to the duties of the various positions in hospitals, sanatoriums, children's homes, district nursing, boards of health, private nursing, &c. Questions of service and all matters concerning the work are laid before this committee before a decision is come to by the governing committee.

Amongst other permanent committees may be mentioned:—

“The Housing Committee,” which is working to secure the building or purchase of a house in Christiania, a “Nurses' Home,” as there prevails a great scarcity of house-room, both among the working nurses and among the old sisters.

“The Working Committee for Co-operation amongst Nurses in the North.” This committee represents Norway in the great Combined Committee and works for the promotion of co-operation, the holding of congresses, &c. In autumn, 1923, the Second Combined Northern Congress shall be held in Christiania. Through N.C.T.N.'s bureau engagements are secured for nurses from the other northern lands, who are seeking posts in Norway.

The Festival and Bazaar Committee, which, in addition to arranging the necessary festive meetings, is, together with the governing committee, responsible for the holding of the great annual bazaar, which procures means for N.C.T.N.'s Help Fund, the objects of which are: Improvement of our economic position, help to sick and aged sick nurses, the establishment of a home for nurses, as well as the allotment of scholarships. The fund at present amounts to kr. 129,001.67, of which kr. 80,000 forms the original fund, the interest of which shall be used for providing scholarships for nurses who wish to study a special subject or to prepare themselves for a certain position in sick nursing or social work.

Sykepleien ("Sick Nursing") is the organ of N.C.T.N. and of the nursing profession. It began at the same time as N.C.T.N. was founded, in 1912. Every ordinary member is bound to subscribe for it, and there are also many other interested subscribers. It has been an important factor in the fight for better training and conditions of living, while at the same time it has had an enlightening and stimulating influence on the nursing profession.

N.C.T.N.'s Information Bureau has become a central point in the nursing profession. Young girls or their relatives seek written or oral advice and information about the best way of training, and consult the bureau regarding the appointment of nurses, the best way to arrange the work, improvements, duties, salaries, &c. The local authorities, boards of health, &c., apply to the bureau regarding matters of interest for sick nursing and its development. Ordinary members seek advice as regards further training both at home and abroad.

N.C.T.N.'s passport for nurses who are members of N.C.T.N. and wish to work in other countries is a guarantee certificate written in Norwegian, English, French and German. These passports are signed both by the President and Secretary and provided with the necessary stamps.

N.C.T.N. tries to exercise influence on the building and equipment, &c., of hospitals. When the building of a new hospital is announced, an application is sent to the proper quarter requesting that nurses shall be appointed on the building committee. This year resolutions will be sent to every local authority in the country, requesting that in case of building or repairing of hospitals, homes for children, and for the aged, &c., nurses shall not only be consulted, but shall be responsible members of the different building committees.

The Norwegian Council of Trained Nurses is a member of the Norwegian Council of Women.

What has been said respecting development, work and fighting efforts, clearly shows the nature of the demands made by the Norwegian nursing profession as regards the further development of sick nursing in their country, and it is our hope that the International Council of Nurses will see that we are working for the same high ideals as our sisters in other lands, and will find us worthy to be enrolled among the members of the Council.

BOOK OF THE WEEK.

THE MIDDLE OF THE ROAD.*

In this very interesting book Mr. Philip Gibbs deals with the situation in Ireland, our relations with France, the industrial questions of our own country, and the famine area in Russia, and it is all very convincing.

The outstanding figure of his novel is Bertram Pollard, ex-Major, D.S.O., M.C., who, of course, fought through the war, and was promptly forgotten by a grateful country at its conclusion. He belonged to the upper middle classes, his father being Michael Pollard, K.C., M.P., an Irish Protestant, and at one time a violent antagonist of women's rights. On account of his Socialistic sympathies he treated his son Bertram as a traitor to the British Empire—he who had been three times wounded and loved England with a kind of passion. His daughter Dorothy had, before the war, married a Prussian officer, and his younger daughter, Susan, married a Sinn Feiner, while the youngest son, Digby, had joined the "Black and Tans," from which facts it is not difficult to imagine the family situation as tragic.

To return to Bertram, he had married, under war conditions, the beautiful young daughter of Lord Ottery, Colonial Secretary before the war—"a reactionary old swine."

Further complications might be expected from such a union, and they occurred in abundance.

Joyce, an apparently heartless girl, soon wearied of her young husband, who was "not in our set," and she made it quite evident that the little house in Holland Street, Kensington, belonged to her. She filled it with an amazing collection of people, whose presence he resented, sometimes with an almost poisonous hatred. They had come in and out of the house at all hours of the day, even to late breakfasts, when Joyce joined them in one of her many dressing-gowns of Japanese silk and futurist colours, with bare feet in bedroom slippers, looking like a sleepy boy after dancing in some overheated room until late night or early morning. He had quarrelled with her for that: "It doesn't seem decent," he said.

He was very "nervy"; he knew that. The war had left him all on edge. He was irritable with small things—the loss of a collar stud, the slackness of a servant, the continual tinkling of the telephone bell (Joyce's friends suggesting some new stunt). If he had some work to do it would have been easier.

Joyce's baby was still-born. He was distressed beyond words at the little corpse, although he had walked with death so long. He insisted on having a proper funeral for it, with his name on the coffin, which he attended with the nurse.

She was a nice, human soul, who had been through the war and had learnt pity for men.

"I'm not wanted now," he said to her on their way back.

* By Philip Gibbs. (Hutchinson.)

Sleep Restored

SLEEPLESSNESS often comes from worry, anxiety, overwork and the like, all of which act by causing strain on the nerves.

The nerves are tired and they want more food. But it must be food that contains just those substances which are used up in the nerves when they become tired.

Drugs are worse than useless; they merely whip the tired nerves and use them up faster than ever. *Virol is a direct nerve food, made from natural substances, and builds up nerve tissue.*

Virol promotes sleep by strengthening and soothing the nerves. The sleeper, instead of suffering from "that heavy feeling" which follows the taking of narcotic drugs, awakens with a sense of new vitality, because Virol has supplied just the food needed.

VIROL

For sleeplessness take one tumblerful of warm milk, to which is added a teaspoonful of Virol, three times a day—one tumblerful on retiring to bed. It is a wonderful tonic for Nursing Mothers.

IN JARS 1/3, 2/-, and 3/9.

Used in more than 3,000 Hospitals and Infant Welfares.

VIROL LIMITED, HANGER LANE, EALING, LONDON, W.5.

"Men are wanted, and always will be—proper men like you."

"Nurse," he said, "I'll get a job if I die for it."

"Get a job and live for it," answered the nurse.

"Here's luck."

Post-war conditions obliged the Earl of Ottery to put up his country seat for sale, and was an occasion for Joyce to rush home to learn the heart-breaking truth from her father. The exclusive home circle made Bertram feel more in the cold than ever, and the final crisis was brought about when he refused a remunerative post from one of Joyce's "set."

In brief, it was a Government job, organised to "teach Labour a lesson."

Joyce was watching her husband. She could read his face better than the others. She saw how first he flushed and then paled a little.

"Exceedingly kind of you, general," he said slowly, "but I don't like the job. It's like this: I don't like to see people of our class—your class, if you like—organising their forces to beat down poor devils who want to keep up a decent standard of life after a war they helped to win."

His eye met Joyce's. "I hate the idea of it," he said.

He was to decide between Joyce's "crowd" and the labouring classes of England. It would be the sale of his intelligence for the sake of position and peace with Joyce—a sin against the Light.

Joyce tells him: "You're a traitor to the things I stand for—to all that I am. Until you do something to put yourself right again I won't live with you! It's dishonouring!"

He was white to the lips with anguish and rage. This girl used her tongue like a lash. She cut his heart open and flayed his soul. And yet, as she stood there facing him, he loved her with an extreme passion, and her beauty was a torture to him.

The next morning he went to his mother's house in Sloane Street and asked for his old room.

The author is much to be admired for the perfectly fair way he treats the difficult problems with which he deals. The book covers so much ground that it is not possible to treat the whole even in the most cursory fashion, and it deserves careful and close reading.

Those of our readers who remember the thrilling articles by Philip Gibbs during the war will expect great things from this book, and they will not be disappointed. It is education on points of view.

H. H.

COMING EVENTS.

February 16th.—Meeting General Nursing Council for England and Wales. Ministry of Health, Whitehall, S.W. 2.30 p.m.

February 17th.—Royal British Nurses' Association, Ramblers' Club, Tour of the Victoria and Albert Museums, 3 p.m.

February 20th and 21st.—Central Poor Law Conference, Guildhall, London, E.C.

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.

FOUND TO BE INCOMPETENT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—The paragraph in your Journal of January 27th, concerning the Bath Board of Guardians and the Royal United Hospital, is misleading with regard to the facts of the case, and unfair to the nursing staff of this hospital. There is no truth in the assertion that the presence of the four nurses sent to the hospital by the Workhouse Infirmary for surgical training was resented by the hospital nurses. They were cordially received and kindly treated.

On the occasion of their departure from the hospital, three of them expressed to the Sister of the wards, and myself, their thanks for the training they had received from us, and their appreciation of the advantages they had gained during their year in the hospital. Each of these three nurses stated their wish to remain longer with us should the Guardians approve. One was in tears at the prospect of leaving. One was unsatisfactory in her behaviour at the hospital; but the other three worked well and appeared to be contented and happy.

Unfortunately it was found that neither of these nurses, when they came to us, had any real training or experience in practical nursing, although they had passed the examination held under the auspices of the Guardians, and it was found absolutely necessary to place them in the position of probationers.

At our qualifying examination in October last three of them failed in a hopeless manner, the fourth absented herself from examination against orders and subsequently had to be suspended from duty until she apologised for her conduct.

These nurses now state that they were unhappy during the whole of their stay with us. Their self-control in hiding from us their real state of mind and preserving an aspect of cheerfulness and content for a whole year is very remarkable.

Doubtless it was disappointing for them to realise that the training they had acquired at the Infirmary was of less value than they had believed; but this was their misfortune, and neither their fault nor ours. The truth of the matter is that the Guardians and their officials were naturally vexed that the nurses who had passed the Infirmary examination were found by us to be incompetent, and this is the source of the whole trouble.

The fact that the Guardians should try to make it appear to the public that they had withdrawn their nurses from the hospital because they were unkindly treated by the Nursing Staff, is to me not so surprising as that the report of the meeting

in the local papers should have been accepted by THE BRITISH JOURNAL OF NURSING without communicating with the hospital, and have been made the basis of a paragraph which is grossly unfair to myself and my nurses.

I am,

Yours faithfully,

F. L. MASON,

Matron.

Bath Royal United Hospital, Bath.

[The paragraph alluded to merely stated that the Bath Board of Guardians received a report from the House Committee that the presence of probationers from the Infirmary appeared to be resented by the nurses of the Royal United Hospital—where they were given a few months' training—and that the Board had decided to send no more probationers to the hospital. From an exhaustive report of the Bath Guardians' meeting dealing with this business at the end of January, we gather that the Hospital Committee and certain of the Guardians had met to discuss the matter of training, and that the former did not consider that the one year was sufficient for surgical training, and that an entirely separate surgical training throughout that period could not well be arranged. The Matron of the Royal United Hospital states that there is no truth in the statement in the Guardians' report that the presence of their probationers was resented by the Hospital's nurses, and gives her opinion as to the real reason of the Guardians' grievance. The General Nursing Council recently, upon the recommendation of its Education Committee, accepted a number of the smaller Poor Law Institutions as approved training schools without any personal inspection whatever. It is the shoddy way things have been done. A personal visit, with consultation with the Matron and the Governors of small hospitals and infirmaries, would, we feel sure, have been most helpful, and resulted in really useful and efficient schemes of affiliation. The present "go-as-you-please" system can result in nothing but futility and friction.—ED.]

LOSS OF CONFIDENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING..

DEAR EDITOR,—The Election of Members for the G.N.C. being over, one realizes how many of our early "State Registrationists" have failed to register.

One regrets so much the more the appalling errors of management that have occurred during the last year, which I fear must have a bad effect on our Profession overseas.

A Matron of one of the largest hospitals in South Africa writes me by last mail:—"I am so sorry the General Nursing Council is not making more headway; if they keep on with their present tactics they will soon lose the confidence of every decent member of the Nursing Profession, and, I think, that would be a pity"; which points very much to the fact that our movements are watched very keenly far and wide.

Yours sincerely,

J. C. C.

KERNELS FROM CORRESPONDENCE.

LE GRAND JUIVERIE AND THE PSYCHOLOGY OF BRITISH NURSES.

British Nurse.—May I suggest to all those nurses who love fair play to cease paying for the *Daily Telegraph* and take some other paper.

We State Registrationists all know how, when formerly Member for Tower Hamlets, its wealthy proprietor, Lord Burnham (then Mr. Levi Lawson), rose night after night in the House of Commons to block our Registration Bill, and how he has excluded from his paper any opinion from independent British nurses, and helped to finance the College Company by methods which shall be nameless.

Once more, in last Saturday's issue, Lord Burnham "crows" that the State Registrationists, whom he terms the "obstructive element" on the General Nursing Council has been "completely swept away," and he eulogises the most obstinate "antis," who, for years slavishly signed, in their own self-interest, every anti-Registration manifesto issued by their Committees, and who, by a brazen job, have now captured our Governing Body. All this scandalous injustice makes my blood boil.

[The press of this "country of the free" is so largely in the hands of *le grand Juiverie* that British nurses cannot expect it to understand their psychology.—ED.]

REPLIES TO CORRESPONDENTS.

TO MANY CORRESPONDENTS.

We hope our correspondents who have quite naturally resented the College plot, which has enabled it to flood the electorate for the G.N.C. with its own members on preferential terms, and provide that the Nursing Profession shall be controlled by its employers, will excuse us, at the present moment, for not inserting their very indignant and forcible protests. Our correspondents may rest assured that the illegal Rule 9 (A), which has served its purpose for the moment, will, with other illegalities and irregularities, be widely discussed outside the Council Chamber and bureaucratic dug-outs, at the Ministry of Health.

The minority of Registered Nurses do not intend to be crushed out by any such "slim" tactics. We are now free to fight in the open, in Parliament, and if needs be, in the Law Courts, and we are already assured of the warm sympathy, and promise of support from many honourable legislators.—ED.

PLEASE NOTICE!

Mrs. Bedford Fenwick will be in the Lobby of the House of Commons on Friday, February 16th, at 2.30 p.m., and hopes as many as possible of the Civic and Professional Rights Sub-Committee of the Registered Nurses' Parliamentary Council will meet her there at that hour.

OUR PRIZE COMPETITION QUESTIONS.

February 24th.—Describe the duties of a Sister-Tutor, and what she should teach.

The Midwife.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

The following are the questions set in the Examination held by the Central Midwives Board on February 1st:—

1. Describe the organs concerned in the formation and passage of the urine.

Mention the different ways in which micturition may be affected during pregnancy and the puerperium.

2. Describe in detail the management of the Third Stage of Labour, giving your reasons for what you consider the most important item therein.

3. How would you recognise foetal distress? What condition may the child be in when born, and how would you deal with it?

4. What are After-pains? How are they caused, and how would you try to prevent them? If present, how would you treat them?

5. With what Public Authorities may you come into contact while practising as a midwife? What are your duties in regard to each in a case of (1) Puerperal infection; (2) Ophthalmia Neonatorum?

6. What appliances and drugs do you carry with you to a confinement?

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

At the meeting of the Board held for the election of office-bearers, Dr. James Haig Ferguson in the chair, Dr. Haig Ferguson was unanimously re-elected Chairman. Dr. Michael Dewar was elected Deputy-Chairman, and Sir Archibald Buchan-Hepburn, Bart., was elected Convener of the Finance Committee.

The meeting appointed other Committees, Examiners, and approved the list of recognised Institutions, with the teachers attached thereto, for the training of midwifery nurses.

At a meeting of the Central Midwives Board for Scotland for the hearing of penal cases, held in the office of the Board, Dr. J. Haig Ferguson in the chair, No. 1548, Mrs. Mary McCabe, 5, Norfolk Street, Glasgow, was cited to answer charges of serious breaches of the Rules and misconduct. Mrs. McCabe was represented by her Agent, Mr. Turnbull, Writer, Glasgow.

The Board found the charges to be proved and instructed the Secretary to remove the name of Mary McCabe from the Roll of Midwives and to cancel her Certificate and in addition thereto the Board issued an Order prohibiting her from attending women in childbirth in any other capacity.

"DOING MUCH WITH LITTLE."

The Lord Mayor of Leeds (Alderman Fountain) presided at the annual meeting of the Leeds Maternity Hospital on January 29th, when the annual report, presented by Mrs. Austyn Barran, stated that the number of births dealt with by the institution had been 1,531 in the hospital and 1,030 on the districts, representing 27 per cent. of the total births of Leeds. The out-patient attendances had averaged 115 patients, as against 78 in the previous year. The building of new wards and kitchens were matters of urgent necessity, and extensions could not be much longer delayed. The Board appealed to all old friends of the hospital to do their utmost in the campaign to raise funds; the institution had before it a year of very serious effort. The balance sheet presented by the Hon. Treasurer, Mrs. John Marshall, showed a deficit on the year's working of £363 2s. 7d.

The Lord Mayor, in moving the adoption of the Report, congratulated the citizens of Leeds on the splendid organisation of the institution, without which the infant mortality of the city must be larger than it was.

Dr. Gordon Fitzgerald of Manchester, in the course of an address, severely criticised the inadequacy of the accommodation at the hospital, pointing out that the prestige of Leeds as a training centre for midwives and medical students on the obstetric side of their work might be imperilled thereby.

Mr. Charles Ratcliffe, the President, defended the hospital, which, he said, was doing much with little, and Dr. Fitzgerald said he did not intend to attack the efficiency of the institution, but to set up a high standard as an incentive to renewed effort to secure the projected extensions.

PRACTISING MIDWIVES IN THE COUNTY OF LONDON.

During 1922 seven hundred and ninety-eight Certified Midwives in the Administrative County of London gave notice of their intention to practise within the County. This is an increase of seventy-seven on the number for the previous year. Fourteen notices were also received during the year from persons who acted as midwives on specific occasions, and nineteen from certified midwives who intended to practice in the county during periods of less than one year.

May good luck which smiled so propitiously on the twins born in the Fulham Maternity Home a few hours before the opening of a new wing continue to attend them through life. The wee boy and girl were brought in to the ceremony by a nurse, and presented by Mrs. Hudson Lyall, a member of the London County Council. The local M.P.s, Sir Cyril Cobb and Colonel Vaughan Morgan, sent congratulations to the mother.

THE BRITISH JOURNAL OF NURSING

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SATURDAY, FEBRUARY 17, 1923.

Vol. LXX

EDITORIAL.

THE EARLY TREATMENT OF MENTAL DISORDERS.

Great interest is rightly centred in the Maudsley Hospital, Denmark Hill, because, as was the intention of the late Dr. Henry Maudsley, who gave £30,000 during his lifetime, and bequeathed a further £10,000, for its establishment, it will bring the treatment of patients suffering from mental disorders more into line with modern ideals than has hitherto been the case.

All those concerned with the health of the people realise that prevention of ill-health is a supremely important factor in treatment.

This is now the acknowledged aim in relation to the care of the body. And yet, in the treatment of mental disorder, instead of providing in our public asylums, or mental hospitals, for the care and treatment of incipient cases, we have hitherto been content to make provision mainly for those in whom the disease is so advanced that it is necessary to certify them as insane, by which time the chance of permanent recovery is seriously minimised.

It will be remembered that the Maudsley Hospital was, during the war, used as a Neurological Clearing Hospital, but it has now reverted to the original purpose of its founder, and was recently opened by the Minister of Health for the treatment of early cases of mental disorder. The fact that no certified cases are received, and that cases cannot be certified while resident in the hospital, will give confidence to those who are apprehensive that if they enter such an institution they may be certified there, and passed on to another department.

In addition to the treatment of incipient cases the objects of the hospital include the diagnosis of difficult cases, and exact research into the causes of mental disorder. It will also be a school for the clinical instruction of medical practitioners and students. The hospital will, no doubt, also have due recognition in the training of mental nurses, although, as it only receives incipient cases, it cannot pre-

sumably be recognised as a "complete" school by the General Nursing Council for England and Wales.

We hope that in the future the example set in London—where, under the Mental Deficiency Act, uncertified cases may be received in institutions under the London County Council—will be followed in the provinces, and that adequate provision will be made in our public institutions for the treatment of early cases of mental disorder. Not only, it may be anticipated, will many patients be restored thereby to sound health, instead of becoming progressively worse until they are certified as insane, but the country will be saved the great expense of their permanent maintenance in hospitals for the insane.

The care of the mentally diseased has progressed very slowly, presumably because so little has been really understood as to the causes of their condition. Restraint and punishment were, for centuries, the predominating methods of treatment. Then, as the result of the teaching of Tuke in this country, and other humanitarians abroad, it came to be recognised that humane treatment was of far greater efficacy than brutality.

The care given in the Asylums in the latter half of the last century was a great step in advance of that which preceded it. Now the fact that we are abandoning the term asylum in favour of "Mental Hospital" is an indication that not merely the care but the cure of the patients is our present objective. And lastly, it is being slowly realised that it is supremely important to treat incipient cases of mental disorder as early as possible, to which realisation the foundation of the Maudsley Hospital has contributed in no small degree. We wish for it all the success for which its founder hoped.

The Minister of Health, referring to the Nursing Staff at the Maudsley Hospital, remarked that he was glad it was the rule at that institution that their nurses should have had a general hospital training, which was by far the best training to fit them for their special work.

OUR PRIZE COMPETITION.

WHAT IS THE IMPORTANCE OF DIET IN A CASE OF (1) DIABETES, (2) VALVULAR DISEASE OF THE HEART? GIVE A SUGGESTED MENU FOR ONE DAY IN EACH CASE.

We have pleasure in awarding the prize this week to Miss Rachel Dodd, Woolwich Home for Ailing Babies, 123, Eglington Road, Woolwich, S.E. 18.

PRIZE PAPER.

The most obvious function of the pancreas is the formation of the pancreatic juice, the most important of the digestive juices. The four ferments which it contains digest proteid bodies, convert starchy foods into sugar, break up fats, and curdle milk.

The pancreas also casts into the blood stream, directly, an "internal secretion," which is the important factor in connection with diabetes.

When the pancreas is diseased or removed, diabetes results, together with impaired digestion.

The liver store of glycogen is lost, and cannot be renewed by even liberal supply of its normal source, carbohydrate food.

Sugar formation from proteid ensues, with rapid wasting of the tissues; at the same time the blood is surcharged with sugar, of which the tissues are unable to make use.

The regulation of the diet is regarded as a matter of first importance, as it has been proved that certain kinds of food have a powerful influence in aggravating the disease, particularly starchy matter, therefore this must be eliminated from the diet as far as possible.

Bread, potatoes, and all farinaceous foods, turnips, carrots, parsnips, and most fruits must be avoided, while animal food and soups, green vegetables, milk, cream, cheese, eggs, butter, tea and coffee, without sugar, may be given in moderation.

Starchy food is best restricted rather than abandoned altogether.

Thirst may be mitigated by iced water or water slightly acidulated with phosphoric acid.

The doctor's orders must be strictly carried out, as there are several different methods of diet, e.g., Dr. Donkin's milk diet, and Allen's diet.

Suggested menu:—

Breakfast.—Lightly poached egg on toasted bread, or gluten or bran bread and butter; occasionally bacon. Cup of tea or coffee, without sugar.

Lunch.—Cup of milk and almond biscuit.

Dinner.—Fish (3viii) or chicken (3vi), beef or mutton (3iv); well-boiled green vegetables; jelly and cream.

Tea.—Gluten bread, butter, and marmalade, consisting of orange rind mixed with glycerine jelly; cup of tea.

Supper.—Soup, cheese, lettuce, and almond biscuit; cup of milk.

Valvular Disease of the Heart.

In valvular diseases of the heart dieting is of paramount importance, since the backward flow of the blood causes congestion of the liver, stomach, lungs, and kidneys; therefore it is essential to give foods that are easily digested and assimilated.

Careful attention to diet, avoiding articles of diet which tend to decompose, and giving light and easily digested diet, prevents dyspepsia and relieves pain about the heart. Aortic incompetence leads to great dilatation and hypertrophy of the heart, and if the stomach is also distended with food and gases, produced by taking in excess starchy or sugary foods, the stomach, which is only separated from the heart by the diaphragm, may press on the already dilated heart and cause heart failure. Marsh gas and hydrogen are formed from the cellulose of vegetables; sulphuretted hydrogen and carbon disulphide from eggs, peas, &c.

The shape of the muscle fibres has much to do with the digestibility of meat; short or fine fibres, as in poultry, haddock, and whiting, being the most quickly dissolved; pork, duck, and goose, which are very fat, being notoriously indigestible. Liver, kidneys, and heart of animals, being of dense structure, are difficult to digest. Sweetbreads and tripe, being held together by loose connective tissue, are easily digested. Milk is a perfect fluid food, and when boiled and diluted with lime-water is easily digested.

Pulses should be avoided and farinaceous foods should be restricted.

Diet should be dry, and only three meals daily taken. Fluids should be limited.

Breakfast.—Dry toast (3iv), marmalade, cup of freshly made tea.

Dinner.—Beef tea or chicken broth (3v); steamed haddock or whiting (3vi), or sweetbread, tripe, or chicken (3iv); dry bread or toast (3iv).

Tea.—Toast (3iv), butter (3ji), cup of tea.

A drink of water, preferably hot, may be given before settling for the night.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss P. Thomson, Miss J. Tomlinson, Miss M. James, Miss R. Collinson.

QUESTION FOR NEXT WEEK.

Describe the duties of a Sister Tutor and what she should teach.

NURSING ECHOES.

Parliament was opened on Tuesday by the King in State, accompanied by the Queen. We learn that it is to be a very strenuous Session. The Registered Nurses' Parliamentary Council intends to take an active part in it, and has mapped out its programme. On Friday, 16th, as many members of the Civic and Professional Rights Sub-Committee as possible will assemble in the Outer Lobby of the House of Commons, and invite support for their rights under the Nurses' Registration Act.

Collecting Cards have been sent out to members of the League of St. Bartholomew's Hospital Nurses by Miss Helen Todd, President, and Mrs. Hayward, Hon. Secretary, of the sub-committee for the Octocentenary Appeal for the hospital. £1,000 is asked for, with which to endow a bed, to be named "The Octocentenary Bed," given by the League of St. Bartholomew's Hospital Nurses.

The time is short, as members are asked to send subscriptions by May next to Mrs. de Segundo, 39, Hewitt Road, Belsize Park, N.W.2.

The Octocentenary functions are to be held early in June, not the least interesting of which will be St. Bartholomew's Fair, held in the General Post Office grounds just over the wall.

Lady Inverclyde, President of the Scottish Branch of the Overseas Nursing Association, writing in the press from Castle Wemyss, Wemyss Bay, urges the claims of the Association for a measure of support. She points out that the object of the Association, which has its headquarters at the Imperial Institute, London, is to provide trained nurses for the British Colonies, Dependencies, and other British communities abroad, both for private and hospital work, and to facilitate and assist in any other way the work of nursing. There are at present only about thirty subscribers to the Association in Scotland, and Lady Inverclyde pleads for greater support. Subscriptions should be sent to the Hon. Secretary of the Scottish Branch, Mrs. Douglas Dawson, 23, Regent Terrace, Edinburgh, or to Headquarters.

Those who have lived in one or more of our Overseas Dominions know how urgent is the need of a trained nurse when acute illness attacks a representative of the Empire, perhaps in a lonely outpost. Surely it is worth some

self-denial—and many subscriptions could be given without it—to keep the far-flung flag of Empire floating over a living worker who is furthering its interests, instead of covering the coffin of one whose life was laid down in its service—a life which might have been saved had the skill, and knowledge, and care which a trained nurse can give been available in his hour of need.

The question of establishing a Register for Health Visitors was recently considered by members of the London Centre of the Women Sanitary Inspectors' and Health Visitors' Association. This would involve the definition and adoption of a minimum standard of qualification, always a difficult matter, because it affects vested interests. As a model qualification, that established by the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., could scarcely be bettered, *i.e.*, a three-years' certificate of general training as a nurse (a State Registered Nurse, we presume), the certificate of the Central Midwives Board, and the Health Visitors certificate of the Royal Sanitary Institute. If a Health Visitors' Service were built up on these lines, it might do very fine work for the health of the people. The Board of Education at present recognizes the following institutions for the training of Health Visitors:—The Battersea Polytechnic, Bedford College for Women, King's College for Women, the National Health Society, Liverpool School of Hygiene, and University College of South Wales and Monmouthshire (Cardiff). The Ministry of Health now requires a three-years' certificate of general training as a qualification for Health Visitors.

As we have reported, a smokers room for the nurses at St. Leonard's Hospital is to be provided by the Shoreditch Guardians. Smoking having been prohibited by the Matron had been going on surreptitiously, with, no doubt, the usual experience of smoking in bed—a terrible danger of fire, and often damage to sheets.

It is enlightening to note the tone with which the Guardians approached this question when discussed.

Alderman Wood (indignantly): Surely you are not going to allow the nurses to smoke in the place, are you?

Councillor D. Lipman (who is a tobaccoist): Certainly!—better for trade.

Alderman Wood: I see; you sell "fags"! (Laughter.) I think it is disgraceful. You have a Chinaman or two round here, and I

suppose they will be coming in and giving them dope.

Alderman P. Kelleher, J.P.: Do I understand that you are going to set apart a special room as a smokers room for nurses?

Alderman Wood: That is the idea.

Councillor the Rev. E. Digby: I understand they ask to be allowed to smoke in their ordinary sitting-room. Pipes, I trust, will be allowed. (Laughter.)

Alderman Kelleher said he had enough confidence in the good sense of the nurses to be assured that they would not abuse any privilege given them in that way. If it were nice and right for men to smoke, for the life of him he could not see why it was not right for women to smoke. After all, wherever they went throughout London it was the practice among the nurses to smoke, and he did not see why their nurses should not be allowed to do so in their sitting-room. He had too much faith in their good behaviour to think that they would smoke while on duty. He thought the nurses should have the same rights and privileges as the men officers.

Another member expressed the opinion that, as smoking in the recreation-room might be objectionable to some of the nurses and Sisters, it would be better if a small room were set apart for the purpose.

Alderman C. E. Taylor: The same argument might apply to our own households! My wife might object to my smoking, but she has to put up with the honour.

Mr. Randall said that 90 per cent. of the nursing staff smoked. If they laid down a rigid rule prohibiting smoking they would lose practically the whole staff.

Dr. H. Robinson, Medical Officer of the Sculcoates Union, did not get much encouragement when he wrote to the Board saying that he considered it his duty to point out that if they adopted the recommendation of the House Committee to advertise for two Sisters at the Workhouse Infirmary at salaries of £60 per annum they would probably meet with no response, or only from poorly trained and incompetent persons. He pointed out that the Sisters required must be highly trained women, with the certificate of the Central Midwives Board, and would be placed in charge of floors of from fifty to sixty beds, to control and teach probationers and to keep returns. If incompetent persons were appointed, it would be unfair to the probationers and inimical to the infirmary as a recognised training school. At the present time the Sisters were being paid

£78 a year, and, for the class of work they did, it was not a high salary. An amendment was proposed that the two Sisters be engaged on the same terms as those at present employed, and Mrs. W. S. Hide, the seconder, commented on the amount of clerical work of a Sister. For the clerical work alone they could not get a clerk at £60 a year. Mr. A. Silk, replying to Dr. Robinson's criticism, declared that if the doctor would only mind his own business, and look after the medical profession and the Infirmary instead of bothering about the house officials, it would be the better for him.

The amendment was defeated, and the recommendation of the House Committee carried.

The controversy between the Committee of the Royal United Hospital, Bath, and the Bath Poor Law Guardians, concerning the diversity of opinion on the matter of affiliated training of probationers, is being widely discussed in the press. Colonel E. Lewis, Chairman of the R.U.H., has issued a well-reasoned statement of facts, although his knowledge of the history of nursing legislation is a little rocky.

What amazes us is that the scheme of surgical training for Poor Law probationers at the hospital is estimated to cost the ratepayers £500 a year.

The Guardians resolved that the Ministry of Health be informed as to the circumstances which led to the failure in carrying out the scheme for training.

Dr. Edward Martin classifies doctors and nurses as follows in the *American Journal of Public Health*:—

"The profession of medicine is made up of three groups: an upper third—leaders in research, thought and helpful action, self-immolating altruists, the flower of civilisation; a middle third—strong, able, clear-minded men, who follow the lead of the upper third; and a lower third—prejudiced, ignorant, self-centred, whose approbation is undesirable. The sanitarian must have the upper two-thirds with him; the lower third against him.

"The nurses may be roughly classed as are the doctors: upper, middle and lower thirds. The upper and middle thirds are priceless boons to the community; the lower third almost as pernicious as the corresponding class of doctors. A health department cannot successfully administer without the public health nurse, who, if wisely chosen, will respect the rights of the doctor and add to his honour and

influence. If she be of the lower third she will embitter, and justly so, the best men of the profession."

Speaking at the Annual Court of Governors of the Sunderland Royal Infirmary, the Mayoress, Mrs. Lawson, said she was delighted to see such a highly skilled staff of nurses present. Theirs was a most important profession, they were entrusted with the very lives of their patients. In other professions a mistake might involve the loss of a few pounds, but with them an error of judgment might make all the difference between life and death. She was glad to see that so many of them were equipping themselves thoroughly for their life work. Nurses who so willingly devoted their best energies to the interests of that Institution deserved in return to be treated with every possible consideration. She would very much like to see the Nurses' Pension Fund put on a more satisfactory basis. No one could do their best work when haunted by anxiety for the future. Those who gave the best years of their lives to the service of the Institution were entitled to look forward to an honourable and comfortable old age. She wished every success to the Infirmary, which she regarded as Sunderland's crowning glory, and she trusted that the happy relations now existing between the Committee and the nursing and medical staff might long continue.

At this Meeting presentations were made to Dr. Robinson, who has been connected with the Infirmary for nearly thirty years. The Matron, Miss Amour, was also honoured. She was presented with a framed portrait of herself, together with a wallet of Treasury notes. The portrait Miss Amour handed back to the Governors to be hung in the Institution.

The Chairman said that Miss Amour had been with them for twenty-five years. She began her training in the Infirmary in November, 1897, and in 1903 was appointed Assistant Matron, succeeding to the post of Matron in 1912. She had most admirably filled the position and he could not exaggerate the importance of her services.

Miss Amour, replying, said she was very deeply indebted to the Governors for all the kindnesses and consideration she had received from them during the twenty-five years she had had the honour to be connected with the Infirmary. She was proud to be a Royal Infirmary trained nurse and to have the honour to be Matron of one of the leading institutions in the country.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Agenda.

Agenda for the thirty-second meeting of the General Nursing Council to be held on Friday, February 16th, 1923, in Room 107, Third Floor, Ministry of Health, Whitehall, at 2.30 p.m.

1. Election of Chairman.

Members are requested to send in their nominations not later than Saturday, February 10th, in order that Ballot Lists may be prepared.

2. Minutes of the last meeting.

3. Adjourned business.

4. Correspondence.

(1) Letter from Secretary, College of Nursing. (Circulated).

(2) Letter from Scotland referring to Rules (Circulated). (Minutes of last Council, pages 8 and 9).

5. Statement by Returning Officer.

6. Dr. Goodall will move:—

(1) That a special Committee of the Council be appointed to consider, report, and make recommendations to the Council upon Messrs. W. B. Peat & Co.'s "Report on System."

(2) That this special Committee consist of the General Purposes Committee, together with the Chairmen of the other Standing Committees.

(3) That the Chairman of the Council be Chairman of this Special Committee.

(4) That the quorum of this Committee be four.

7. The Hon. Mrs. Eustace Hills will move:—

That the General Purposes Committee be increased to six, of whom three will form a quorum.

8. Election of Committees and dates of meeting.

9. Any other business.

MARIAN S. RIDDELL,
Registrar.

5th February, 1923.

ITEMS OF INTEREST.

I. ELECTION OF CHAIRMAN.

It is a most unusual and invidious procedure to require members of the Council to send in nominations for Chairman. These nominations should be made in writing on slips of paper, and folded and placed in the ballot box when the Council is assembled, otherwise, unless there is a tie, there is no necessity for the ballot provided for in the Rules.

We, of course, on principle consider a Registered Nurse should be Chairman and preside at meetings of General Nursing Councils, but under existing circumstances we know of no woman on the present Council who has had the energy to study Parliamentary procedure, and methods of conducting the business of a Statutory Body.

Thus, it is not improbable that we shall again be placed at the mercy of a medical dictatorship—

the most dangerous position in which an independent profession, largely composed of women, can be placed.

4. CORRESPONDENCE.

Under correspondence, no doubt the College Council, now that it holds the balance of power on the G.N.C., intends to enforce its demands as to depreciating the standard for registration on the General Part of the Register.

5. STATEMENT OF RETURNING OFFICER.

The questions of importance in this connection are (1) Who is going to pay the hundreds of pounds wasted by the mismanagement of the first Election? and (2) has the Returning Officer the right to disqualify any number of ballot papers without the verification of the assessors and candidates for election?

6. REPORT ON SYSTEM.

We presume a Report will be forthcoming, as to (1) the cost per day of Messrs. W. B. Peat & Co.'s Report on System (or rather on lack of system) in the office, and (2) the cost of the 200 pamphlets published on this matter, when some 30 cyclostyled copies of the Report, for the use of the Council, would have sufficed.

Minutes of the Last Meeting.

On February 6th, 1923, we received a copy of the Minutes of the Council Meeting, held on December 15th, 1922—inexcusable procrastination, typical of the management, which necessitated the enquiry by a business firm into the "System" in vogue at Headquarters. We note that our "Statement" under "Other Business" has been entirely suppressed, but, doubtless, the unread Minutes will be passed "as correct," on the 16th inst. What we wanted to know, and what hundreds of "Intermediate" women nurses want to know is—Who eliminated the words, "after the term of grace," from the following Rule proposed by us on February 2nd, 1921, and unanimously agreed to by the Council?

"That the fee for Registration by the Council for Intermediate Nurses after the term of grace be £2 2s."

By omitting the words alluded to "Intermediate" women nurses holding three years' certificates of training have been compelled to pay £2 2s. for registration since July, 1921, whilst semi-trained Existing nurses have only paid £1 1s. The £2 2s. fee, according to the Rule agreed upon by the Council, should not have come into force until July, 1923, at the termination of the two years' grace—when Existing nurses are no longer eligible as such for registration.

No reply to our enquiries was forthcoming at the last Council Meeting, but it is incumbent upon the Registrar, Miss M. S. Riddell, to explain this matter, especially as Male Nurses have been accepted on preferential terms by the Chairman of the Registration Committee without the consent of the Council. Some person eliminated the words, "after the term of grace." As we now learn, it was not the Minister of Health. "Intermediate" nurses have a right to know who has penalised them for 18 months. To "suppress"

all reference to our statement in the Minutes is so typical of G.N.C. tactics that it causes us no surprise.

Registered Nurses' Rights under the Act.

We hope the Independent members of the new Council will insist upon Registered Nurses enjoying the following Rights:—

(1) A "prescribed training and prescribed experience in the nursing of the Sick." Section 3.
 (2) (a) This includes a "prescribed" Syllabus. The reason this "right" is being postponed in the case of "General" Nurses is that certain autocratic Governors of Voluntary Hospitals, and certain Poor Law Guardians, are attempting, with the help of the Ministry, to override the "right" of probationers to "prescribed" standards of education granted to them by Parliament. In the past, probationers were entirely at the mercy of these autocrats, and if possible they are still to be taught by courtesy and not by contract.

(2) The publication of the State Register, due, according to the Statutory Rules, in July, 1922.

(3) A protected Uniform and Badge. Section 3 (1) (g) of the Act.

(4) Titular letters after names.

E. G. F.

GENERAL NURSING COUNCIL FOR SCOTLAND.

The Registrar of the General Nursing Council for Scotland draws the attention of Nurses to the fact that, under the provision of the Statutory Rules, the two years' term of grace for registration of Existing Nurses terminates on July 29th, 1923.

Like their English compatriots, Scottish nurses have been very apathetic in availing themselves of State Registration, and the reason given to us is the same, *i.e.*, "We do not care to place our names on a Register with semi-trained nurses; we hoped the Act would have upheld the three years' certificate." Parliament never recognises professional efficiency, but as the Acts make it possible to build up standards in the future, our advice to Scottish nurses is to secure *legal status* by registration, and help to insist on high standards of teaching and efficiency in the future.

THE PROFESSIONAL UNION OF TRAINED NURSES.

NOTICE.

The Annual General Meeting of the Professional Union of Trained Nurses will be held at the Plane Tree Restaurant, 106, Great Russell Street, London, W.C.1, on Friday, April 6th, at 5.30 p.m.

No Nomination Papers will be sent out, but notice is hereby given that all nominations duly proposed and seconded according to the Rules, must be received at the Office *not later than noon* of Friday, February 23rd, 1923.

MAUDE MACCALLUM,

Hon. Secretary.

CHARITY BEGINS AT HOME.

Miss F. A. Sheldon, Registrar, College of Nursing, Ltd., sends the following letter to *Time and Tide*, February 2nd. An ample apology to its readers for her former inaccurate statements would have been more becoming:—

NURSES REGISTRATION ACT.

SIR,—In sending a letter to your issue of January 12th on the Existing Nurse I wrote as a Nurse interested in a number of my fellow nurses, and made the request, which was overlooked, that my private address might be printed.

May I say to your correspondent (January 19th) that I regret that in connection with the applicants with one year's training I used the word Certificate.

Documentary evidence (signed by a responsible official of the Hospital) is the correct statement, but the distinction is immaterial for the purpose of argument.

The champions of the Existing Nurse ask why, if this *Documentary evidence* of training extending over one year is accepted as part of the proof of "adequate knowledge and experience" in nursing the sick, the claim is denied to women, with twenty years' practice in nursing men and women (medical and surgical cases) to their credit, who cannot adduce this particular bit of evidence of "training." Surely every doctor and every nurse never ceases to be acquiring knowledge so long as actively prosecuting their profession of tending the sick. Cannot all the knowledge and experience be put in the balance to make up for the want of this special documentary evidence to which your correspondent attaches such supreme importance?

It is almost impossible to imagine that anyone seriously believes that the registration up to next July of these older women, making their livelihood as nurses in practice, would mean "a continuance of any reprehensible system" in the nursing of rich or poor, or that the inquiry addressed by the Central Joint V.A.D. Committee to the General Nursing Council, August, 1920, has any real bearing on the subject under discussion except so far as it may serve to impart a prejudice.

The College of Nursing is not a thing apart of evil intent, but a body of over 22,000 women who desire, and by association derive mutual help towards, the furtherance of their chosen calling.

Believe me,

Yours faithfully,

63, Wimpole Street, W. 1.

F. A. SHELDON.

Mrs. Bedford Fenwick is of opinion that "charity begins at home," and that the College champions of the untrained nurses would prove their good faith by placing them on the College Register (from which they are rigorously excluded) before attempting to depreciate the State Register and delude the public.

THE NURSES' REGISTRATION ACT AND THE EXISTING NURSE.

To the Editor *Time and Tide*.

SIR,—Miss F. A. Sheldon (Registrar, College of Nursing, Ltd.) refers in your issue of last week to my refutation of her former mis-statements concerning the Rules drafted by the late General Nursing Council for England and Wales, for the admission of Existing Nurses to the General Part of the Register.

The late Council accepted the very minimum of knowledge, compatible with safety to the sick public, in placing on the Register any respectable uncerti-

ficated applicants with one year's instruction in their responsible duties. The College of Nursing, Ltd., in compiling and issuing the rival Register which it maintains, professes to uphold the three years' standard of training and certification, to which trained nurses have been compelled to conform for the past thirty to forty years. Let the College Council "champion" these totally untrained nurses by placing them on their own list. The champions of State Registration might then have some faith in the integrity of their demand that these women shall be given the Statutory title of "Registered Nurse," but the fact is that they have strenuously excluded this class of worker from the College Register, and from participation in the benefits from the huge sum of money collected in the name of the Nation's Nurses.

Miss Sheldon writes: "Surely every doctor and every nurse never ceases to be acquiring knowledge so long as actively prosecuting their profession of tending the sick"—a most misleading and deceptive argument.

A doctor goes on acquiring knowledge founded on the basis of five years' theoretical and practical study, followed by examination and registration. A nurse who has had no general training or instruction may go on acquiring knowledge built up on ignorance, at the expense of the patient, "so long as actively prosecuting her profession of tending the sick," and may still be a very dangerous person, having no theoretical basis on which to build up her practice.

A medical practitioner has recently aroused a flutter in the dovecotes of medical circles by retailing some of the "accidents" in surgical practice known to him personally.

I have little doubt what the sensations of the public would be, if the pioneers of nursing reform retailed some of the fatal and heartrending results to life and limb of unskilled nursing practice, which have been one great incentive in their thirty years' struggle for the Organisation of Trained Nursing by the State.

It would, indeed, be tragic reading.

It is high time that intelligent women, excluded as they are from effective participation in the management of voluntary hospitals, bestowed some conscientious consideration upon questions of nursing ethics and nursing economics. A knowledge of the question of safe standards of nursing for the whole community is a serious civic duty.

I am, Sir,

Yours faithfully,

ETHEL G. FENWICK,

Registered Nurse.

20, Upper Wimpole Street,
London, W. 1.

LEAGUE JOURNALS.

League journals edited by trained nurses should keep members of the League in touch with professional views. Some do—some don't. We note an excellent article by Miss Julia Hurlston in the *Victoria and Bournemouth Nurses' League Journal*, on the ethics of the now past Election of the G.N.C. All her hopes for self-government, nursing standards and justice have been squandered by Rule 9 (A) for the time being.

The highly qualified, certificated members of the above Private Nurses' League are now "represented" by a College nominee—a private nurse without a certificate! We hope they appreciate the economic damage of the selection!

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE ELECTION OF THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

Since the publication of our last Supplement the results of the Election of Members of the General Nursing Council have been made known, results that have been anticipated since the moment when Rule 9 (A) passed the Council last Spring. Many people have told us that, since this Rule went to keep company with other and juster rules, it was useless for Independent Candidates to stand for election. But this view was wrong. Independent candidates *had to stand* so that the independent nurses might not feel that they had been "let down" and deprived even of an opportunity to support a free policy. Had these candidates not stood they would certainly have felt that they had failed the nurses just at the time when the greatest sacrifices, financial and otherwise, were called for from them. Moreover they stood to put Rule 9 (A) to the proof.

THE NOTORIOUS RULE 9 (A).

Rule 9 (A), proposed by Dr. E. W. Goodall, effectively opened an attack, and a successful one, upon the one portal system of Registration, because it permitted College Members to enter by one portal while those nurses, who had stood outside the College for conscience sake, or from conviction, had to choose another portal. The Rule under discussion secured to the College a majority in the State Register.

The first list of candidates passed by the Council, after the passage of Rule 9 (A), gave proof of how the Rule would operate in the elections shortly to fall due. It packed the electorate for the College, but, apart from this, it destroyed the confidence of the independent nurses in the justice of their Statutory Council, and many were so indignant at the preferential treatment meted out to one large organisation, weighted with social and financial influence, that they would not place their names on the Register. "Too dirty for me," said one of our most active members, and *nothing* would induce her to register.

But not only were College Members packed in. At the first meeting at which the Rule was in operation numbers of nurses from St. Thomas's and the Royal Free Hospitals were passed through on preferential terms, and before others who had

applied months before them. We may add that, after the first meeting at which Rule 9 (A) was in operation, no indication was given to Members of the Council of how many nurses were being passed through on preferential terms. Miss MacCallum used every means possible to obtain this but was refused, although, as a Member of the Council, she was clearly entitled to the information.

THE PACKED ELECTORATE.

But Rule 9 (A) is not the only injustice that has operated in the recent elections. We will give only one example of what has happened in a number of instances to our own knowledge. A nurse called at the office only a few days ago, most deeply distressed because she had not been able to support the candidates of whose policy she was in favour. She had relied upon the statement of the Council that nurses who applied for Registration before October 1st would be able to vote at the elections, and she sent up her application in July in order to be in good time. Her name is not on the Register yet, but that of Miss Geraldine Bremner, who applied in the latter part of September, and who has a lower qualification than her own, was passed through at once, because the College had nominated her for election to the Council, even before her belated application was considered by the General Nursing Council with the result that this lady, who holds no hospital certificate, is now elected to "represent the private nurses of England and Wales," with their fine three years' certificates, many of them, like the defeated candidate, possessing a second qualification as well. So much for a packed electorate and preferential treatment for the College of Nursing, Limited!

ECONOMIC DAMAGE AND PROFESSIONAL INJUSTICE.

Yet we hear many pious platitudes from College supporters on the benefits of unity. *Until they learn to play the game there is not the faintest hope of unity* for always there will be people who feel bound, whether they like it or no, to fight injustice, cowardice and wrong. Again, we hear remarks to the effect that the College Matrons did their utmost to work harmoniously with others on the Council, but unfortunately they much too frequently adopted the course of dressing an ugly thing up in beautiful clothes in order to achieve harmony. They trace the great cleavage in the Council to incidents connected with the proposal

to deprive trained nurses of the record of their certificates in the published State Register. The representatives of the working nurses were alarmed beyond measure at this proposition. Imagine, for instance, the case of two nurses, one trained in 1921 and the other in 1926. Say that, soon after the latter date, a doctor has an important case or a patient desires to know the respective qualifications of these nurses. He goes to the State Register as a matter of course to find that the first nurse is entered merely as "trained" while the second is entered as holding a "certificate by examination" from the General Nursing Council of England and Wales. We need not waste space in pointing out the terrible economic disadvantage at which the first would be placed. Or take another case on a larger scale. Some enterprising co-operation or private nursing staff, seeing the advantage at which the second nurse is placed, and perhaps anxious to get rid of its older nurses and start afresh, might very well pass a Resolution to the effect that it would only employ nurses entered on the State Register as holding a "certificate by examination." A staff pursuing such a course would naturally make capital by advertising it as widely as possible, with the result that not only the nurses it shuffled off itself, but all private nurses who are now commencing their careers would be placed in a most dangerous position. There is not the faintest doubt that the passage of the Resolution would have led to many injustices of all sorts, but it was dressed in a beautiful garment—much talk about consideration for nurses who trained before certificates were given. These nurses are, few of them, working now, and so would not have suffered economically. But there are those in high places in the College who possess no certificate, and, more important still, the notification of certificates, on the State Register, was going to expose the fact that, on the College Register, nurses are credited with certificates who do not possess them. And Mrs. Bedford Fenwick keenly alive to the economic danger and professional injustice to be perpetrated upon the younger nurses by the proposed Resolution, tore off the beautiful garment, and exposed the Resolution and all that it covered.

CONVERSATIONS AND CAMOUFLAGE.

Then what happened? Those who profess to have tried to work harmoniously went on strike, but that they dressed in a beautiful garment, too, and called it "a restful interregnum." Then came "conversations" with Mr. L. G. Brock, who controls nursing affairs at the Ministry of Health, and the makers of the now discarded Resolution agreed to come back if Mrs. Fenwick could be "gagged" and removed from the Registration Chair. So another ugly thing was dressed in a fine garment, this time by Miss Coulton, who haltingly gave reasons for moving her resolution, which she knew covered a hidden purpose. However, it went through in its fine clothes and the Committees were reconstituted with the result agreed upon behind the scenes. Then

came Rule 9 (A) dressed, too, in its fine gown, "to speed up Registration," but, alas, we found the Council by no means so ardent in this direction, when, at the December meeting, upwards of 800 nurses whose papers had been found in order by the Registration Committee, had their applications held up, thereby depriving them, though they applied before October 1st, of their votes, and, further, upwards of 3,000 applications were lying incomplete in the office. Such were the tactics found necessary to secure a monopoly for the College candidates on the General Nursing Council for England and Wales, and these are the people who control nursing ethics and discipline!

CELTIC SONG.

MRS. KENNEDY FRASER'S RECITAL AT THE R.B.N.A. CLUB.

On Wednesday, February 7th, I was privileged once more to enter the gates of the "House Beautiful" and make one of the large and delighted audience that listened spellbound to the Gaelic Folk Music rendered by those well-known exponents, Mrs. Kennedy Fraser and her sister, Miss Margaret Kennedy. Sir Harold Boulton presided, and both he and Mrs. Kennedy Fraser added to the pleasure of the hearers by those interesting comments on the subject which their almost life-long association with it enabled them to make. It was indeed an experience to be grateful for—to listen to such singing—to be given of the fruits of an eighteen years' gathering from that wild and lovely garden of song which grows in the hearts of the people of the West. In these eighteen years of Mrs. Kennedy Fraser's "labour of love," she has evidently explored that garden in all its phases and blended into her art the joys, tears, hopes and sorrows of the Highlanders with whom she dwelt. To the music critics one may leave the "technique" of our singers; it had, no doubt, its part in the witchery—but there was more than technique; there was "atmosphere"—we "saw" the "Old Crone" come "hirplin' doon" the road, humorously lamenting her bygone charms; we "heard" the lapping of the waves that drowned the victim in the "Sea-tangle" song; and we were strangely moved by the story of the "wraith" that bent crooning over her orphan child, to inspire the stepmother who had neglected him to perform her duty. No greater success can be achieved by a folk singer than this, and in thus interpreting the spirit of the native lies surely the secret of such a task. "The meaning of a song goes deep" says Carlyle. We are indebted to those singers and students who, like these gifted sisters, dig deep enough to bring its beauties within the grasp of less expert music lovers.

Tea was provided, during which delighted comments were made on all sides, thus testifying to the universal appreciation of the entertainment.

"PIXIE."

DEBATING SOCIETY.

At the suggestion of some members we are forming a Literary and Debating Society. The first ordinary meeting of this will take place on Monday, 19th inst., at 8 p.m., and the subject of debate will be the "Economics of the Nursing Profession." Any nurses who care to attend will be welcomed:

THE RAMBLERS' CLUB.

Members are reminded that there will be a tour of the Victoria and Albert Museum on Saturday, 17th inst. Will nurses who wish to join it be at the entrance to the Museum at 3 p.m. on that day?

GIFTS TO THE CLUB.

"Anonymous," gramophone records; Sir Harold Boulton, three volumes of songs; Misses Floyer and Milne, lampshade; and Miss Wise, flowers.

DONATIONS.

General Purposes Fund.—Miss Chippendale and Miss Warner, 5s.; Miss Sullivan, 4s. 6d.; Miss Fenwick Hutchinson, 2s. 6d.; Miss M. Piper, 1s. 6d.; and "Anon." and Miss Williams, 1s.

Club.—Miss A. B. Curtis, £1 5s.

Helena Benevolent Fund.—Miss Chippendale and Miss Drakard, 5s.; Misses Heap, Freear and Sullivan, 2s. 6d.; Miss A. de S. Wickham, 2s.; and Misses Fraser, Treble, L. Wilson, and Williams, 1s.

Settlement Fund.—Miss Flint and Miss McLaughlin, £1; Miss Sullivan, 10s.; Misses Drakard and Fenwick Hutchinson, 5s.; Miss Rowe, 3s. 6d.; and Misses Bousfield, E. Freear, and M. Howard, 2s. 6d.

ISABEL MACDONALD,

Secretary to the Corporation.

NURSES TRIP THE LIGHT FANTASTIC TOE.

Last Wednesday, February 7th, the Queen's Hospital gave their annual dance in the Shoreditch Town Hall, this year amalgamating with the Elizabeth Garrett Anderson Hospital, Euston Road. The hall was decorated with balloons; in fact, the whole scene was a blaze of colour. Gaily dressed nurses, doctors, and their friends, in every conceivable kind of fancy costume, mingled with the other dancers, who, though not so elaborately attired, were none the less gay. We were fortunate in securing the services of the Goddard Dance Orchestra, who did full justice to their instruments and gave us every ounce of their jazz selections. Our thanks are due to Miss Bushby, Miss Hale, and other kind friends, who, with untiring efforts, did so much to make our dance a success, and gave us such an enjoyable evening.

E. M. B.

A WORD FOR THE WEEK.

We lack the courage to be where we are :—
We love too much to travel on old roads,
To triumph on old fields; we love too much
To consecrate the magic of dead things.

THE IRISH NURSES' AND MIDWIVES' UNION.**THE IMPORTANCE OF AN EFFICIENT PUBLIC HEALTH SERVICE.**

As all other interests in Ireland seem to gain a hearing in spite of the troubled times, the Irish Nurses' and Midwives' Union is making a fresh endeavour to awaken public interest, if possible, to the deplorably backward state of the Public Health services in Ireland. The Union is holding a Public Conference in the Mansion House (Supper Room), Dublin, on Wednesday, February 21st, at 5 p.m., to which all interested will be heartily welcomed. The meeting will be addressed by Mr. R. J. P. Mortished, who has devoted a great deal of attention to the subject, and among other speakers will be Dr. T. R. Hennessy (of the Irish Medical Association). It is hoped that a large number of nurses will attend, as well as the general public, as the subject is one of vital interest to their profession.

If the nursing needs of the country were to be satisfied, there would be plenty of employment for all the nurses in Ireland. There are some country districts even yet which do not possess even a Dispensary Midwife; there should be a tuberculosis nurse in each county at least, besides nurses for ordinary sick cases in every town and district. There should be a cottage hospital with a sufficient staff of fully-trained nurses in every locality, besides the large county hospital; there should be a school nurse to look after the health of the children in every school. If all these nurses were at work, after a very few years the country would realise what enormous sums it had wasted in the past through allowing disease to spread and increase through the land, retarding the development of children, disabling men and women, and delaying the work of many to an incalculable extent.

The Union hopes there will be a large attendance at the meeting, when a resolution will be put forward asking for the establishment of a Ministry of Health as soon as possible.

K. V. PRICE, *Asst. Sec.*

GOD'S CHILDREN.

Who are those little ones playing alone

Out in the dirty street,
Playing about where the cobble stone
Covers the earth where grass would have grown
Soft to their bare brown feet?

And he who was child of a bygone day—

Now but a wreck of man—
Smoking, sat watching the children play,
Smiled as he saw 'twas the same old way
The little beggars ran.

And hearing my voice, he looked at me,
Pointed his old pipe stem—
"These are the children of God," said he,
"For nobody cares for them."

(From "Passing Songs," by Dr. William Barr).

APPOINTMENTS.

ASSISTANT MATRON AND SISTER-TUTOR.

St. Chad's Hospital, Hagley Road, Birmingham.—Miss Gertrude Wilding has been appointed Assistant Matron and Sister-Tutor. She was trained at Bolton General Hospital and served in hospitals abroad with Queen Alexandra's Imperial Military Nursing Service. She received her midwifery training at Birmingham Maternity Hospital and been Sister at Stockport General Hospital, and had experience in housekeeping at the Norfolk and Norwich Hospital.

THEATRE SISTER.

Birmingham and Midland Hospital for Women, Sparkhill.—Miss Kathleen McCarthy has been appointed Theatre Sister. She was trained at the Queen's Hospital, Birmingham, where she was Staff and Theatre Nurse, and she has also held the positions of Ward Sister and Theatre Sister at the Women's Hospital, Liverpool.

SISTER.

Southmead Infirmary, Bristol.—Miss Hilda Jessie Spyer has been appointed Sister. She was trained at the Camberwell Infirmary, and was Staff Nurse and Sister at that Institution, and did Army Nursing on Q.A.I.N.S. Reserve from 1918-1920.

COUNTY SUPERINTENDENT

Isle of Wight.—Miss S. J. Lambert has been appointed County Superintendent. She was trained at the London Hospital, where she has held the position of Sister, and has been Night Superintendent and Assistant Matron at the British Red Cross Hospital, Netley. She is a Queen's Nurse, and has been Assistant County Superintendent, and Inspector of Midwives for Cornwall, and for East Suffolk. She is a Certified Midwife.

QUEEN ALEXANDRA'S MILITARY FAMILIES NURSING SERVICE.

To be Staff Nurses: Miss M. E. Pewter, Mar. 4th, 1922; Miss Z. Scott, Mar. 6th, 1922; Miss M. K. MacKenzie, Mar. 14th, 1922; Miss S. L. Fletcher and Miss I. G. Bennett, Apr. 1st, 1922; Miss E. S. Bower, Apr. 3rd, 1922; Miss A. Price, Apr. 7th, 1922.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Mabel A. Battye is appointed to Macclesfield; Miss Edith C. Doe to Scunthorpe; Miss Betty Dulborough to Chalfont St. Peter; Miss Sarah Evans to Stockport; Miss Bridget Hickey to Ashton-under-Lyne; Miss Catherine P. Phillips to Nailsworth; Miss Winifride W. Smith to Huthwaite.

RESIGNATION OF MISS E. M. MUSSON.

Miss E. M. Musson, R.R.C., has resigned the position of Matron of the General Hospital, Birmingham, a position which she has held for fifteen years. Miss Musson was trained at St. Bartholomew's Hospital, London. Candidates for the post, which is advertised, must possess a certificate of three years' training in a General Hospital of not less than 100 beds, have been Matron or Assistant Matron in a General Hospital, with a training school for nurses, and have had experience in housekeeping and in all other duties required of a Matron.

The commencing salary will be £300 per annum. Applications, giving full particulars, have to reach the House Governor by March 5th. Preference will be given to candidates between the ages of 35 and 45.

THE HOSPITAL WORLD.

Princess Helena Victoria has been actively engaged in promoting the interests of our hospitals of late. Recently she visited Brighton, and officially opened the new premises of the Brighton and Hove Hospital for Women (formerly the Grammar School), in Buckingham Road. The hospital, which was founded in 1830, moved to the premises which it has just vacated in West Street in 1857.

In declaring the hospital open the Princess said that never in the history of our country had it been more necessary to look after the children, its future citizens.

Last week Princess Helena Victoria opened the Bermondsey and Rotherhithe War Memorial Children's Ward at Guy's Hospital, and afterwards visited each of the cots. Her Highness was received by Lord Goschen, Treasurer of the Hospital, and the ward was dedicated by the Bishop of Woolwich "to the brave and the true, who have died the death of honour."

At the 87th annual general meeting of the governors, held at St. Mark's Hospital for Cancer, Fistula, and other Diseases of the Rectum, City Road, on February 8th (Mr. Robert Holland-Martin, C.B., Treasurer, presiding) reference was made to a much needed extension of the Hospital premises on vacant land adjoining the present building. This extension, which would cost about £10,000 would provide accommodation for another 21 beds, and also a new Out-Patients' Department, as well as new Pathological and X-Rays Departments.

During 1922, in which there had been a decrease of £431 in ordinary donations, the Hospital had admitted 650 in-patients, of whom 581 had been cured. Three thousand eight-hundred and fifteen attendances had been made by 1,120 new out-patients during the same period.

At a meeting of the Metropolitan Asylums Board on Saturday it was reported that there were no smallpox cases at present under treatment in London, but Joyce Green Hospital is being kept ready for emergencies.

It is stated that "insulin," the new remedy for diabetes, can be extracted from fish.

Mrs. Marryat, sister and heiress of the late Sir James Caird, Bart., Dundee, has given £20,000 to the Dundee Royal Infirmary to provide two operation theatres, a permanent building for X-ray examination and electrical treatment, and to erect a covered way to connect the main block of the Infirmary with the Caird Hospital.

A wire from Schenectady states that two Rockefeller Institute physicians, Drs. Frederick Gates and Peter Olitsky, have isolated the influenza germ.

TWO POPULAR MEMBERS OF PARLIAMENT "WELCOME" FRIENDS.

The Reception given by Major R. W. Barnett, M.P., and Mrs. Bayne, and Mr. J. W. W. Hopkins, M.P., and Mrs. Hopkins, L.C.C., on Friday in last week to the Officers and Committees of the South-East and South-West St. Pancras Conservative and Unionist Organisations, at the Public Hall, Prince of Wales Road, N.W.5, was a very gay and enjoyable affair. The strenuous work of the Election, and the success which had resulted therefrom, formed a common bond of union between those present, who were naturally elated at the return to Parliament of the two popular Members, for which they strove so earnestly in the months preceding the fateful test on December 15th. But once again it was demonstrated that those who work best can play best, and earnest workers were transformed beyond recognition into the lighthearted crowd who danced gaily to the strains of Harper's famous band or, in the disguise of various fancy dresses, paraded the hall, competing for the beautiful prizes subsequently presented by Mrs. Hopkins, together with those won by the successful players in the Whist Drive which took place in the Small Hall.

At 9.30 the two Members made brief speeches endorsing the message which greeted the guests from the platform in large letters, "Welcome," and from the applause with which their remarks were received it was evident that their popularity is still at its zenith.

Sir Herbert Jessel, to whom Major Barnett referred as "the Architect of Victory," also spoke, and impressed upon the audience that the forthcoming Session would be a very strenuous one, and if their Members were not seen in their constituencies as often as they might wish, it should be realised that it was because they were doing what they had been elected to do—their duty in the House of Commons.

Amongst those present were to be seen many well-known Nurses, who had worked strenuously to secure the return of Major Barnett, "the Nurses' own M.P.," and who were delighted to have the opportunity of meeting him and testifying to their pleasure at his return to Parliament, and their gratitude (most rare of virtues) for his invaluable and lasting services to their profession.

Refreshments were served at the buffet in the Large Hall throughout the evening, and at 10 o'clock the main buffet in the Small Hall was opened, and many of the guests formed sociable little parties at small tables and enjoyed the many good things provided.

Dancing continued till nearly 12 o'clock, when all combined to agree that the evening had been most enjoyable, and a great success, and that sincere thanks were due not only to the hosts and hostesses, but also to the General Secretaries, Mr. J. T. Hughes and Mr. H. W. Ingram.

BOOK OF THE WEEK

"CLAIR DE LUNE."*

This story of a musician and composer who placed his art before the interests of his young wife has many points besides that of a good narrative.

The descriptive and imaginative powers of the author, who, by the way, prefers to be anonymous, are of no mean order.

We may say, for the information of our readers, that the title refers to the musical work upon which Charles Evelyn was absorbed to the exclusion of all else.

He lived a Bohemian life before his marriage, and had no wish to change it. He was very fond indeed of pretty Kitty, a near neighbour and companion of his in their childish days. Albeit Charles was an Evelyn of Temple Evelyn, and Kitty the sister of a yeoman farmer, George Dent.

There had been an understanding for some time between the two which Charles had drifted into, and Kitty had accepted with restrained passion which Charles never suspected.

And now Philip, the elder Evelyn, was dead, killed by a fall from his horse, leaving Charles in a position to marry. Yes, he was very fond of "Kitty-wee," but marriage was another matter.

Kitty had always felt doubtful as to the exact state of the feelings of her charming and irresponsible lover, and in a moment of extreme peril to the lives of both of them she puts the question to him.

"Don't, don't laugh at me; you're not quite like other men, and I—I'm sentimental at heart like all women. But you do love me; if we had lived you would have married me, not only to satisfy George—you would have liked to be married to me?"

Then he lied to her. "I would give my soul to be married to you now."

The moment of peril passed, and Charles was irrevocably pledged.

He had drifted into his engagement without looking to its end or his own limitations, but now he realised that ties of human union were not for him.

All the bent of his nature turned towards solitude and freedom. Even his friends tired him when they came too near.

All his life he had remained essentially cold to women, and he was ice-cold now to Kitty Dent, for all her beauty. Evelyn half hated her for begging from him what he had not to give. But one must fulfil the obligations of a gentleman.

George Dent, fond though he was of Evelyn—in any other capacity than that of a brother-in-law—asks Kitty what sort of comfort she expects to get out of Eve, "when you've got six children all down with the whooping cough."

* By the author of "Jenny Essenden." (Cassell & Co.).

Nervous Exhaustion

NERVOUS strain is telling upon the health of many of our people, resulting in nervous fatigue, nervous exhaustion, insomnia, and functional nervous disorders generally.

Nerve waste, like all tissue waste, can only be made up by nutrition. The difficulty in such conditions is that the nervous system, which plays such an important part in digestion and assimilation, is so disorganised that ordinary diet is not assimilated. The need, therefore, is some highly nutritious food, not too rich in proteid, and containing a good proportion of fat in a palatable and digestible form.

In Virol these conditions are perfectly fulfilled, and, what is more important, this preparation is so finely emulsified that it does not tax the digestion at all, and is assimilated in the weakest conditions. Small quantities of Virol taken between meals are rapidly absorbed and digested by the system, and the nervous balance is gradually restored, so that the patient will in a short while be able to assimilate ordinary diet.

VIROL

Virolised Milk—a teaspoonful of Virol mixed with half-a-pint of warm (not hot) milk—is an ideal food for nervous exhaustion, and a tonic food for Nursing Mothers.

Used in 3,000 Hospitals and Child Welfares.

IN JARS, 1/3, 2/- and 3/9.

VIROL LIMITED, Hanger Lane, Ealing, London, W.5.

"Do you—are you very fond of him, my dear?"
 "Yes, very," said Kitty, without emphasis.
 "Much too fond of him to marry anyone else."

So they started on their honeymoon, and he informed her "you have to let me do as I want to do even as Deborah obeyed Abraham." He lamented the necessity of having to go to the Riviera, but they told him "it was the proper thing to do after an orange-blossom show."

Kitty gave her silvery trill of laughter. "Don't let's cross if you're going to be sick. Besides, I might be sick, too."

It ended in Kitty tearing up the tickets. "Cheer up, we'll have a heavenly time in Chelsea. The Riviera was banal, I felt that myself. This will be a far, far better thing to do."

She understood her erratic husband and laid herself out to prevent him finding his new conditions irksome; but, with all her shrewdness, she was unaware of his peculiar bent.

Evelyn's Scotch man, Fraser, was not pleased at their unexpected arrival at his Chelsea flat, and made no pretence of it. "In the circumstances I was justified in hoping for a full fortnight for the cleaning. A body might think he would put up with it as long as that."

"Put up with what?" said Kitty, rather startled.

"Honeymooning, mem," said Fraser with simplicity.

It is not surprising that ere many months had passed Kitty found herself back with George Dent.

George espied her one morning as he was riding round his land. "A woman in a harebell blue dress and a wide straw hat. From a long way off her movements reminded him of the familiar small trimness of Kitty."

He touched his horse and cantered towards her.

"Kitty, what's up? Anything wrong?"

Kitty stood by his horse's head turning her face up to him with a smile: her complexion as white and pink as ever, her eyes profound and clear. But there was a change in her.

"Has Eve chucked you?"

"No, dear, I've chucked him."

"Has he been unfaithful to you, Kitty?"

"H'm, what is faith? I do share his heart, but the other lady cannot be dragged into the divorce court. You've heard of her before. She's called *Clair de Lune*."

It is worth the reader's while to discover the sequel. Charles is a charming person on paper, but it must be confessed that he did not shine in the capacity of a husband. But love is said to overcome all things, and we must leave it at that.

H. H.

COMING EVENTS.

February 16th.—Meeting General Nursing Council for England and Wales. Ministry of Health, Whitehall, S.W. 2.30 p.m.

February 19th.—Royal British Nurses' Association, 194, Queen's Gate, S.W. Meeting, Literary and Debating Society. Subject: "The Economics of the Nursing Profession."

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.

UP-TO-DATE TREATMENT IN MENTAL HOSPITALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been greatly interested in hearing of the opening of the "Maudsley Hospital," Denmark Hill, London. I trained as a nurse at the Buffalo Children's Hospital, in New York State, America. The training is three years, including six months in the Buffalo General Hospital, with which the Children's Hospital was affiliated. After finishing training I joined the U.S.A. Army Nurse Corps in 1917.

In 1918 I did work connected with the disabled ex-service men who were mentally ill, and worked at the Westborough State or "Mental Hospital" at Westborough, Massachusetts, U.S.A. I am especially interested in the "mental hospitals" here and their conditions.

It has been a great surprise to me that the "prolonged warm baths" are not *widely used* here, as in America, for cases of violently excited or depressed mental cases, also for insomnia. The treatment was started in 1908 in a large State (like County) mental hospital; it is used in the mental hospitals all over the country now, and in private sanatoriums as well. Drugs are seldom used for insomnia, the baths are found more satisfactory. The system was introduced from Germany, I believe.

The standard American Nursing Text-book, "Practical Nursing," by Pope and Maxwell, gives full details of prolonged warm baths in a copy printed in 1909. In 1916 treatment of children with chorea by prolonged warm baths was frequently given, and found *very successful*.

I visited a large county mental hospital near here, where there are 41 ex-service men. It is a fine large building with numerous wards, and numbers of nurses and attendants; about 1,100 patients, and eight doctors and about 100 women nurses. There are some striking differences between it and a similar American hospital.

1. No prolonged baths were given for violently depressed or excited cases or insomnia.

2. The hospital used gas, and had no electricity, so no electric treatments could be given, as in the U.S.A.

3. The dormitories and infirmaries had 40 or more beds and no private rooms; the smaller number in a ward, and private rooms, are found more successful.

4. The building was a huge "fan-shaped" one, all the wards in the same building, which had been added to. The newer American mental hospitals are built on the "Cottage System," separate buildings for the admission wards, and the acute, mild, and chronic cases.

5. The rates are much higher in England—£4 4s. per week for the private, quieter wards. The highest charge is \$7 (seven dollars) in the U.S.A. (or about £1 8s. per week). *All the patients get the same treatment and food.* They are classified by their *mental condition*, not by the amount they pay. There are no private wards or rooms; the separate rooms are used for the patients needing quiet most.

An operating room is being planned in the hospital I saw; most of the American mental hospitals have operating rooms and do a lot of operating. Surgeons come from towns in the neighbourhood and make regular and careful examinations of all the new patients, and operate when necessary.

In the Westborough State Hospital a lot of treatment is given for syphilis, and it is used for patients outside the hospital, and is given free.

In 1918 the Westborough State Hospital put in an X-ray apparatus, which is very useful in accidents. A dental room was fitted up, and a resident dental surgeon and nurse are on the staff. They are kept busy, as the staff as well as the patients can get treatment. The dental nurse cleans the patients' teeth regularly; the surgeon does the fillings, extractions, &c.

There is a fine laboratory, and a resident pathologist. Careful blood tests, &c., are made of all patients admitted, and annually as long as they are in hospital. The law requires that there are two women doctors on the staff at least.

The nurses' training consists of two years in the State hospital and one year's affiliation in a general hospital; the examinations are given by the State Board of Nurse Examiners for registration, and are the same as for general hospitals.

The patients can all "commit themselves to," or enter, a State hospital, and leave after giving three days' notice. Many go as voluntary patients, in time to avoid serious breakdowns.

Since prohibition has been enforced in America the hospitals' records show admissions owing to alcoholic conditions have dropped from 10 per cent. to $\frac{1}{2}$ per cent.

I hope the prolonged warm bath treatment will be introduced into the mental hospitals here, if only for the ex-service men. It is not an expensive treatment, like electricity. I have seen wonderful recoveries in a short time by its use. I hope your readers will be interested in hearing how largely it has been used in America since 1908, for the poorest patients.

There are many other things I could mention, but must not take up more space.

All the doctors of America and the West Indies have a small green cross painted on the front of their cars. It has been found very valuable in cases of emergency and getting through traffic quickly. It is a good idea; I am surprised it is not used here.

Yours faithfully,

ALISON MAXWELL HALL,
U.S.A. Army Nurse Corps.

Budleigh Salterton,
S. Devon.

SELF KNOWLEDGE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I protest against the common fallacy that it is virtuous to avoid thinking about ourselves? Wise men have laid down the axiom that Self-Knowledge is the first step to moral and spiritual progress. It cannot be attained by refusing to study our own mentality. Too often those who take the latter standpoint are in reality absorbed in a sophistical indulgence of the perishable self, while neglecting the Ego.

E. E. P. asks—regarding things worth thinking about—"Books, Pictures, Nature: what am I to come first?"

Until we realise that each of us *is* Nature, an agglomeration of living atoms to be cultivated by the higher principles within us, we are an instance of the blind leading the blind.

If the little garden plot we entrust to a child were covered by him with matting, receiving no culture but by those forces of Nature which might penetrate, because he believed it more modest to deny consideration to *his own*, how we should smile at him. Yet that is what many children of larger growth are doing instead of tilling, sowing and weeding their little plots. Critical faculty that is not turned to self is apt to be unduly occupied with others.

Only good can come from self-study if we remember that we are but a fraction of the whole—a Unit of Consciousness—and examine closely each experience that comes to us to find what lesson it holds for ourselves, and how to increase by it our usefulness to others—the systole and diastole of our lives.

The evil of self lies in *hoarding* our own gains—material, mental or spiritual.

I am, Dear Madam,
Yours faithfully,

M. M. G. BIELBY.

Cranford, Middlesex.

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRELAND—33, St. Stephen's Green, Dublin.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

PLEASE NOTICE.

Mrs. Bedford Fenwick will be in the Lobby of the House of Commons on Friday, February 16th, at 2.30 p.m., and hopes as many as possible of the Civic and Professional Rights Sub-Committee of the Registered Nurses' Parliamentary Council will meet her there at that hour.

OUR PRIZE COMPETITION QUESTIONS.

March 3rd.—Describe the principal uses of baths, some of the varieties known to you, and the methods of administering them.

The Midwife.

THE KING'S FIRST GRANDSON.

Nurses and midwives, who know so well the relief in the houses of rich and poor when fulfilment succeeds expectation, and King Baby arrives to hold sway over his court, can appreciate the pleasure of the King and Queen on the birth of their first grandchild, and the joy of Princess Mary that "a man is born into the world." More than most Royal Princesses, her experience in the wards of the Great Ormond Street Children's Hospital will have enabled her to appreciate the responsibilities as well as the joys of motherhood. The nurse selected for the honour of nursing the Princess is Miss Ida Thomas, trained at Guy's Hospital, who holds the certificate of the Central Midwives' Board.

SOME PIONEER MIDWIVES.

Miss M. Olive Haydon, Sister-in-Charge, Paget House Midwifery Training School, and member of the Central Midwives' Board, gives the following interesting details of some pioneer members of "the Senior Profession for Women," in this month's issue of *Maternity and Child Welfare*.

SOME FAMOUS PIONEER MIDWIVES.

Of all European midwives the best known perhaps is Madame la Chapelle; her memoirs are delightful reading, and she did much for improving the education of midwives in France. For details of other celebrated midwives of the 15th, 16th, and 17th centuries, we are indebted to G. J. Witowski, doctor of medicine of the faculty of Paris. One of the early pioneers was Fulvie Morrata, born at Ferrara in 1526. Delacoux writes that she received an excellent education from her father, who was a man of culture, "an education adapted for the happy dispositions with which nature had endowed her." She was very proficient in ancient languages, which became "as familiar as her own." She lost her father early, undertook the education of her young brother, and supported him. She married a German doctor, and, although ignorant of scientific language, prepared lectures for him. At that time men were excluded from the practice of midwifery, the law enacting the punishment of death to any man assisting at a labour! Fulvie Morrata conceived the noble idea of establishing a school for midwives in Heidelberg. Her early death at 29 prevented its coming into being, but later, owing to her inspiration, the Archbishop of Cologne established a school of midwifery at Bonn.

GERMAN PIONEERS.

Marguerite Fuss, "Mère Marguerite," was a renowned German midwife; her mother, who be-

longed to a noble family, was also a midwife, and her father a teacher in Heidelberg. She married at the age of 22, but had no children. As her husband was dissipated, she got a separation, and devoted herself to midwifery. On her mother's death she inherited a little money, and resolved to study midwifery more thoroughly. Marguerite went to Strasburg, and followed courses of lectures by famous doctors, and learnt how to deal with difficult cases. After two years spent in this way she settled in Cologne, and made a great reputation. She was called to royal courts—Holland, Denmark, and others—to exercise her profession, and her success was brilliant. . . In the 17th century there also flourished in Germany Justine Siegemundin, daughter of a pastor in Silesia, who has perhaps a larger European reputation than Marguerite Fuss; in 1690 she published a book which consisted of conversations between Justine and her pupil Christine, a book which is often quoted. She decided to be a midwife because at 23, when she had suppression of the periods, midwives made a diagnosis of a full-time pregnancy; this convinced her of their ignorance, and she decided to devote herself to their instruction. She too, like Mère Marguerite, was often summoned to foreign courts.

FRENCH PIONEERS.

It is, however, France that has the most celebrated midwives. Peronne du Moutier, midwife of Anne of Austria, was head midwife of the Hôtel Dieu, Paris. When she died the queen paid the expenses of her funeral as a thankoffering. Marguerite de la Marche wrote a manual for midwives, "an elementary, methodical and concise book."

Anne Catherine Caranda was the first married woman admitted as midwife to the Hôtel Dieu in 1871. She had been separated from her husband twenty years, but it was stipulated that she should retire if she rejoined him. In the 18th century, we read of Christine Clare, whose lectures were so popular that they were followed by doctors. Marie Prudence Plisson, distinguished in literature as well as in natural sciences, made a study of the controversial question as to whether gestation might be prolonged, and came to the conclusion that it might be longer than 280 days. . . . Madame du Coudray obtained a permit from the king which authorised her to hold courses of instruction in all the provinces of the kingdom. She did practical demonstrations with a mannequin of her own invention, and made the midwives practise with it and a flexible foetus. She died in 1825, but her niece and pupil, Marguerite Coutenceau, continued the lecture courses, at one of which she met her husband, an obstetrician. She founded the Bordeaux Maternity Hospital, to which she and her husband devoted their time, money, and energies. She published a book on midwifery principles.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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Vol. LXX

EDITORIAL.

NURSES' RIGHTS UNDER THE NURSES' REGISTRATION ACTS.

No. 1.—PRESCRIBED TRAINING.

We wonder how many Registered Nurses have read the Nurses' Registration Acts of 1919. We fear not many; as a rule nurses do not concern themselves with Acts of Parliament, and yet it is most important that they should possess and study the Acts under which their profession is governed, so that they may understand the duties imposed, and the rights conferred, upon them by those Acts.

One of the most important rights, granted to the nursing profession under the above Acts, is the right to a prescribed training.

Section 3, Subsection (2), of the Nurses' Registration Act, 1919, provides:—

“Rules under this section shall contain provisions: (a) requiring as a condition of the admission of any person to the register that that person shall have undergone the PRESCRIBED TRAINING and shall possess the prescribed experience in the nursing of the sick;” and “(b) requiring that the prescribed training shall be carried out either in an institution approved by the Council . . . or in the service of the Admiralty, the Army Council or the Air Council.”

Subsection (3) provides that “Rules made under this section shall not come into operation unless and until they are approved by the Minister of Health.”

The adoption of a “prescribed training” is therefore not a matter upon which there is any question. It is the duty of the General Nursing Councils to carry out the Nurses' Registration Acts in this, as in other, particulars. How important it was that this provision should be incorporated in the Acts, those who framed them thoroughly realised.

In the first place, it is most important that an efficient scheme of training should be prescribed, and enforced, so that the public may be supplied with nurses well equipped for their most responsible duties.

And, in the second place, it is of the highest

importance to a woman who enters a hospital for training, that if she devotes three of the best years of her life to learning her work, she shall be certain that she will have the opportunity of doing so theoretically and practically.

In the past this has not been the case. Probationers have over and over again bound themselves to serve the authorities of a hospital for three years, only to find at the end of that time their training has been so insufficient that either they have to enter another hospital for training, or to be handicapped for the rest of their professional careers by the insufficiency of the training they have received.

It was of the first importance, therefore, that the Acts should provide for a standardised curriculum of training, and that this curriculum should not be a model to be adopted, or not, at will, by the training schools, but should have the force of a Rule, approved by the Minister of Health, and agreed to by Parliament, and that the approval of nurse-training schools, connected with hospitals, or groups of hospitals, should be conditional upon their adoption of the prescribed curriculum of training.

In regard to the “prescribed training” for the nurses registered on the Supplementary Registers there has been little or no opposition.

In the case of the nurses registered on the General Part of the Register there has been a small amount of opposition on the part of certain hospital and poor law authorities to a compulsory curriculum of prescribed training, and the General Nursing Council, having spent some sixteen months in framing a scheme, which it believed to be practicable and sufficient, has shown most deplorable weakness and vacillation in regard to its enforcement.

At its meeting on December 15th it, however, agreed, on the motion of Mrs. Bedford Fenwick, “That the Minister of Health be invited at once to sign the Syllabus unanimously agreed to by this Council to carry into effect Section 3 of the Nurses' Registration Act (2) (a) and (b),” and that is where the matter now stands.

Even if the Minister of Health, in the light of criticism which has reached him, con-

siders it necessary to modify the Syllabus, a definite Syllabus, so modified, would be a much greater value than the most perfect model which would be merely advisory, in effect a mere "scrap of paper."

But, further, under the Acts "prescribed training" is not permissive, it is obligatory.

Registered nurses, on behalf of their profession, cannot too strenuously insist upon their right under the Acts in this particular.

NURSING ECHOES.

We have received the following little letter from Her Royal Highness the Princess Mary. The readers of THE BRITISH JOURNAL OF NURSING will sympathise with her maternal joy, as they do with their patients of all classes in their hour of happy motherhood.

Chesterfield House,
Mayfair, W.1,

February 16th, 1923.

The Editor, THE BRITISH JOURNAL OF NURSING,
431, Oxford Street, W.1.

The Lady-in-Waiting to the Princess Mary is desired to express to the Editor of THE BRITISH JOURNAL OF NURSING the grateful thanks of Her Royal Highness for the copy of the paper sent to her, containing a notice of the birth of her son.

Princess Mary has intimated her approval of the scheme for the restoration of the "Five Sisters" window in York Minster by the women of Yorkshire in memory of all women who laid down their lives in the war. A sum of £3,000 is needed, and this it is hoped to raise by Easter.

The Executive Committee of Queen Victoria's Jubilee Institute for Nurses met at 58, Victoria Street, S.W., on Wednesday, February 14th. Surgeon Lieut.-Colonel Sir Warren Crooke-Lawless presided.

Lord Athlone, as hon. treasurer, referred to the serious financial position. At the end of 1922, he said, there was an overdraft of nearly £800 at the bank, and the expenditure for the year exceeded the income by over £4,000. He asked Sir Harold Boulton to bring the position before the Queen's Fund, which was meeting on February 27th, with a request that they would do their utmost to raise an additional sum this year.

The report to the patron, Queen Alexandra, was passed for submission to the Council.

This showed most satisfactory progress in all branches of the work. At the end of 1922 there were over two thousand Queen's Nurses on the roll.

At the Annual Meeting of the Kingston Nursing Association Mr. J. A. Saull, one of the trustees appointed at the meeting, proposed a well-merited vote of thanks to the Matron, Miss Trotter, and the Nursing Staff, and paid a high tribute to their devoted work. They had never, he said, had a more capable Matron than Miss Trotter, who never tired of the work and was always keen on improvement. The nursing staff also was thoroughly capable and loyal, and people came from many parts to see how their work was done. Appreciation of good work is a great incentive to further effort.

The new Nurses' Home of the Royal Infirmary, Manchester, will, when completed, accommodate 200 persons, and will cost about £100,000. The annual report, commenting on the desirability of reducing the hours of the nursing staff, states that "At present the night nurses work on an average seventy hours a week, and the day nurses sixty-three hours. To render any material reduction of the hours possible the engagement of an additional sixty-eight probationers will be necessary. The annual cost of the additional probationers and Nurses' Home will be about £12,000."

The amount of hard cash presented by nurses to charitable institutions in the past, through their overwork, may be estimated by considering the thousands of pounds which it is now found necessary to expend in order to bring their hours approximately into conformity with humane ideals.

The report of the Leeds Trained Nurses' Institution, presented at the recent Annual Meeting, recorded that under the capable administration of the Lady Superintendent, Miss Sharrock, the difficulty of obtaining nurses had been overcome, and women of ability and experience were readily found.

The fees charged are: for medical and surgical cases, from £2 2s. to £2 12s. 6d.; massage cases, from £3 3s. to £3 13s. 6d. It is matter for some surprise that the Institution can be organised on an economically sound basis on these fees at the present day, if the nurses receive a proportion which will enable them to live in reasonable comfort, and make provision for their old age.

THE MATRONS' COUNCIL.

A Meeting of the Matrons' Council will be held, by the kind invitation of Miss Bickerton, R.R.C., the Matron, at the Prince of Wales's General Hospital, Tottenham, N., on Saturday, March 10th, at 3 p.m.

Further particulars will be announced later, as not only the Matron but the Nursing Staff are kind enough to be interested in the Meeting.

Miss Bickerton, progressive in the happiest vein, took a very active part in helping to obtain State Registration, and both she and her nurses were often to be seen in the "House."

THE PROGRESS OF SCIENCE.

Dr. Pasteur Vallery-Badot, a grandson of the great Pasteur, whose centenary is now being celebrated, lecturing before the Royal Society said that no part of the homage which was being paid to Pasteur on the hundredth anniversary of his birth would have been dearer to him than that organised in England, the land of Jenner and Lister, in which he had found his warmest partisans, and some of his greatest friends.

It is claimed from the Rockefeller Institute that a Japanese bacteriologist working in New York, has isolated the microbe of influenza—a microbe known as "filter-passer" because it is so minute that it passes through the pores of a porcelain filter such as Pasteur used effectively to stop the passage of larger microbes, and the Japanese themselves used successfully in the Russo-Japanese war in the prevention of enteric fever. We seem within measurable distance of the fulfilment of the prediction of Pasteur: "It is in the power of man to make all parasitic diseases disappear from the earth."

The value of Medical Research, often belittled and never adequately financed, is once again demonstrated by the announcement that the Medical Research Council has discovered a property which can be utilised so that the yield of insulin is ten times as great as before, at no greater expense. Up to the present insulin, used in the treatment of diabetes, has only been obtainable from the pancreas, and its cost has been prohibitive. Now, we understand, it is also obtainable from fish, so that there is a far wider field from which to procure it.

The death in Berlin of Professor Röntgen—the discoverer, on November 8th, 1895, of the X-rays—reminds us of their widespread beneficent action in the saving of human life. In recent wars, and more especially the great European war, thousands of lives have been saved by their use, as by means of X-ray photographs foreign bodies could be accurately located, and the surgeons could use their skill with certainty in dealing with otherwise obscure cases.

SOUTH AFRICAN TRAINED NURSES' ASSOCIATION.

REPORT SUBMITTED TO THE INTERNATIONAL COUNCIL OF NURSES, COPENHAGEN, MAY, 1922.

PRESENTED BY MISS J. C. CHILD (*Delegate and Overseas President, South African Trained Nurses Association*).

MADAM PRESIDENT, LADIES,—

It was with great pleasure I accepted the honour to convey to you greetings from the South African Trained Nurses' Association, as their delegate, to tell you how greatly we desire to be affiliated with the International Council of Nurses. For many years we have been wending our way with that object in view, for we realise that interchange of ideas and publicity of the higher standard of nursing, is beneficial to all public bodies.

For some years we have had Registration in South Africa after examination, according to the rule of the Colonial Medical Council. This has paved the way for present day requirements. Many pioneers in the early days, I mention a few of the notable women—Sister Henrietta, of Kimberley; Sister Mary Agatha, of Cape Town; Mother Jacoba, of Rhodesia—have done much to teach the true spirit of nursing, and that spirit of good is still very much alive in the hospitals of South Africa to-day, plus a greater technique and unity, which unity in the early days was not evident owing to need of organisation, and this made each hospital and town rather a law unto itself—isolated by distance and no publication of nursing matters. Indeed, we have often learned at the Cape what they were doing, for instance, in Johannesburg, from England, the news having been sent to the Editor of the *BRITISH JOURNAL OF NURSING*. It would then return, to those who took in the paper, and we, who had gone to South Africa, looked for this publication as eagerly as anything our English mail could bring.

The *South African Nursing Record* was published in 1913, by the editor, Dr. J. Tremble, showing how very ready we were in South Africa for organisation. Through this publication and the efforts of its editor and our Matrons in South Africa, notably Miss B. G. Alexander, the South African Trained Nurses' Association was started in 1914, and in a very short time all the provinces had a working Branch in most large towns. Once we had an organ, the Press, through which we could speak, we quickly found that the General Public were only too ready to avail themselves of speaking to us as a Profession, through the Association, and we found enormous improvement, often before suggested, but not till now taken advantage of.

The Memorandum and Articles of the Association were drawn up in 1919, by Mr. Ford, of Messrs. van Hulsteyns, Feltham & Ford, solicitors of Johannesburg, every point receiving consideration and every point of view being dealt with by the

Executive and General Committee of the Association with the advice of this well-known firm.

The Central Governing Board is in Johannesburg, and the Executive Committee, which is representative of all Branches (ten in number) who are elected by ballot.

Monthly meetings are held by all Branches, to transact business and receive reports, &c. After the business part of the meeting is over, the Branch generally arranges that a paper of educational or professional value shall be read. By this means the public every time are protected, as also the nurses.

Still State Registration by nurses for nurses is not quite a fact yet, the new Medical Bill has a very satisfactory clause for the Registration of nurses which will greatly unify the curriculum of training, and promote a higher standard generally. It was down for its second reading in the House of Assembly on March 21st, but owing to the serious labour unrest on the Rand this has been delayed, but it will undoubtedly be in force this year.

Meantime Registration in the provinces is equal to necessity, for, given all things being equal, when candidates are being chosen for the higher posts, undoubtedly the choice falls on the one registered in South Africa—nurses intending to domicile in South Africa please note this! Hospitals do not issue certificates to nurses until they have passed the Medical Council Examination, when they receive both hospital and the "State" certificate.

To bring about this light of day on our professional nursing in South Africa we are greatly indebted to the medical profession—notably Senator Arnold Watkins, M.D., Dr. Tremble, editor of the *South African Nursing Record*, Dr. H. A. Moffat, D.S.O., surgeon, Cape Town, and many others. These gentlemen have ever been ready to come forward and discuss our prospects with Hospital Matrons and nurses, greatly desiring that we should have self-government and an Examining Board, with Trained Nurses on it.

Owing to the great distances in South Africa it is quickly understood that leading Matrons cannot often meet and exchange views; this will readily tell you why it takes such a long time to accomplish things such as State Registration. Meantime, I venture to say we have our house in order and control, and doubtless the rising generation of nurses will be in time able not only to present their own Bill for Parliament, but seek for an International Syllabus of Training, also reciprocity between the larger and smaller hospitals in the matter of training. There is much of value in both; undoubtedly the would-be private nurse gets more insight into the more minute details of her work at a small hospital which goes for greater comfort to the patient. On the other hand, organisation and wider management are more apparent in a larger institution; so each are of great value in training.

I think only Johannesburg has a Sister Tutor at present. I hope in time all large hospitals may have one. Preliminary Training Schools

are greatly needed; these schools should greatly release the mind for the more practical knowledge by which a Probationer finds herself surrounded on entering hospital, and surely she would have a more comprehensive view of its values had she studied Theory of Surgery and Medical Nursing with Elementary Physiology and Anatomy, previous to entering the wards, and how much more confidence she would have in approaching sick people. Still, I maintain that South Africa possesses excellent Training Schools, and the gentle spirit and the art of nursing flourishes in many nurses in South Africa to-day. King Edward VII Memorial was founded by their Excellencies, Viscount and Viscountess Gladstone, in 1913—a much needed and now greatly appreciated Order, of far-reaching good to all classes of people.

This, Madam President and Ladies, but very inadequately expresses all I would convey to you of our work in South Africa. I greatly regret that our General Secretary of the South African Trained Nurses' Association herself could not be present at this meeting.

CONSCIENCE MAKES COWARDS OF US ALL.

We wonder who it was, disturbed by a guilty and timorous conscience, who called the attention of the Serjeant-at-Arms to the following paragraph which appeared in THE BRITISH JOURNAL OF NURSING; and prompted the following letter. Suspicion is one thing and proof another, so best make no surmises in print. But a straw shows which way the wind blows, and that tyrannical animus has no limits:—

House of Commons,
February 14th, 1923.

MADAM,—My attention has to-day been called to a notice stating that "Mrs. Bedford Fenwick will be in the Lobby of the House of Commons, on Friday, February 16th, at 2.30 p.m., and hopes as many as possible of the Civic and Professional Rights Sub-Committee of the Registered Nurses' Parliamentary Council will meet her there at that hour."

This is to warn you that nothing in the nature of a meeting is allowed to be held in this Lobby, or other similar precincts of the House of Commons, and that the police have orders accordingly.

I am, Madam,

Yours faithfully,
COLIN KEPPEL
(Admiral)
Serjeant-at-Arms.

Mrs. Bedford Fenwick,
20, Upper Wimpole Street, W. 1.

As we are not the type of person to be intimidated by false information and unnecessary "warnings," we acknowledged Admiral

Sir Colin Keppel's communication in the following terms:—

The Registered Nurses' Parliamentary Council,
431, Oxford Street, London, W.

February 15th, 1923.

SIR,—I beg to acknowledge your communication of February 14th, referring to a paragraph which appeared in THE BRITISH JOURNAL OF NURSING (Feb. 10th).

No breach of the law is contemplated by the members of the Civic and Professional Rights Sub-Committee of the Registered Nurses' Parliamentary Council, which is composed of some twelve Registered Nurses, well acquainted with the methods of procedure in visiting the House of Commons, to which they intend strictly to conform.

Our object is to interview members of the House, whose constituents we are, and others, and this will, of course, be carried out in the usual constitutional manner.

During the *fifteen years* in which I was a constant visitor to the Lobbies of the Houses of Parliament in support of the Nurses' Registration Bills (1904-1919), my relations with the police—who, you warn me, have been apprised of our visit—were of a specially cordial nature, and I hope may continue to be so.

I am, Sir,

Yours faithfully,

ETHEL G. FENWICK

(Registered Nurse),

(Mrs. Bedford Fenwick).

To Rear-Admiral Sir Colin Keppel,
K.C.I.E., K.C.V.O., C.B., D.S.O.,
Serjeant-at-Arms.

Naturally the enfranchised Registered Nurses who form the Civic and Professional Rights Committee, proceeded to the Outer Lobby of the House of Commons at the time appointed. They had lawful business there. As we neared the House we noticed posses of police carefully guarding the surroundings and approaches to it, but realised that these stalwart guardians of law and order had not been called out on our account, so we passed into its hospitable halls with the assurance of long custom, and went about our lawful business without let or hindrance, and with the aid of our colleagues spent a very profitable hour.

We hope the Serjeant-at-Arms will, however, not permit himself any perturbation on our account in the future, as our visits will necessarily be frequent, and that he will ask for some explanation from the "mendacious babbler" who put him on the scent of a mare's nest!

When the members of the Registered Nurses' Rights Committee left the House, they came face to face with the Hunger Marchers—hun-

dreds of men, making known their tragic circumstances by a Poster Parade down Bridge Street and past the Abbey. Naturally we stood on the kerb to study their faces and condition. Naturally we sympathised with them. Victims ourselves of mean trickery, in a professional sense, from the arrogant agents of our employers, practically dispossessed of the soul and spirit of nursing legislation (self-determination) so ardently desired, without which mere material benefits are dust and ashes, we could vision the agony of these men, dispossessed of all that makes human life worth living, who whilst tramping firmly, in their broken boots, and poor clothes, have little to hope for but a pauper's grave in this world. Anyway, they have the courage to protest against their martyrdom, and are thus an example to Registered Nurses where civic and human liberty are at stake.

E. G. F.

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

A meeting of the Civic and Professional Rights Committee was held on Saturday, February 17th, at 431, Oxford Street, W., Councillor Beatrice Kent presiding.

A very satisfactory report was received from those members who visited the Lobby of the House of Commons on the previous day, and further action was agreed.

The capture through Rule 9 (A) by the College of Nursing Company (the employers' union) of the Nurses' Governing Body—the General Nursing Council for England and Wales—and by the election of Sir Wilmot Herringham as Chairman, it was realised that a very dangerous autocracy was being established over a body of women workers, granted professional and legal status by Parliament, and it was agreed to take vigilant steps to protect rights so granted.

Membership of the R.N.P.C. is open to all Registered Nurses on the General and Supplementary Parts of the Register. Application forms may be obtained from the Hon. Secretary, R.N.P.C., 431, Oxford Street, London, W.1. Annual subscription, 1s.

A DANGEROUS PROFESSIONAL POSITION.

We have to thank Miss E. L. C. Eden for her lucid criticism of a very misleading statement which appeared in a recent issue of the *Poor Law Officers' Journal* :—

The Grange, Kingston, Taunton,
February 11th, 1923.

The Editor, *Poor Law Officers' Journal*.

SIR,—I shall be greatly obliged if you will allow me to comment on the conclusions drawn in your

issue of the 2nd inst.; on the results of the General Nursing Council Election.

The writer of the article expresses the belief that the fact that the large majority of the candidates, who have been elected (or appointed) are those who opposed the policy of the minority on the last Council, shows definitely that the considered opinion of the nursing profession is against this minority. As a matter of truth I would like to point out that it shows just what the said minority on the Council has always maintained (before and after they occupied seats on the Council), namely, that the nursing profession is being swept under the control of a body consisting largely of, and strongly influenced by, the employers of nurses, namely, the College of Nursing. The result of the election is *not* owing to the *considered* opinion of nurses, but owing to the *dependent* position of nurses. They were shepherded in to the College wholesale, and told how to vote by the College matrons, and the profession is for the time being in the control of matrons and doctors—whom nurses dare not oppose, as their future careers depend on them. All the candidates returned for the General Register are College members.

The result of the Election is no surprise to the unsuccessful candidates. They courageously stood for election as a matter of principle. If it is any consolation, they have that of proving that the danger they foresaw years ago has come into being.

I am, yours faithfully,

E. L. C. EDEN,

(Hon. Adviser, National Union of Trained Nurses.)

THE SCOTTISH NURSES' ASSOCIATION.

37, Stobcross Street, Glasgow,
February 14th, 1923.

DEAR MRS. BEDFORD FENWICK,—At the first meeting of the Executive of this Association held since the announcement of the result of the elections for the General Nursing Council (England and Wales), we were instructed to express to you our deep regret that one, who had for so many years given so much time and labour to the cause of Nurses' Registration, and who was equipped with so exceptional knowledge and experience of nursing affairs, should not have been returned to the Council.

We appreciate the causes of so lamentable a result, and we hope that these causes will not be permitted finally to destroy the aims that seemed so near realisation.

On behalf of the Executive,

J. MCGREGOR-ROBERTSON, *President*.

CHRISTIAN H. M'ARA, *Secretary*.

[We beg to express to our very kind compatriots who form the Scottish Nurses' Association, our sincere gratitude for their expression of appreciation for the work we have been permitted to do, in helping to place the Nurses' Registration Acts on the Statute Book of these Realms.]

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The thirty-second meeting of the General Nursing Council for England and Wales—the first meeting of the new Council—took place on Friday, February 16th, at the Ministry of Health, Whitehall, S.W.

SIR WILMOT P. HERRINGHAM, K.C.M.G., C.B., M.D., F.R.C.P., Chairman of the last Council, was in the chair, but immediately vacated it, saying that as he was a nominated candidate for the chair of the new Council it would not be seemly for him to occupy that position while the election was taking place. He accordingly invited Sir Jenner Verrall to do so.

SIR JENNER VERRALL announced that the only member of the Council nominated for the position of Chairman was Sir Wilmot Herringham, who had been nominated by Dr. Goodall, Miss Cox Davies, Miss Alsop, and Miss Musson. The election therefore was a very speedy one. He hoped all their business would be conducted as speedily and with the same unanimity.

SIR WILMOT HERRINGHAM then resumed the chair. He said he had been invited to say a few words—he was of opinion the fewer the better. What he had to say he would say at the end of the meeting.

Minutes.

In connection with the Minutes of the last meeting, MR. ROBERT DONALDSON enquired whether there was not an omission at the end. He had not been present at the last meeting, but from the Reports he saw in the Press it appeared there was an omission. Had anything been omitted—anything important?

MISS MAUD E. WIESE said she too had noticed in the Press a question raised by Mrs. Bedford Fenwick of which there was no record in the Minutes.

THE CHAIRMAN said that the Minutes were not supposed to be verbatim. As the question had been raised, he would say, in the presence of the Press, that reports in the newspapers were frequently incorrect. Notices had appeared, supposed to be verbatim, in which he himself had been incorrectly reported.

MISS VILLIERS said she thought Mr. Donaldson was alluding to the question of the fee of £2 2s. for Intermediate Nurses raised by Mrs. Bedford Fenwick at the last meeting.

THE CHAIRMAN said now he understood what the question was. The Registration Committee had exercised its discretion to allow Male Nurses, whose training had been broken by the war, and who therefore had not completed three years' training and service before November, 1919, to be considered as Existing Nurses. That was the point raised by Mrs. Bedford Fenwick.*

* This is not an accurate reply. We deal with this matter on page 124.—ED.

MR. DONALDSON asked whether the Chairman considered the Minutes correct.

THE CHAIRMAN said to the best of his belief they were correct.

The Minutes were then signed as correct.

Correspondence.

THE CHAIRMAN said that there were two letters on the Agenda which had been circulated. The first was a letter from the College of Nursing.

MISS A. M. BUSHBY enquired whether the letter could not be read.

THE CHAIRMAN said it would be unwise to read it in public before it had been considered by the appropriate Committee.

MISS M. E. SPARSHOTT moved, MISS SEYMOUR YAPP seconded, and it was agreed that the letter be referred to the Registration Committee.

The second letter was one from the General Nursing Council for Scotland referring to the Rules.

THE CHAIRMAN said that the letter merely stated that the Scottish Council agreed to the Rules, and suggested a reciprocity Clause. He suggested that it should be referred to the Education Committee.

MISS SEYMOUR YAPP said that on page 2 of the Rules there appeared the words, "Except the names of Registered Fever Nurses," and asked the reason.

THE CHAIRMAN said if Miss Yapp would look at the report she would see that the term of training for Scottish Fever Nurses was three years, for English two; Scotland would not accept this.

MR. F. W. STRATTON asked whether Male Nurses would have reciprocity with Scotland.

THE CHAIRMAN replied he could not say; he had not seen the Scottish Act.

It was then resolved that the letter should be referred to the Education Committee.

THE CHAIRMAN announced a letter from the Minister approving the Rule postponing the Examination from 1924 to 1925. Also a letter from the Ministry of Health (date Feb. 7th) in answer to the Council's letter *re* the Syllabus of Training and Examination.

LETTER FROM THE MINISTRY OF HEALTH.

Ministry of Health,
Whitehall,

February 7th, 1923.

MADAM,—With reference to your letter of the 26th ultimo, I am directed by the Minister of Health to acquaint you for the information of the General Nursing Council that the Examination Syllabus for the General Part of the Register is under consideration and a further communication will be addressed to the Council in due course. Though it is not so stated in your letter, it is understood that the other Councils have been consulted in accordance with the provisions of Section 6 (3) of the Act; and I am to enquire whether the Syllabus as it stands has been agreed to by the other Councils.

As regards the Training Syllabus, the Minister would be glad if the Council would give further

consideration to the proposal that it should, at any rate for the present, be treated as advisory and that its adoption should not be made a condition of approval of nurse training schools. In addition to the considerations set out in the Department's letter of the 15th November last the Council will appreciate that the adoption of an advisory Syllabus has the advantage of allowing a degree of elasticity which is impossible if it is made obligatory, and its amendment consequently becomes subject to the same procedure required for any other amendment of Rules. An advisory Syllabus can be varied at any time at the discretion of the Council in the light of further experience; and the Council are free to embody in it the ideal which they are seeking to attain. But a compulsory Syllabus must necessarily be limited to such requirements as it is practicable to impose on nurse training schools as they exist at present. If the Training Syllabus is to be made compulsory, the Minister cannot give any undertaking that he will be able to sanction it without modification, since he will be bound to take into consideration the objections which have been made from various quarters; objections which have only been withdrawn on the assumption that the Council had accepted the statement made by their Chairman to the deputation from the Association of Poor Law Unions in October last.

I am to add that the adoption at this stage of an advisory Syllabus would not prejudice the right of the Council to substitute a compulsory Syllabus at a later date, should experience indicate the advisability of such a course.

I am, Madam,

Your obedient Servant,

(Signed) L. G. BROCK.

The Registrar,

General Nursing Council.

THE CHAIRMAN said it would be remembered that the recommendation of the Education Committee was that the Training Syllabus should be adopted on the authority of the Council.

MR. F. W. STRATTON enquired whether it would be compulsory for Male Nurses to be trained in accordance with a prescribed Syllabus.

THE CHAIRMAN at first appeared uncertain, but ultimately replied that it would. The Council were now considering the Syllabus of Training for General Nurses; Male Nurses were "something a little different."

It was moved by DR. GOODALL, seconded by the REV. G. B. CRONSHAW, and resolved that the letter from the Ministry of Health should be referred to the Education Committee for consideration and report.

In regard to the Clause *re* the Rules, above mentioned, the CHAIRMAN said that he hoped it would be fully discussed eventually, it was a very important question of principle, but the ground should first be prepared by a Committee.

It was moved by DR. GOODALL, seconded by the REV. G. B. CRONSHAW, and resolved that this should be done.

LETTER FROM THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

THE CHAIRMAN said he had received a letter from the Registered Nurses' Parliamentary Council, enclosing Resolutions with a request that they should be presented to the Council. He then read the Resolutions.

RESOLUTIONS.

(Carried unanimously at a meeting of the Registered Nurses' Parliamentary Council held in London on February 3rd, 1923.)

I.

The Registered Nurses' Parliamentary Council desires to place on record its strong disapproval of the mismanagement of the recent Election of Direct Representatives to the General Nursing Council for England and Wales, by the Chairman of the Council as Returning Officer, and of the unnecessary expenses consequently incurred which are a charge on the money contributed by the Registered Nurses for the upkeep of their Governing Body.

The Registered Nurses' Parliamentary Council is of opinion that the Chairman should refund to the General Nursing Council the cost of the Second Election incurred in consequence of his mismanagement.

II.

The Registered Nurses' Parliamentary Council calls upon the Chairman of the General Nursing Council for England and Wales to make the following returns to the candidates, in connection with the recent Election:— (1) The number of the Electorate; (2) the number in each Section; (3) the number of ballot papers rejected in each Section; and (4) the reason for such rejection.

III.

The Registered Nurses' Parliamentary Council supports the protest made by Miss MacCallum against the disqualification of ballot papers by the Chairman of the General Nursing Council, as the Returning Officer in the recent Election of Direct Representatives, without their submission to the Assessors and Candidates subsequently present.

IV.

The Registered Nurses' Parliamentary Council protests against the packing of the Electorate of the General Nursing Council for England and Wales through Rule 9 (A), designed to give preferential treatment to members of the College of Nursing, Ltd., and also to the provisions of the "prescribed scheme" for the Election. It further protests against the irregularity, and the waste of money, which have occurred in connection with the Election of Direct Representatives.

The Registered Nurses' Parliamentary Council also takes strong exception to the action of the Registration Committee, and the General Nursing Council, in neglecting to place on the Register 800 Nurses who had applied for Registration within the prescribed time, and whose papers were in order.

431, Oxford Street,
London, W.1.

MISS COX DAVIES asked whether any provision was made for the appointment of Assessors.

THE CHAIRMAN said he was very glad to have that question asked. One candidate had written to him in regard to the presence of Assessors. As a matter of fact, the word Assessors had never been used in the Rules in connection with the Election.

MISS COWLIN inquired whether it was inconsistent to ask how many nurses had been registered under Rule 9 (A).

An Instruction.

MISS COX-DAVIES moved that it be an Instruction to the Registration Committee to ascertain the number of applicants registered between the passing of the Rule and the closing of the Register for the Election.

This was seconded by Miss E. Smith, and carried by 15 votes to 1 (Miss Seymour Yapp).

LETTER FROM TWO NURSES *re* WIDENING LIMITS FOR REGISTRATION.

THE CHAIRMAN reported that a letter had been received from two nurses which had reference to widening the limits for Registration. The members of the Council had received a copy. The letter would come up again when the question came to be discussed. It was highly important that the feeling of the nurses should be ascertained, and it was a great pity that the question was not raised during the election, as would have been done in an ordinary General Election.

It was resolved that the letter be referred to the Registration Committee

Statement of Returning Officer.

THE CHAIRMAN, as Returning Officer, then presented the following Statement on the recent Election.

STATEMENT.

TOTAL ELECTORATE on January 10th, 1923:—	
General Register (Ballot No. I)	10,887
Male Nurses (Unopposed return)	24
Mental Nurses (Ballot No. III)	639
Sick Children's Nurses (Ballot No. IV) ..	191
Fever Nurses (Unopposed return)	356
<hr/>	
Total Electorate	12,097
Voters resident out of Europe	222
Uncontested Electorates	380
<hr/>	
	602
Voting papers issued	11,495
<hr/>	
	12,097
<hr/>	
Total Envelopes received as counted on reception	8,715
Total Voting papers—	
Ballot No. I	7,676
Ballot No. III	477
Ballot No. IV.	143
<hr/>	
	8,296
Spoilt Votes—	
No Signature on Identification Envelope	142
(11 of these were Mental Votes, the remainder General Votes.)	
Not enclosed in Identification Envelopes	183
(7 of these were Mental Votes, 1 Children's Vote, the rest General Votes.)	
<hr/>	
	325

Spoilt by Voter—Clue to identity given. (All General Votes.) (Included in Total Voting papers.)..	30
Total spoilt votes ..	355
	325
In other cases the Ballot Paper was partially spoilt, but these could not be counted as the rest of the paper was valid, and was kept among the valid papers.	
Too late	101
	8,722

In a few cases, as will be observed, two voting papers were enclosed in one Identification Envelope by nurses having double qualifications.

W. P. HERRINGHAM,
Returning Officer.

January 31st, 1923.

THE CHAIRMAN stated that he had drawn up the Statement directly after the Election, but had added one or two little details after the receipt of the letter from the Registered Nurses' Parliamentary Council.

COMMITTEE TO CONSIDER "REPORT ON SYSTEM."

DR. GOODALL then moved:—

(1) "That a Special Committee of the Council be appointed to consider, report, and make recommendations to the Council upon Messrs. W. B. Peat & Co.'s 'Report on System.'"

DR. GOODALL said that his reason for moving this was that it was a matter which concerned the whole Council, and also because most of the Committees had their time fully occupied.

MISS WIESE asked how much the Report had cost.

THE CHAIRMAN replied that the Council had not yet had the bill.

The Resolution was seconded by the REV. G. B. CRONSHAW, and carried.

(2) "That this Special Committee consist of the General Purposes Committee, together with the Chairmen of the other Standing Committees."

This also was seconded by the REV. G. B. CRONSHAW, who considered the proposal very appropriate.

MR. F. W. STRATTON inquired whether the Council could not wait to constitute this Special Committee until after the Standing Committees were formed. There might not be a nurse as Chairman of any of these Committees.

DR. BEDFORD PIERCE moved to add "or other member appointed by the Committee."

MISS VILLIERS inquired whether the appointment would in this case be permanent, and THE CHAIRMAN replied in the affirmative.

DR. GOODALL said he made the proposal because the Chairmen were conversant with the work of the Committees, and consequently no one was better able to conduct the work of the Special Committee.

Eventually, by consent, DR. GOODALL added to

the Resolution the following words, drafted by THE CHAIRMAN:—

"Or such member as may be appointed by each of the Committees for the purpose."

The Resolution was carried with this addition.

(3) "That the Chairman of the Council be Chairman of this Special Committee."

This was seconded by MISS COX DAVIES and carried.

(4) "That the quorum of this Committee be four."

This was seconded by the REV. G. B. CRONSHAW. MISS VILLIERS expressed the opinion that the quorum was rather small. She thought five would also be a more convenient number in the case of an equal vote. This proposal was accepted by DR. GOODALL, and the quorum fixed at five.

GENERAL PURPOSES COMMITTEE.

THE HON. MRS. EUSTACE HILLS then moved:—

"That the General Purposes Committee be increased to six, of whom three will form a quorum."

The motion was seconded by DR. GOODALL.

THE CHAIRMAN pointed out that the proposal meant the amendment of Rule 43, which would have to go to the Minister for his approval.

MISS VILLIERS asked what would happen if six people were appointed and all came to a Committee before the Minister had approved the proposal?

THE CHAIRMAN thought it a very unlikely contingency.

The motion was then put to the meeting and carried.

Election of Committees and dates of Meeting.

THE CHAIRMAN then said the next business was the election of the Standing Committees, further that the names of members of the Council who had been nominated for each Committee would be submitted, where there were more names than vacancies, and the Council were asked to place a cross against the names of those they desired to be returned on the ballot papers.

DR. BEDFORD PIERCE said he thought it undesirable that one member should be on a great many Committees, but if the voting were taken in this way it made it rather difficult for the members of the Council to decide.

THE CHAIRMAN said the procedure could not be altered. He also stated that Lady Hobhouse did not desire nomination as she had met with a bad accident.

The following members of the Council were then elected members of the respective Committees:—

FINANCE.

(Eight members) Miss A. S. Barrett, Miss A. M. Bushby, Miss Cox Davies, Rev. G. B. Cronshaw, Mr. Robert Donaldson, Miss C. C. du Sautoy, Sir Jenner Verrall, Miss S. A. Villiers.

REGISTRATION.

(Eight members) Miss Alsop, Miss Cox Davies, Miss Cowlin, Mr. Donaldson, Miss du Sautoy, Dr. Goodall, Miss Musson, Miss Villiers.

EDUCATION AND EXAMINATION.

THE CHAIRMAN said that Miss Sparshott had notified him that she could only attend in the morning on Thursdays. The work of the Education Committee was going to be the hardest of any, and he thought it essential that it should meet once a week in the afternoon.

MISS SPARSHOTT enquired which day.

THE CHAIRMAN said that was not decided.

MISS SPARSHOTT agreed to let her name stand.

DR. GOODALL said some members of the Council had not put down their names for this Committee because they understood it would be in the morning when they would be unable to attend.

DR. BEDFORD PIERCE said there were two representatives of the Government, appointed by the Board of Education; they ought to be on the Education Committee. Miss Barratt did not put down her name because she could not attend a committee in the morning.

MISS COX DAVIES inquired whether it was possible for nominees of the Board of Education to be placed *ex-officio* on the Education Committee.

THE CHAIRMAN replied in the negative.

MISS SEYMOUR YAPP asked leave to speak for one moment. She believed she was out of order, but could not Miss Barratt be nominated now?

THE CHAIRMAN: "It is too late."

MISS SEYMOUR YAPP: "You have such a lot of power, Sir, you can do it if you like."

THE CHAIRMAN: "I am not going to exercise my authority in that way."

The ballot was then proceeded with, with the following result:—

(Twelve members) Miss Alsop, Miss Bushby, Miss Coode, Miss Cox Davies, Miss du Sautoy, Dr. Goodall, the Hon. Mrs. Eustace Hills, Miss Lloyd Still, Dr. Smedley, Miss E. Smith, Miss Sparshott, Miss Villiers.

MISS WIESE pointed out that there was no mental representative on the Committee.

DISCIPLINARY.

(Eight members) *no contest*. Miss Bushby, Miss Coode, Miss Cowlin, Miss Musson, Miss E. Smith, Sir Jenner Verrall, Miss Wiese, Miss Seymour Yapp.

MENTAL.

(Eight members) *no contest*. Miss Alsop, Miss Bremner, Rev. G. B. Cronshaw, Mr. Donaldson, Dr. Bedford Pierce, Dr. Smedley, Miss Wiese, Miss Seymour Yapp.

GENERAL PURPOSES.

(Six members) Miss Alsop, Miss Bremner, Miss Cox Davies, Miss du Sautoy, Dr. Goodall, the Hon. Mrs. Eustace Hills.

N.B.—Miss Bushby, Miss Lloyd Still, and Miss Cox Davies before this ballot withdrew their consent to serve. Mrs. Hills protested against the withdrawal of Miss Cox Davies, who thereupon consented to stand.

THE CHAIRMAN intimated that until the Minister had given his approval to the new Rule it would be understood that the member with the lowest number of votes would stand down. (This was

Miss Bremner, who had 14 votes, the next being Miss du Sautoy with 17 votes.)

MISS WIESE said that again there was no mental representative on this Committee.

THE CHAIRMAN said there was no reason why there should be, it was not concerned with Mental Nursing.

MISS E. SMITH enquired whether it was not likely to cause trouble for some members to be on so many Committees while others were on so few?

THE CHAIRMAN pointed out that the members of the Committees had been placed there by the votes of the Council.

The Election.

THE CHAIRMAN asked the Council to pass a cordial vote of thanks to the Town Clerk of Marylebone for his great assistance in connection with the recent election; he not only gave useful advice, but supplied expert helpers for the work of conducting the election. This was agreed.

MISS SEYMOUR YAPP: "Will you tell us, sir, how it was done?"

THE CHAIRMAN: "Very much as I am conducting it now."

MISS SEYMOUR YAPP: "No, was it?"

THE CHAIRMAN: "It's no good your saying 'No' when I say 'Yes,' Miss Yapp." (Laughter.)

Appointment of Uniform Committee.

THE CHAIRMAN then proposed from the chair that a Uniform Committee should be constituted of the elected members of the Council, and this was carried unanimously.

Dates of Meetings.

It was agreed that the Standing Committees should meet on the following days.

Finance.—Second Thursday, at 2.30 p.m.

Registration.—Second and fourth Fridays, and on Fridays as often as required, at 2.30 p.m.

Education and Examination.—Tuesday afternoons at 2.30 p.m.

Mental Nursing.—First Wednesday at 2.30 p.m.

General Purposes.—When necessary.

Uniform Committee.—On the suggestion of the Chairman it was put in the hands of Miss Villiers to make the arrangements for this Committee, and the members were instructed to look to her for guidance on this point.

List of Members.

On the suggestion of DR. BEDFORD PIERCE it was agreed that a list of the members of the Council should be printed with their addresses, and the Committees upon which they serve.

Report on System.

The Chairman gave notice that there would be a meeting of the Special Committee upon Messrs. Peat & Co.'s Report of System on Monday, March 12th, at 2.30 p.m. It could not meet before, as the other Committees must meet first and appoint their representatives.

Other Business.

THE CHAIRMAN said that a good deal of discontent had been occasioned, and complaints been

made concerning 1,505 nurses whose applications for registration were reported on at the last meeting, and who would have been put on the Register but for the fact that the Ministry informed the Council that this would not be in order while an election was proceeding.

DR. GOODALL would move that these 1,505 applicants, whose applications had been found to be in order, should be approved for registration.

THE CHAIRMAN said he was condoning an irregularity for the public good.

DR. GOODALL moved accordingly and the REV. G. B. CRONSHAW seconded, and it was agreed, that the applications be approved, and the Registrar was directed to enter the names in the appropriate parts of the Register.

This was agreed *nem con.*, as was also the proposal that the appropriate certificate be granted to each of the applicants and the Seal of the Council affixed to each Certificate.

A "Few Words" from the Chairman.

SIR WILMOT HERRINGHAM (Chairman of the Council), addressing it, in conclusion, said that he wanted it to understand that in every electorate body, which had a great deal to do, the great body of work must be done by Committees, and he hoped that members of Committees would make a point of attending them regularly.

Referring to the question of the widening of the Register, he said that, however much the ground could be prepared by a Committee, it was a question of principle which must be decided by the Council. Every member of the Council should express his or her opinion upon it, and he hoped this would be done.

Then take the various Committees. The Finance Committee had had a bad time. Its work was mostly emergency work, and it had had to feel its way, and do business which had to be done for the first time.

The first issue of the Register would be more expensive than subsequent ones, as would also the first Election. They were, however, practically getting through the emergency work, and by next October would, he thought, be able to form a good idea of what would be needed for the permanent work of the Council.

The work of the Registration Committee was concerned with the question of framing or obeying certain rules.

It had tried to draw up a new Rule for the admission to the Register of exceptional cases, and at their last meeting the Council had tried to draw up such a Rule. They had had a definite case before them since last summer.

This time they thought they were perfectly safe, as they had sent up the Rule framed by Scotland, but the Council would see by the letter of the Ministry that this would not do.

The work would be mostly routine now, but there were the terms of reciprocity with Scotland, and perhaps Ireland, and the Colonies still to be considered. New Zealand was the only Dominion,

so far, with which the Council had a reciprocal agreement.

The Education Committee had the heaviest task of all. First, there was the approval of Training Schools, and in this there would be no slackening as the cases now to be considered would be the exceptional ones.

The work before the Education Committee was the organisation of the whole of the Examinations. They would have to form a panel of Examiners, and to find Examination Halls all over the country in which the Examination could be held simultaneously; they would have to frame the Rules for the Examiners, and decide how to settle the Papers, and how to supervise the Examiners. It would be very heavy work because they did not know anything about it.

Then the Council would feel, as in the case of all Statutory Bodies, that it was set up not for the benefit of a class, but of the public. He hoped they would feel they were not a Trades Union, but were set up for the good of the public, and that they had to work for the benefit of the public by raising the profession of nursing.

For that reason the Minister had appointed—and had rightly appointed—on the Council persons who were not nurses.

The General Nursing Council was comparable with the General Medical Council, but the former was better off because, while the General Medical Council had five direct representatives out of 37 members, the General Nursing Council had 16 direct representatives out of 25 members. The great majority of the members of the General Medical Council were appointed by the Licensing Bodies, which was comparable to appointment on the General Nursing Council by the Training Schools. In that way, therefore, the General Nursing Council was in a more favourable condition than the General Medical Council.

He expressed the hope that the members would make a point of visiting the Offices of the Council and acquainting themselves with the work done there. They had been constantly worried in the Council by people who were quite willing to blame them because they did not understand the work which was going on. For that reason a Report had been obtained on the Office Routine from Messrs. Peat & Co., who suggested some differences in details. He wanted the Council to familiarise themselves with the organisation of the Office, but hoped they would give the Registrar notice, if possible, of their intended visits.

He hoped also they would study the Report of the experts which had been put into their hands, and get some idea of the routine which went on and its magnitude. He had no doubt the Council had not any idea of the immense volume of work. They began with a staff of six, and the volume of work had got so great they now had 27, which would no doubt be diminished in the summer, when the period of grace ended, and they would no longer deal with existing and intermediate nurses.

The meeting then terminated.

POINTS FOR NURSES TO NOTE AND REMEMBER.

Minutes.

Mr. Robert Donaldson and Miss Maud Wiese addressed questions to the Chairman as to whether the Minutes were correct, as there appeared to be an omission on a question raised by Mrs. Bedford Fenwick, which Miss Villiers presumed alluded to the question of the fee of £2 2s. required from Intermediate Nurses.

The Chairman said the Minutes were not supposed to be verbatim, and accused the Press of frequent inaccuracy. He continued to explain that the Registration Committee had exercised its discretion to allow Male Nurses, whose training had been broken in the war, and who, therefore, had not completed three years' training and service before November, 1919, to be considered as Existing Nurses. This was the point raised by Mrs. Bedford Fenwick.

With all due deference to Sir Wilmot Herringham it was not.

Our "point" was an inquiry why the words "after the term of grace" had been omitted from a Resolution unanimously agreed to by the Council on February 2nd, 1921, providing that Intermediate Nurses should pay a fee of £2 2s. for registration after July, 1923, which omission has compelled them to pay the higher fee from the opening of the Register on July 14th, 1921, instead of from July 14th, 1923. To this we received no reply.

Let us consider this matter from the beginning, because one illegality is sure to arouse side issues.

On September 26th, 1922, Mr. Donaldson wrote to the Registrar asking for the remission of certain Male Nurses' fees as Intermediate Nurses, and that they should be classed as Existing Nurses owing to the interruption of their training during the war.

The Registrar, Miss M. S. Riddell, informed Mr. Donaldson on September 30th that his letter had been considered by the Registration Committee, which "had decided to recommend to the Council that all those applying for Registration whose training was interrupted owing to their leaving to join H.M. Forces on the outbreak of war will rank as Existing Nurses." That is pay a fee of £1 1s. instead of £2 2s.

THE ILLEGAL CONDUCT OF BUSINESS.

No letter on this matter was ever reported to or placed before the Council. Had it been, no doubt the Council would have sympathised with the proposal; but the Council—much less the Registration Committee—had no legal authority to agree to it, as the Act prescribes the date to which (November, 1919) Existing Nurses, with three years' training and service, can claim to be registered as such for the fee of £1 1s. Thus, had Mr. Donaldson's proposition been acceded to, the Council would have been required to frame a new Rule to meet these conditions.

But what do we find? The Chairman of the Council acknowledges that not only was the Council not consulted at all, but that Dr. E. W. Goodall, Chairman, and the members of the Registration Committee proceeded to act in violation of Section (3) 2 (c) of the Act, defining Existing Nurses as "persons who were for at least three years before the first day of November, nineteen hundred and nineteen, *bona fide* engaged in practice as nurses in attendance on the sick," and recommended to the Council for Registration as Existing Nurses, Male Nurses, who were not eligible—without any explanation whatever—a totally illegal proceeding.

As to Mr. Donaldson's question as to the correctness of the Minutes of December 15th, 1922, they were of course signed as such on February 16th, 1923, without protest from the members who were present on the former date, that the Registrar had suppressed all allusion to Mrs. Bedford Fenwick's question, and statement, concerning the tampering with her Resolution of February, 1921, by omitting the all-important words "after the term of grace," which protected the interests of Intermediate Nurses, placing them on the same financial basis as Existing Nurses, so long as the latter were eligible for Registration.

The whole treatment of this matter by the Registrar and Registration Committee has, in our opinion, been grossly irregular and illegal, and we invite Sir Wilmot Herringham to specify in which particular the Press, so far as THE BRITISH JOURNAL OF NURSING is concerned, is inaccurate in this particular. Its columns are open to him to disprove, if he can, its published statements. Indeed, in defence of its professional representative, whose reports of the meetings of the General Nursing Council for England and Wales are a model not only of accuracy, but of style, we defy him to do so.

E. G. F.

APPOINTMENTS.

MATRON.

Stockton and Thornaby Hospital.—Miss Gladys B. Martin has been appointed Matron. She was trained at St. Thomas Hospital, London, and was subsequently appointed Ward Sister at Bolingbroke Hospital, Wandsworth Common. In March, 1916, she joined Queen Alexandra's Royal Naval Nursing Service Reserve as Sister-in-Charge of Wards at the Royal Naval Hospital, Plymouth. In March, 1917, she served on the Hospital ship *Rewa* until it was torpedoed and sunk in January, 1918, when she was re-appointed to the Royal Naval Hospital, Plymouth. In January, 1919, she was appointed Matron of the Londonderry City and County Infirmary, which position she held until October of last year.

ASSISTANT-MATRON.

Springfield Mental Hospital, Springfield.—Miss Edith Catherine King has been appointed Assistant Matron at Springfield Mental Hospital. She was trained for three years at the Plaistow Fever Hospital, and obtained the Certificate of the Fever Nurses' Association. She then obtained a Three Years' Certificate in General Training at Guy's Hospital, where she also received her Midwifery Training, obtaining the Certificate of the Central Midwives' Board. She then

was appointed Night Superintendent at the Croydon Mental Hospital, Warringham, and in April of last year was appointed Sister at Queen Mary's Hospital for Children, Carshalton, a position she still holds.

SISTER-TUTOR

Leeds General Infirmary, Leeds.—Miss Marjorie E. Craven has been appointed Assistant Sister-Tutor. She was trained at the Leeds General Infirmary, where she was Gold Medallist of her year. She has since been Sister of a Children's Medical Ward. In December, 1921, she gained the Diploma in Nursing of the Leeds University with distinction, and is now taking a course of special study at Leeds University. She is a Certified Midwife.

SECOND HEALTH VISITOR

Borough of Chorley.—Miss Lilian Monk has been appointed Second Health Visitor. She was trained at the Fishponds Infirmary, Bristol, and has held the position of Health Visitor under the Herefordshire County Council, as well as near Chippenham.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss A. Willes, R.R.C., relinquishes the appointment of Acting Matron, December 13th, 1922.

QUEEN ALEXANDRA'S MILITARY FAMILIES NURSING SERVICE.

Sister-in-Charge Miss L. Badger, R.R.C., is placed on retired pay, January 8th, 1923, with permission to retain the badge of the Q.A.M.F.N.S. (substituted for the notification in the *Gazette* of January 12th, 1923).

HONOUR FOR MEDICAL WOMEN.

Dr. Mabel Elliott and Dr. Esther Lovejoy, of the American Women's Hospitals, have been awarded the Greek War Cross in recognition of their relief work in Asia Minor. This is the first occasion on which the Cross has been conferred upon a woman.

LEGACY FOR A NURSE.

Mr. Wilfrid Scawen Blunt, of Newbuildings Place, and of Worth Manor House, Worth, Sussex, bequeathed £1,000 and his bungalow, Woodlands, Horsham, with about 13 acres, to his nurse, Elizabeth Lawrence, in token of his gratitude for the care she had bestowed upon him during the past twenty years.

He stated in his will:—"I wish to be buried with the least possible delay and in the simplest manner, being laid in the ground wrapped in my old Eastern travelling carpet, and without coffin or casket of any kind, at a spot in Newbuildings Wood known to my executors"; and he requested that his nurse, Elizabeth Lawrence, should accompany him to and arrange him in his grave.

THE PASSING BELL.

By the death of Mrs. Ormiston Chant (*née* Dibbin), which occurred at Banbury last week, there passed away one who should receive more than a passing tribute at the hands of the nursing profession, of which she was a member, and by which she should be held in all honour. Not only was she a brilliant speaker, a versatile writer, an accomplished musician, but she was a fearless advocate of principles she believed to be right, including total abstinence, social purity, and woman's suffrage at a time when to advocate these things publicly meant opposition and social ostracism.

As a nurse, and subsequently as Sister Sophia, at the London Hospital, she obtained a wide practical knowledge of nursing, subsequently enlarged by the position which she held for a time as Assistant Manager of a private lunatic asylum.

It was at the London Hospital that she met her

future husband, Mr. Thomas Chant, M.R.C.S., with whom she had nearly 40 years of happy married life, though her opponents in public life did not scruple to penalise her husband and endeavour to ruin his practice, presumably with the object of cramping her activities financially. She lived to see her views on temperance widely adopted, the closing of the theatre promenades by the London County Council, and the Enfranchisement of Women during the Lloyd George Administration. For her services in the Græco-Turkish War in 1897 she was awarded the Greek Red Cross.

NURSES AND THEIR WAR PENSIONS.

The Minister of Pensions has issued Amendment Regulations under the War Pensions Act, 1921, bringing within the scope of the War Pensions (Final Awards) Regulations, 1922, the following classes of awards, hitherto excluded:—

1. All awards in respect of disabilities attributable to or aggravated by service in the Great War notified between March 31st, 1919, and August 19th, 1921, in virtue of which there has been granted a gratuity, or a weekly allowance or other award (other than a wounds pension or a conditional pension) to which the previous Regulations do not apply.

2. All awards in respect of disabilities attributable to or aggravated by service in the Great War, made by the Admiralty or the Army Council under any Order in Council or Warrant prior to February 15th, 1917, in virtue of which a permanent pension (other than a wounds pension) or a gratuity has been granted.

Officers, nurses, and men who have had awards of either of these classes notified to them, are entitled if dissatisfied with their award to appeal to the Pensions Appeal Tribunal, provided they give notice of appeal within the year ending February 6th, 1924. The Pensions Appeal Tribunal is empowered to confirm, increase, decrease, or set aside a final award. For further information, officers and nurses should apply to the Secretary, Ministry of Pensions, Officers' Branch, Westminster, S.W. 1, and other ranks to the Local Office of the Ministry or to the War Pensions Committee, the address of which can be obtained at the nearest post office.

EXHIBITION AND CONFERENCE.

A lecture to the Nursing and Midwifery Professions will be given at the Central Hall, Westminster, S.W.1., at 3.30 p.m., on the Opening Day, April 3rd, of the Hospital, Nursing and Midwifery Exhibition and Conference. Mr. Godfrey H. Hamilton, Secretary of the National Hospital for the Paralysed and Epileptic, will speak on "Hospital Administration." Films will be shown continuously, illustrating the latest devices in X-ray, Out-Patients' Department, Wards, Sorting Rooms, Kitchens, Clinics, Laboratories, Dispensaries, Operating Theatres, &c. Admission, which is free and by ticket only, may be obtained by applicants, enclosing stamped and addressed envelope to the Secretary, Hospital Nursing and Midwifery Exhibition and Conference,

LEGAL MATTERS.

Charged with obtaining a drug—morphine sulphate—by means of a forged doctor's order, Gertrude Violet Carroll (34), a nurse, of Elm-hurst Mansions, Clapham, appeared at the South-Western Police Court last week.

Mr. Barker, prosecuting, said the defendant obtained the drug from a chemist by presenting an order purporting to be signed by Dr. H. Smith, of Streatham.

Dr. Smith said the document was a forgery. He was acquainted with the defendant to the extent that she nursed a patient of his for two months last year.

Detective-Inspector Parker said he had ascertained from inquiries that within a few months the woman had obtained 188 tubes of morphine by forged orders.

Mr. B. Nicholls, on defendant's behalf, said she began taking the drug five years ago, and the craving got the better of her.

As a lady was prepared to look after her the magistrate accepted recognisances for her to surrender for judgment if called on.

BOOK OF THE WEEK.

"THE VEHEMENT FLAME."

The love story of a boy of nineteen and a woman of thirty-nine in skilled hands is bound to be full of interesting possibilities.

Maurice Curtis married the lady of his choice; indeed, the first page paints their bliss when it was but fifty-four minutes old. She was a handsome, tender creature, with a glorious voice which had "played the deuce" with her young lover. Her long silences which he had glorified into mystery turned out to be sheer stupidity, but so far he had not discovered that terrifying fact, and did not believe that of which she herself was aware.

"You don't talk because you are always thinking, that's one of the most fascinating things about you, Eleanor; you keep me wondering what on earth you are thinking about. It's the mystery of you that gets me." She was jealous, she told him.

"It would only mean that you loved me. I hope you'll be jealous. Promise me you'll be jealous."

This all sounded very well for two lovers sitting together in a meadow an hour after their runaway marriage, but, of course, it turned out not to be workable.

It took Maurice nearly two years to discover his mistake, but Eleanor was aware of it in a subconscious way from the very beginning.

The desert island where at first they would have been content to live, when he had vowed to himself with boyish solemnity that he would always be enough for her, soon receded, and in its place there

rose up in the boy's heart the exceeding irksomeness of the life to which he had committed himself.

Her jealousy was colossal, but it was the jealousy of youth that gave her no peace.

One cannot wonder that young Maurice, tied to such a wearisome woman, went astray temporarily, with the result that common little Lily Dale became the mother of his child.

He did not love her, was not even interested in her, and from henceforth his candid truth-loving nature was overshadowed by his act of treachery.

This very long story covers little ground, and it is really surprising how the intimate affairs of so few people are expanded to hold the reader's interest. But there is a fresh crispness about the style that is wholly American.

Life is not improved for Maurice by his falling in love with Edith, who was something of an *enfant terrible* in her downright way of probing to the heart of a matter.

Poor Eleanor, old and tired while her husband was in his manhood's prime, suffered the flames of jealousy in full. Her death, of course, was the only way out for Maurice.

Edith's loyalty and devotion to him was on the way to be rewarded as the story closes.

"I can't be happy, Edith," Maurice told her, "don't you see?"

She looked straight into his eyes, her own eyes terror stricken.

"You shall be happy," she said. "Oh, it's artificial to refuse to be happy."

This story will find favour with those of our readers who are out for human interest, and they will discover why it was that Maurice found it impossible to marry Jacky's mother, which his sense of duty urged him to do. To do so would, indeed, have started another tragedy, and so we leave Maurice with sensible, capable Edith with relief.

H. H.

WORD FOR THE WEEK.

"The English language is the richest in the world for monosyllables. There are four words of one syllable each—words of salvation for this country and the whole world—and they are: Faith, hope, love, and work. No Government in this country to-day that has not got faith in the people, hope in the future, love of its fellow-men, and that will not work and work and work, will bring this country through into better times and better days, or Europe through, or the world through."—*The Right Hon. S. Baldwin, M.P., in House of Commons.*

COMING EVENTS.

March 10th.—The Matrons' Council of Great Britain and Ireland. Meeting, Prince of Wales' General Hospital, Tottenham, N. 3 p.m.

NOTICE.

We regret we are unable to award a prize in our Prize Competition this week.

* By Margaret Deland. (John Murray.)

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 OCTOCENTENARY BED OF THE BART'S NURSES' LEAGUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—My father, being informed of the Octocentenary Bed Scheme for St. Bartholomew's Hospital, has given me £50 for my contribution.

It seems to me that if nineteen other fathers or good people will do the same one Octocentenary Bed will be secured, and all other contributions can be available for a second. So let's try.

Yours faithfully,

ST. B. H. LEAGUE MEMBER.

THE FIVE SISTERS' WINDOW RESTORATION FUND, YORK MINSTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The women of Yorkshire are appealing for the sum of £3,000 with which to restore the famous Five Sisters' Window in York Minster as a memorial to nurses and all other women who died in the service of their country during the War.

As we feel that all nurses would like to have the opportunity of sharing in this Memorial to their sisters, we cordially appeal to you to help, by making it known to all Associations of Nurses, or by organising a collection.

Subscriptions great or small are welcomed and collecting cards will be forwarded on application to the Hon. Secretaries.

Yours faithfully,

MARGARET K. STEELE,
Matron, York County Hospital.

ALICE WAINWRIGHT,
Lady Superintendent,
Pury Cust Nursing Home, York.

MABEL P. ELDER,
Superintendent Nurse,
York and District Infirmary.

The Assembly Rooms,
York.

KERNELS FROM CORRESPONDENCE.

Registered Nurse Pension £1 a Week.—"I notice that the Joint Nursing and Midwives Council for Northern Ireland are advertising for a Registrar at a salary of £109 4s. Surely this is not a living wage for any educated woman, who would be capable of performing the duties, as she should not only be a Registered Nurse, but a woman of business. Compare it with what we English nurses are made to pay—£550 per annum—for the services of our Registrar, with £10 10s. a week sick pay for ten weeks on end! We lifelong nurses, who were paid such poor salaries we could not save, are considered passing rich on £1 a week pension. No wonder nurses are so servile and have sold our

professional independence for a mess of patronage pottage."

SCANDALOUS MISMANAGEMENT OF THE NURSES' STATE REGISTER.

From Mrs. Mary Phelan (née Sutton), New York.—"Before I close my letter, I have a very bitter complaint to make on the manner in which I have been treated with regard to my Registration Certificate. It is now a year since I sent my original certificates of training, filled all forms required, references, and sent my fee. I was written my name would go before 'next meeting.' I wrote in April explaining that I needed my Registration certificate, as I had to leave for America during the summer. Again a reply—my name before 'next meeting.' I wrote an urgent letter and supplication in May, saying that I required my R.C. before I sailed for America. Again reply 'next meeting.' I wrote saying I was leaving for America and gave address, and since then I have heard nothing. I am more disappointed and annoyed about this than I can express. I have longed for years for my Registration. I was one of the first that applied, but was delayed on account of my original copies of training being in a bank in a disturbed district in Ireland; but this aside, all were sent and in order since February, 1922. I am just wondering what I can do, or is there any use in another application; and what about the fee? I beg forgiveness from you to annoy you with this, but if you are still on the Council, can you put it forward?"

[This is only one of many complaints addressed to us, and the mismanagement of our Registration business, and deprivation of our rights granted in our Nurses' Act, prove how disastrous is medical control of nursing organisation. It always has failed (as Miss Nightingale said it would), and it always will. The fact that not one of the candidates for work on the Registered Nurses' Society have been eligible for election, owing to their applications for Registration by the G.N.C. having been deferred month after month, has caused them very serious inconvenience and financial loss. Mrs. Phelan—late Miss Mary Sutton—whose nursing career has brought honour on our cloth wherever she has worked, as Queen's Nurse, as F.F.N.C. Sister in military hospitals, and in devastated districts in France, has just cause of complaint against the bureaucratic incompetence with which her application has been treated at Headquarters. No wonder our stamp bill licks creation. We decline to communicate personally with the Registrar, who has absolute power re registration—according to the Council's Instruction of February 17th, 1922. Perhaps some of the Independent Members of the Council will insist upon enquiry into this and other cases. It is high time.—Ed.]

OUR PRIZE COMPETITION QUESTION.

March 3rd.—Describe the principal uses of baths, some of the varieties known to you, and the methods of administering them.

The Midwife.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board held simultaneously in Edinburgh, Glasgow, Dundee, and Aberdeen, has just concluded with the following results:—

Out of 123 candidates who appeared for the Examination, 113 passed. Of the successful candidates, 28 were trained at the Royal Maternity Hospital, Edinburgh, 41 at the Royal Maternity Hospital, Glasgow, 4 at the Maternity Hospital, Aberdeen, 11 at the Maternity Hospital, Dundee, 4 at the Queen Victoria Jubilee Institute, Edinburgh, 7 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised institutions.

EXAMINATION PAPER.

1. What bones go to form the False and True Pelvis? Give the measurements of the diameters of the Pelvic inlet and outlet.

2. A woman three months pregnant has some bleeding per vaginam; mention some conditions which might be the cause, and state how you would distinguish between them.

3. Describe the management of a case of post partum hæmorrhage.

4. (a) What is Puerperal Sepsis? (b) What measures should be adopted to prevent the occurrence of this complication? (c) What are a midwife's duties if a case of this nature arises in her practice?

5. How would you deal with the following? (a) Cracked Nipple; (b) secretion in breasts of newly-born child; (c) vomiting and green frothy stools in a bottle-fed baby.

6. What are the duties of the midwife to the patient and child during the lying-in period according to the Rules of the Central Midwives Board?

CENTRAL MIDWIVES' BOARD FOR IRELAND

The Ninth Examination of the Central Midwives Board for Ireland was held in Dublin and Cork simultaneously on February 13th and 14th, 1923. Fifty-eight candidates entered from Dublin and 22 from Cork. Three of the candidates did not attend—13 failed to satisfy the examiners and 64 passed satisfactorily.

The following registered medical practitioners acted as examiners:—Drs. Trevor N. Smith, F. W. Doyle, Gerald Tierney, Alice Barry, Walter Rahilly, and Lucy E. Smith.

EXAMINATION PAPER.

1. Describe the changes which occur in the breasts during pregnancy.

2. In writing a report upon the condition of mother and infant on the second day of the puerperium, what points would you lay stress upon?

3. Mention the conditions which may occur during labour and which necessitate sending for medical aid. How would you send for help?

4. What procedure would you adopt in order to diagnose the position and presentation of the fetus in any case? Describe what you would find by each procedure in a breech case.

5. Why are vertex cases so common?

6. What signs and symptoms would lead you to suspect tubal pregnancy, and from what other condition has it to be diagnosed?

CHILD WELFARE IN SIAM.

A chapter is devoted to maternity and child welfare in a report on the department of public health in Siam which, says *Maternity and Child Welfare*, has just been issued by the medical officer, Dr. Khun Prât Rôg. An investigation made in 1917 for the department of commerce and statistics pointed to an infant death-rate of nearly 350, but the actual figures are not available at the present time. The medical officer asks: "Is it not worth while for Siam to insist upon knowing where she stands in this important matter?" The chief causes of unnecessary loss of infant life are put down as ignorance, lack of competent physicians and midwives, and bad traditions of midwifery. Meddlesome interference in labour is said to be rather the rule than the exception. Tetanus appears to be a frequent cause of infant deaths. "Sang," put down as one of the chief causes of infantile deaths, seems to include any wasting disease such as chronic diarrhœa or nutritional disorder due to improper feeding.

THE MILK CONFERENCE.

A full report of the proceedings of the National Milk Conference, held at the Guildhall last October, has been published by the National Clean Milk Society, 3, Bedford Square, W.C., where it can be obtained for 3s. (post free). Its 222 pages contain the complete text of the addresses, papers, and discussions, which covered such questions as the influence of breed and feeding upon milk supply; the diseases of cattle in their relation to milk; the handling and distribution of milk; Pasteurisation; and the food value of milk and its care in the home. The report is virtually an encyclopædia of the milk question in its health aspects.

The Annual General Meeting of the Governors of the Royal Maternity Charity of London was held at the Charities Offices, 38, John Street, Bedford Row, W.C.1 on February 14th.

THE BRITISH JOURNAL OF NURSING

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Vol. LXX

EDITORIAL.

A NOBLE OBJECT TO COMMEMORATE A NOBLE SACRIFICE.

The proposal of Mrs. Blakeway Little, St. Peter's Grove, York, most happily conceived, to launch an appeal for £3,000 from Yorkshire women, with the object of restoring the glorious Five Sisters' Window of York Minster, in memory of the brave women who laid down their lives in the service of their country in the Great War, was adopted, and successfully launched, at a largely attended meeting at the Mansion House, York, on February 15th, presided over by the Lady Mayoress (Mrs. Reid).

No nobler memorial could be raised to perpetuate the memory of these women; and it is peculiarly appropriate that a window, of which the design is attributed to women, should be restored in honour of women.

Speaking at the Mansion House meeting, York, Mrs. Little referred to the many memorials from North to South, and East to West, which we come across in honour of our splendid brothers who gave their lives in the service of their country—a simple cross, or a rugged column, or even a cenotaph. "But where," she asked, "is there any adequate national memorial to those of our sisters, who equally, though in far fewer numbers, gave their lives in the service of their country?"

It is proposed to commemorate in the Five Sisters' Window, with the cordial consent of the Dean and Chapter, the Army (and, we hope, the Navy), and Civilian Nurses, V.A.D.s, W.A.A.C.s, W.R.N.S., Stewardesses, all who went down in ships and who were killed in air-raids and bombardments. Special mention was made by Mrs. Little of the brave transport drivers who went right up to the firing-line and the stewardesses who stuck to their posts.

The Five Sisters' Window, a priceless gem in the glorious Minster at York, which is a national heritage, is, Mrs. Little stated, in grave danger. Most of our ancient glass was destroyed in the wave of iconoclasm which swept over the country in Oliver Cromwell's

time. To Sir Thomas Fairfax, his Commander-in-Chief, we owe it that the glass of York Minster was spared. Mrs. Little tells us of the order he issued to his troopers: "There is one church which, for the honour of Yorkshiremen, you must not touch, and that is York Minster." In consequence, the "Minster possesses more old glass than any other cathedral in England, but the oldest and the rarest is the Five Sisters' Window. How appealingly arresting it is as you enter the South Transept Door, with its five beautiful lancet-shaped lights indicating, perhaps, the five wounds! These lights are unequalled in freedom, vastness and simplicity of design, and each one measuring 53 feet 6 inches in height, and 5 feet 1 inch in breadth, containing thirteenth-century Grisaille glass of a kind all too rare, and one Norman panel as the base of the central light representing Habakkuk feeding Daniel in the den of lions. Among the plants depicted in the design is said to be the *Herba Benedicta* and the ivy, symbolising love, which always means sacrifice, and the maple denoting victory.

"It is traditionally recorded that five maiden sisters worked the patterns in tapestry; hence the name of the Five Sisters. Whether this is correct or not, it is certain that the window is known, and will for ever be known, as the Sisters' Window, and the only one so named, and is a strange embodiment of what true womanhood should be in its quaint simplicity, quiet dignity, and lofty purity."

Mrs. Little therefore appealed to Yorkshire women of all denominations to join together "to preserve and restore that national thing of beauty, that priceless, unique, world-famed Five Sisters' Window, to the abiding memory of those who have gone before, but left their trail of 'light' upon our shore."

The scheme has the warm support of Mrs. Edwin Gray, J.P., Past President of the National Council of Women, who, with Mrs. Little, is acting as Joint Hon. Secretary to the scheme. Donations may be sent to them at the Assembly Rooms, York. We feel sure that many of our readers will desire to take part in promoting this noble memorial.

OUR PRIZE COMPETITION.

DESCRIBE THE PRINCIPAL USES OF BATHS, SOME OF THE VARIETIES KNOWN TO YOU, AND THE METHODS OF ADMINISTERING THEM.

We have pleasure in awarding the prize this week to Mrs. Firth Scott, Overstream, Osmington Mills, Weymouth.

PRIZE PAPER.

Baths are used for cleansing and for therapeutic purposes chiefly. The latter may be (a) sedative, (b) stimulating, (c) medicated, (d) local or general.

Sedative baths may be used to relax the muscles, increase the amount of blood under the skin and so decrease mental activity, and reduce the stimulation of nerve centres generally. Besides using these as a sedative for the central nervous system, warm baths are used to allay peripheral irritation, e.g., in the treatment of burns. The general sedative bath is invaluable in the treatment of insomnia, cases of mania or delirium, and to allay nervous exhaustion. Baths given for a sedative effect ought to be kept at body temperature or a little under, given in a quiet and preferably darkened room. The duration will be prescribed by the doctor, and may vary from half an hour to the continuous bath used in cases of burns. The great thing is to keep the patient as comfortable and as quiet as possible during the bath, and to get him dried and into bed with the least delay subsequently. In any long continued bath it is necessary to let the feet reach the end of the bath and give a support to the head and shoulders, e.g., a band of flannelette beneath the shoulders and an air pillow for the head. A bath blanket can also be laid along the bottom of the bath to make it softer to lie on. The bath should be covered over after the patient is in it, with a blanket to prevent too rapid cooling. In the continuous baths used for burns, boric acid or bicarbonate of soda is usually added to the water and the skin smeared with some form of antiseptic ointment before the immersion. If the burns are very extensive, a hammock will be necessary to facilitate moving the patient.

Stimulating baths may depend on salts, e.g., the Nauheim and Carlsbad; mustard; spray baths; heat or cold—heat may be electric or hot water. The *mustard bath* is usually given between 96° and 100° F. If the mustard is put in water much above 100° F., the volatile oil (which acts as the counter irritant) is driven off, and the effect will be diminished. *Spray baths* are usually given cold and accompanied by brisk skin friction. *Cold baths*, or sponging,

drive the blood from the surface vessels into the interior ones and assist in the more rapid oxidation of the blood. They stimulate the nerve endings in the skin, congestion of the internal organs is lessened, and the nutrition of the skin improved. The subsequent "reaction" will usually cause sweating if the patient is warmly wrapped in bed and given hot drinks; thus temperature may be lowered in fevers. An ice-cap should be applied to the patient's head when giving cold baths. Cold packs are used for the same purposes as cold baths. *Hot baths*, or packs, increase the surface blood supply and also relieve internal congestion. As the large amount of blood in the skin comes in contact with the hot water (or hot air) it becomes heated, and as it flows back to the interior oxidation is again favoured. This, and the fact that little or no heat is eliminated through the skin, causes a rise of temperature *pro tem.*; but as soon as the heat is discontinued diaphoresis will be induced, and as the sweat evaporates the increased loss of heat will cause the temperature to fall again. Heat may be locally applied, e.g., to an arm or leg to cause softening and expansion of fibrous tissue such as ligaments, to relax stiff muscles, and hyperemia. The hyperemia of a special part will cause an increase in the number of anti-toxic substances in the local blood-vessels, an increase in the amount of blood serum exuding into the tissues, and eventually a better circulation of blood and lymph. Hot baths may be of water, hot air, vapour, electric light, and sun baths. *Sun baths* are becoming more and more valued as prophylactic and curative agencies. Our misty climate is not ideal for them, and a special burner called "The Alpine Sun Lamp" has been devised as a substitute when the real sun refuses to shine on us—or we shut him out with smoke screens. Rickets and tuberculosis appear to yield marvellously to treatment by heliotherapy. The patients should wear shady hats to avoid eye strain when having sun baths.

Medicated baths are baths to which any kind of drug has been added, e.g., boric acid, sulphur, bran, sodium bicarbonate, carbolic. They will be prescribed by a doctor.

In all local baths care must be taken that only the part to be treated is wet; that there is no undue strain on the rest of the body; and that the bath cannot be easily upset by a chance movement of the patient.

In all general baths care must be taken to disturb the patients as little as possible, not to agitate them by exposure or any clumsiness, to time the bath carefully, and to keep the tem-

perature at the correct level by using a bath thermometer all the time. To watch the pulse, respiration and general condition, and to at once discontinue the bath if untoward symptoms are manifest. Warm drinks are usually given when the bath is finished and the patient comfortable in bed.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. F. Rossiter, Miss J. G. Gilchrist, Miss E. Garland, Miss Rachel Dodd, Miss P. Thomson.

QUESTION FOR NEXT WEEK.

Describe the duties of a nurse in preparing a patient for an operation for cataract, and the subsequent nursing care.

NURSING ECHOES.

Lady FitzGerald has again invited any Queen's Nurses who wish for a quiet and restful holiday to Buckland Lodge, near Farringdon, during the month of May. Residence is entirely free and a nurse may go either for the first fortnight in May, or for the second fortnight, and the larger the number who apply the better pleased Lady FitzGerald will be. The place is specially suitable for anyone wishing to rest and the surroundings are delightful. Application should be made to Miss M. Tarver, Buckland Lodge, near Farringdon, Berks, giving for reference the name of the Superintendent of her County Nursing Association or the Superintendent of the Home in which she is working, failing these the General Superintendent of the Queen's Institute.

Now that Lord Derby is Minister for War, he has quickly agreed to a subsidised scheme in support of the Voluntary Aid Detachments, which is calculated to stabilise the position of "V.A.D.s" in connection with the Military Nursing Services—under lay control. Thus, we fear, a thoroughly trained Red Cross Nursing Service, on the American system, professionally controlled, is lost to us for many years to come.

A meeting of the new Central Voluntary Aid Detachment Committee, which has now been reconstituted from the former Central Joint V.A.D., was recently held at the War Office. The Earl of Derby, Secretary of State for War, in welcoming the members, announced that in addition to the grant already made they had received a further sum of £600 towards ex-

penses, made up as follows: From the Admiralty £100, the War Office £400, and from the Air Ministry £100. A finance committee was appointed, composed of the following: Lady Ampthill, Sir James Clark, Colonel Riley, Sir Edward Stewart, Major Reddie, and Mr. McBain (secretary).

As usual, the professional woman is taxed in support of the amateur, who, we may be sure, will enjoy the social prestige so often denied to the professional nurse. When, we wonder, will Services Nurses have the courage to come out and secure Rank, as their American colleagues have done?

Members of the R.N.S. will be glad to know that Sister Cartwright is making progress towards convalescence. She is now staying with an old member of the Society in Oxfordshire, and is out for a walk daily.

We learn that the smoking habit is more prevalent in English hospitals than in any part of the Empire.

It is very strongly objected to in private nursing, but once the habit is contracted it is very difficult to discontinue without affecting the serenity of the temper, as, of course, it is a drug habit, although people are quite unnecessarily indignant if told so.

A Sale of Work will be held in the Out-Patient Department of the Royal Southern Hospital, Liverpool, on Wednesday, May 2nd, in aid of the Fund of the Ladies' Linen League. There will be stalls of all descriptions, but the Nursing Staff are holding themselves responsible for the Fancy Stall. There are possibly many past members of the staff who would wish to contribute to this stall. If so, will they kindly send their gifts to the Matron before the end of April.

Speaking at the annual meeting of the Leicester District Nursing Association, Mr. C. J. Bond said there must be an increasing future for nursing, for they would never rest until in this country there was a great co-ordinated health service, doing away with all the little local competitions, and getting medical men, nurses, institutions, hospitals, fever hospitals, and asylums all working together with one object, the raising of the standard of the mental and bodily health of the people of this country. The time had come when they in England ought to recognise that it was wrong to be ill if illness were preventible, just as it

was now wrong to be ignorant when education was provided for.

The sisters and nurses of the Sheffield Royal Infirmary, not content to rest on their oars after their strenuous efforts for the big Hospital Bazaar, are desirous of raising £500 to endow a cot in the institution.

Recently, in the nurses' home, the sisters held their first whist drive in aid of the new venture, and about fifty sisters and wives of the honorary medical staff spent a very pleasant evening. The prizes were given by sympathisers with the object of the whist drive.

It is hoped to follow this up with other entertainments. Jumble sales, which are the Infirmary staff's speciality in raising money, are also to be held. In the early part of the winter they raised as much as £50 in an afternoon by this means, and it is hoped that when the appeals are made the public will again be generous with their support.

The Matron, Miss Smeeton, has started a "Mile of Pennies," contributions to which should be sent to her at the Infirmary, and "if you haven't any copper, silver will do!"

Fifteen nurses were appointed on probation at a recent meeting of the Belfast Board of Guardians, each agreeing to take the oath of allegiance. They also undertook to be bound by the rules of the Joint Nursing and Midwives' Council for Northern Ireland.

On this subject a report of the Infirmary and Child Welfare Committee stated that they had considered the matter, and recommended: (a) That, since professional certificates were granted for a four-years' course in the Infirmary, and in other hospitals the term was generally three years, the Council should be requested to arrange that the nurses trained in the infirmary should be exempted from the professional examinations until December, 1926. (b) That a qualified sister tutor should be appointed so that the nurses might receive the training and instruction necessary to make them qualify with some hope of success, and that the visiting medical officers should be asked to make inquiries and report as to the qualifications and duties of a sister tutor, and the salary generally being offered for such an appointment.

The report was adopted, and the Committee will make further inquiries into the matter.

In order to commemorate the splendid work of the Scottish hospital between 1915 and 1918 with the British Macedonian Expedition-

ary Force, it has been decided to endow four beds in the women's unit of the Royal Free Hospital.

One bed has already been endowed, and the sum of £3,000 is required for the endowment of the remaining three beds, one of which is to be named in memory of the British Macedonian Expeditionary Force and of those gallant members who fell in that campaign.

All communications and contributions should be sent to the secretary (Miss Dorothy Willis), Scottish Women's Hospitals Association, Royal Free Hospital, Gray's Inn Road, London, W.C.

HONOURS: ROYAL RED CROSS.

The King held an Investiture at Buckingham Palace on February 22nd, when Miss Robina Paul, of the East African Nursing Service, was decorated with the Royal Red Cross.

INTERNATIONAL SYMPATHY.

THE DUTCH NURSES' ASSOCIATION.

Dear Friends,—We want to write you and give you our warm sympathy. We followed with eager interest the events regarding the General Nursing Council and the vote, and do understand perfectly your feelings now. You who worked with all your heart and mind for the raising of your profession to see now, the moment of reaching the aim, all thrown over by the unfair proceeding of the adversary.

We understand the more your feeling, because we have in other forms the same difficulties and the same fight; we only never had a moment of victory and success as you had, and have, notwithstanding all. You *have* reached a great deal.

With us, the Syllabus is going to be fixed by the Minister (with influence of the Bond of Ziekenverpleging, the Dutch College of Nursing) without even hearing us or any member of the profession.

It is a very bad Syllabus, and without any power of influence given to members of the profession, not to speak of the associations. All power is given to the doctors. We will try to have it changed, but the chance is very small.

The only thing to do is to double our energy as you will do, we are sure.

We should be much pleased to hear what you are going to do now.

With warmest feelings,

Your comrades and friends,

M. VERWEY MEJAN.

M. BERKELBACH V. D. SPRENKEL.

Amsterdam.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL (G.N.C.).

PITHECANTHROPUS ERECTUS.

If you wish to touch bed-rock, and realise "How the College Caucus Captured the Council," you must revert to prehistoric times, study anthropology, swing through the branches of primeval forests with the anthropoid, concentrate for quite a while on the habits of the *Pithecanthropus erectus* (the erect ape-man), call in on the hirsute cave man (keep clear of his club), and there you are—at least there you will be if you escape from their primitive instincts.

It is quite a simple proposition—Submission or death!

Resist the anthropoid and he used tusk and claw, seized your jugular, let loose your life's blood in ruddy flow, and sent forth his vibrant yell of triumph. *Pithecanthropus erectus* no doubt would land you a knock-out blow below the belt, and the cave man cracked your cranium with accuracy, and grunts of gratification.

What is half a million years in the eons of time? Nothing where the sub-conscious animal instinct is concerned.

Clothed man may appear less terrific than his progenitors—but touch his dominating sex pride, his vanity, or his lust for power, and you will find him as elemental as any anthropoid. It is with these primal instincts with which you come into collision, if you also are instinct with personality, and require space for expansion of body, soul, and spirit. Self-expression. Judgment.

The modern man still employs instinctive methods in public life where women are concerned. He has no desire to share equally with us in government. Indeed, he claims to put "his foot down" every time. And where the vocation of Nursing is concerned he has retarded its higher development on ethical lines from first to last, and apparently reduced its *personnel* to pulp. Therefore, if you want to know how the College has captured the Council, you must first grasp a few fundamental truths of the natural law, and then seek for and enforce the remedy.

Read what Sir Bamfylde Fuller writes on the physiological aspect of the question:—

"Fear and courage are two contrary nervous influences, the latter of which resists, or antagonises, and may control the former.

"That this antagonism should occur our nature must be dual—must include two distinct elements. And, arguing *a priori*, it must be so. For we are each the product of two separate living organisms—the female and the male reproductive germs—which differ very markedly in their appearance and apparent activities. It seems that we owe to one our vegetative, to the other our animative capabilities. The sciences that deal with life will hardly succeed in marshalling their discoveries convincingly until they recognise this fundamental truth. . . .

"The antagonism between the two is primitively instinctive. Hence an insect can be courageous although it has no brain. But when ideas intervene they exercise a momentous influence in swaying the conflict. For they can reinforce courage, either imaginatively, as 'ideals,' or deliberately, as thoughts of consequences. They may, on the other hand, reinforce fear. Consequently the conflict is constantly inclining itself one way or the other according to the condition of certain nerves and the character of the ideas that affect them."

The essence of College craft is to reinforce fear—and to crush out "ideals."

This is the method of *Pithecanthropus erectus*, and the conflict between him and the women whose ideas reinforce courage. "The antagonism between the two is primitively instinctive."

Who could attend a G.N.C. meeting during the past two years and not recognise signs of demoralisation through ignoble fear?

The silence. The lack of courage in support of professional reform. The fluttering anxiety to be on the safe side. The ill-disguised greed for place, promotion, power. The trickery to carry out the employers' policy. The betrayal of professional ideals, rights, and duty. The mendacious treachery to colleagues who dared to oppose this degrading course of action.

What a lesson in human baseness! The stronger to rely on the result of fear—the weaker to succumb to it! How despicable a form of tyranny, to sap the *morale* of a poorly paid and dependent class of professional women workers, securing the aid of its higher grades through social recognition, improved pay, and titular honours, in enforcing the unwritten law that promotion depends on acquiescence!

Alas! How are the mighty fallen! Where are our time-honoured ideals? Our proverbial love of truth, integrity, self-denial, devotion to duty, the sanctity of our cloth? Echo answers where!

ETHEL G. FENWICK.

(To be continued.)

NURSING IN THE HOUSE OF COMMONS.

The following questions have been addressed to the Ministry of Health. We quote from the Parliamentary Debates, of February 21st and 22nd :—

NURSES' REGISTRATION.

THE ONE YEAR'S TRAINING.

1.—MR. F. BRIANT (Lib., Lambeth N.), asked the Parliamentary Secretary to the Overseas' Trade Department, as representing the Ministry of Health, if the proposals of the Nursing Council include the registration of nurses with less than one year's hospital training; and if, in the interests of the general public who will regard registration as a guarantee of efficiency, he will refuse to assent to any proposals which will thus lower the standard of nursing?

SIR W. JOYNSON-HICKS: The late Council submitted a rule, which has for some time been in operation in Scotland, giving them a discretion in exceptional cases to admit nurses with less than one year's training. My right hon. Friend has asked the new Council to reconsider this proposal, and until he has received their recommendations it would be premature to make any statement.

Remarks.—Mr. Briant, Chairman of the Lambeth Board of Guardians, has always held very sound views on the training and status of nurses, and we welcome his vigilance in the House in questioning the attempt of the College members on the General Nursing Council to sweep away any standard of general training—or even general experience—to qualify for registration on the General Part of the Register—and thus break faith with the 16,000 nurses who have registered under the present Statutory Rules—and of whose contract we note the present Minister of Health is apparently not oblivious.

In the reply given to Mr. Briant an error appears. The Scottish Rule 21 (3) (*d*), to which Sir W. Joynson-Hicks alludes, does not permit the General Nursing Council for Scotland "to admit nurses to the Register with less than one year's training," but provides that one year's training may have been taken "in a hospital or institution not recognised by the Council." Thus persons with no "general" training are eligible to be placed on the "General Part of the Register" without such practical experience. A very objectionable provision, calculated to mislead the public, and strongly objected to by the non-College nurse members in the first Council.

PREFERENTIAL TERMS FOR COLLEGE MEMBERS.

2.—MR. R. RICHARDSON (Lab., Houghton-le-Spring) asked the representative of the Ministry of Health whether he is aware that applications from nurses connected with the College of Nursing to be placed upon the Register were dealt with before similar applications from working nurses, which had been received five, six and nine months earlier, and that about 800 nurses applied before September 30th last, the specified date, but were not placed upon the Register in time to vote, in consequence of a delay on the part of the officials in sending out their reference papers; and whether he will make inquiry into this complaint?

SIR W. JOYNSON-HICKS: My right hon. Friend will have inquiry made, and will communicate the result to the hon. Member.

Remarks.—Rule 9 (A) was drafted and agreed upon by the majority members of the G.N.C. when on strike, and thrust through the Council, and, although quite *ultra vires*, through Parliament by Sir Alfred Mond, to facilitate members of the College of Nursing, Ltd., being placed upon the Register, *in time to vote* for College candidates on the new Council—a most discreditable job. We hope Mr. Richardson will not be fobbed off by the usual type of reply (often inaccurate) and strongly biased, in support of College policy, supplied, in the past, from the Ministry of Health.

Members of the late Council have written evidence of preferential treatment accorded to members of the College of Nursing over independent applicants—the case of Miss Geraldine Bremner, now a member of the Council, is a flagrant case—and the disfranchisement of 800 applicants owing to the "meticulous and ridiculous" bureaucracy in the G.N.C. Office, through which system applicants are kept waiting for months, is evidence of the grave mismanagement of our Register.

THE "ANTI"-MONOPOLY.

3.—MR. P. W. GRUNDY (Lab., Rother Valley) asked the representative of the Ministry of Health whether he has received a resolution from the Professional Union of Trained Nurses expressing indignation at the manner in which Mrs. Bedford Fenwick has been excluded from the General Nursing Council by the arrangement of the College of Nursing, and protesting against this lady, who originated the idea of registration and worked for it for over 30 years, being superseded by two College Matrons, one of whom has always strenuously opposed registration, and declaring the method adopted constituted a scandal requiring searching inquiry; and whether he proposes to take any action in the matter?

SIR W. JOYNSON-HICKS: Representations have been received on behalf of Mrs. Bedford Fenwick and other candidates who failed to secure election. All the candidates received the support of one or other of the nursing organisations, and my right hon. Friend is not aware that the College of Nursing took any action in regard to the election which was not strictly legitimate. As regards the conduct of the election, a formal appeal has been lodged, and until my right hon. Friend has given his decision it would be improper to make any comment on the action of the Returning Officer.

Remarks.—We deprecate our name being used in this connection, as we have no desire to make the late election a personal matter; the great principles involved in its misdirection must be contested, and if possible prevented in the future.

Sir W. Joynson-Hicks has been misinformed in several particulars. The College of Nursing, Ltd., inspired the framing of Rule 9 (A), which provided for packing the Register with College voters, which may be strictly legitimate, but is calculated to debase professional *morale*. Also the Independent candidates were not nominated by any Nurses' organisation, as the College candidates were, and therefore had no exclusive support. They quite realised that the method of registration under Rule 9 (A), which was proposed by Dr. Goodall, the Chairman of the Registration Committee, would exclude them, as it was designed to do, from election. As we remarked before, a flagrant job.

SOCIAL INFLUENCE.

4.—MR. A. V. ALEXANDER (Co.-op., Hillsborough) asked the representative of the Ministry of Health why labour organisations representing working nurses have no representation amongst the nine nominees to the General Nursing Council for England and Wales; and whether he will take steps to repair this omission?

SIR W. JOYNSON-HICKS: Sixteen members of the General Nursing Council are nurses elected by the nurses on the Register. My right hon. Friend sees no necessity for the appointment of additional nurse members, nor is this contemplated by the provisions of the Schedule to the Nurses' Registration Act which prescribe the constitution of the Council.

Remarks.—We gather this question refers to Government Departments rather than to nurses. Quite unnecessarily the Privy Council nominates two members, the Board of Education two, and the Ministry of Health five—a very useless expense to the Nurses who finance the Council. Leisured women of title, and school mistresses, have proved totally ignorant of trained nursing, and mischievously interfering in economic and educational conditions of which they know nothing. Professional government by nominees is entirely obsolete. The General Nursing Council should be an entirely elective body. At present the nurses have to finance and be governed by persons over whom they have no control—a most undemocratic procedure.

ILLEGAL ACTION BY CHAIRMAN AND REGISTRAR.

5.—MR. C. EDWARDS (Lab., Bedwelty) asked the representative of the Ministry of Health whether he is aware that, in spite of the Rule of the General Nursing Council that all minutes, registers, and records shall be open to the inspection of members of the Council during the Registrar's business hours, two representatives of the working nurses on the Council were, by the Chairman's orders, refused permission to inspect documents in connection with the compilation of the Register; and whether he will make inquiry into the complaint and take whatever steps are necessary to secure compliance with the rule?

6.—MR. T. GRIFFITHS (Pontypool) asked the representative of the Ministry of Health how many nurses have been placed upon the State Register for England and Wales under Rule 9A; why this information was persistently refused to members of the first Council, who had a right to it; and by what authority the Chairman of the Council refused to certain members, who were representing working nurses on the Council, access to the papers in the General Nursing Council offices dealing with this and other matters, in view of the fact that Rule 49 explicitly states that all minutes, registers, and records shall be open to the inspection of members of the Council during the Registrar's business hours?

SIR W. JOYNSON-HICKS: My right hon. Friend will cause inquiry to be made on these points and will communicate with the hon. members in due course.

Remarks.—The only error the members of the Council made in this connection was to leave the office until they had inspected the papers to which they had right of access under the Statutory Rules. Apparently both the Chairman and the Registrar acted illegally, the latter official never having realised the fact that she is the servant of the Council and not its mistress.

Further questions and replies are held over till next week.

THE PROFESSIONAL UNION OF TRAINED NURSES.

I was interested to see in the issue of THE BRITISH JOURNAL OF NURSING of February 24th that the Chairman of the General Nursing Council for England and Wales hoped the Council would feel it was not a Trade Union.

Although I attended every meeting of the late Council, I cannot remember one occasion on which he reminded it that it was not a *combination of those representing the employers' interests*, and this although it has seemed to me that the entire business of that Council was taken up with the endeavour to give the College of Nursing, Ltd., the full control of the Profession that it has now achieved, and that the large sums of money which the nurses had to provide were also used for this object.

From the second meeting over which Sir Wilmot Herringham presided we had definite proof that he had joined the side of the employers, and had no sympathy whatever with either the Trade Union or the working nurse. I can remember no occasion on which any member of the Council, outside their few direct representatives, appeared concerned as to what the Nurses desired in any matter of importance. The whole object of the nineteen majority members on that Council seemed to be to secure to the employers the power they already had.

Speaking personally, I found that the Chairman never hesitated to break the Rules in order to deprive the working nurses of freedom of speech or action. I mention two personal experiences, because I desire to speak only of what I know. In spite of Rule 41, which says:—

(i) "Every notice of motion . . . shall be given or sent to the Registrar."

(ii) "The Registrar shall insert in the Agenda Paper . . . all notices of motion which she may receive. . . ."

the Chairman refused to allow a motion that I had sent in, at the correct time, to be placed upon the Agenda, because I wished to ascertain the number of second-hand entrants that had been placed upon the Register. He must have known that it was *ultra vires*. Also, he must have been aware that he had no right to close a meeting when a member of the Council was on her feet speaking, because he did not wish certain information that she was giving to be made public, namely, that the College Register printed the names of certain nurses as holding *certificates*, when the General Nursing Council list showed them to be only *trained*.

I venture to say that Sir Wilmot Herringham would not have dared to behave in such a manner had he been Chairman of the General Medical Council, or, indeed, had he been the Chairman of any Council composed of men. It is so much easier to bully women—especially nurses—even though some of them will not take this without protest.

MAUDE MACCALLUM,
(Hon. Secretary).

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE ECONOMIC POSITION OF NURSES.

Miss Lord took the chair at the meeting of the Literary and Debating Society on Monday, February 19th. The subject of debate was "The Economic Position of the Nurses." In commencing, Miss Macdonald said that it might be argued that by discussing anything so mundane as their economic position nurses were showing evidence of a tendency to materialise their profession, that they no longer regarded nursing as a vocation. But in the present condition of nursing is it possible to discount to a larger extent the economic aspect of nursing than the economics of any other profession? The fact is that, if the profession is to receive justice, it must either be managed on conventional lines or on professional lines. In the former case economics would not enter much into the considerations of the nurses. They might give service without fee or remuneration, for no more than the simple necessities of life in fact, while they were able to work, but they would at least be provided for and cared for in their later years. This is not the case if nursing is regarded purely as a profession, and it must be either one thing or the other. Therefore there is no sense in speaking of nursing as a vocation if thereby it is simply meant that the nurse should sell her qualification to minister to the necessities of the people in great emergencies at an enormously reduced rate in comparison with what the same people would pay, say, to those who amuse or educate them. You cannot place nursing on a more or less conventual footing while the nurses are young and their services are at their highest value, and then, when they reach an age at which their services are no longer of value, treat them as belonging to a professional or wage-earning class. The injustices of this are obvious enough. But apart from that, if the profession is to balance itself properly, if it is to harmonise and keep pace with its own development and the development of conditions of life in general, it must be placed on a sound economic basis, or it will not attract women of education and good mental capacity.

The moment you put a bar to such entrants you take an enormously retrograde step, for the quality of the profession depends upon that of the units, and it is quite impossible—we may as well face facts—to get the very best possible nurses for the sick unless we are able to assure them of a

remuneration that will give them the chance to be something more than mendicants in their old age, remuneration that will at least enable them to maintain the self-respect that independence, however modestly maintained, gives to them, and also which will allow reasonable opportunities to share the ordinary life of their time.

There are many grave menaces to the economic position of the nurses. One is that the hospitals largely set the pace for the salaries given, and these are, as a rule, far from adequate, though some of the larger hospitals do give pensions which offer a certain amount of security for the future. Another great factor in reducing the economic position of the nurses is the unqualified competition which meets them on every hand. In the field of public health work particularly their place has been usurped by thousands of people who have no hospital training whatever. Then, for the private nurses, there is the fact that very many large hospitals run private staffs of their own. What would happen were these same hospitals to say to their medical students when qualified: "Now you are qualified men we mean to run your practice in connection with the hospital; it will control your going out and your coming in; it will have power to dismiss you when it will; it will draw a certain amount from the sums you earn in the practice of your profession; it will have power to control your ethics and to receive reports of your work from your patients, and so on." It is obvious that not only the men of that hospital, but the whole medical profession would be in arms against the suggestion as an interference with professional and economic freedom.

It is contended it is a good thing for certain nurses to have their work assured through the hospital. It may be good for that few—I question it—but it is certainly unfair to the majority. The hospital has no justification for coming into competition in the economic market with the great majority of nurses in private work who have to build up their practices either by co-operation with each other in groups, or as independent individuals. And this leads up to another fact which mitigates against a just economic position for the nurses. They are practically unorganised and until the profession does become organic there is little hope that conditions will ever be what they ought. In a sense the profession is, if possible, worse than disorganised for the employers of nurses have used the only

weapon that is of any value in economic life—organisation—and herded into an organisation, dominated by themselves and their representatives, many thousands of nurses who had practically no choice but to join. Only yesterday a nurse wished to join the R.B.N.A.—was most anxious to, in fact—and yet she felt that her future career was not safe if we insisted upon sending our reference form to her Matron. I often wonder whether it is more wrong to let another use your free will or to cause the free will of that other to be swept off in the tide of your own influence or power. Certainly grave dangers must result to the many if either becomes the rule.

The speaker touched upon many other points in connection with the subject and then several of those present discussed questions raised in her remarks.

Miss Forbes asked whether any of the large hospitals in Scotland had private staffs, a question answered in the negative. Miss Forbes considered that a much healthier system existed there, in connection with the status of the nurses, and to this she attributed the impulse given by Mrs. Strong, late Matron of the Glasgow Royal Infirmary, whom she regarded as having wider vision than any other hospital Matron she had known. Miss Aughton agreed with what the speaker had said and considered that we want clearer thinking on subjects like these. A lively discussion arose in connection with the hospital private staffs, certain speakers emphasising the advantages of these and others strongly condemning them. Mrs. Johnson considered that a factor, very damaging to the economic position of nurses, was the fact that women of a low educational standard are entering the profession in very large numbers.

MISS AUGHTON'S ENTERTAINMENT.

On Tuesday, 6th ult., Miss Aughton gave an entertainment at the Club, for her patients at the Sea Water Dispensary, Euston Road. At 7 p.m. members of its Committee and a number of friends dined with Miss Aughton at the Club, and at 8 p.m. a delightful concert commenced, to which the members in residence were invited. Miss Verena Cumbers' songs were delightful, and we have never before had such a fine dramatic entertainment at 194, Queen's Gate, as that we enjoyed from Mr. Harold Horton. To Mrs. Cumbers the guests felt greatly indebted for her charming music. Dr. Burford, who occupied the chair, warmly thanked the artistes for a most delightful evening. He also moved that an expression of thanks be conveyed to the Council of the Royal British Nurses' Association for the use of the room.

Lastly, Dr. Cumberbatch expressed the thanks of all present to the hostess of the evening—Miss Aughton—and in doing so paid an eloquent tribute to her work as Matron of the Sea Water Dispensary. She is, said he, the soul of that movement, and it owes its great advance in recent

years to her powers of organisation and her splendid enthusiasm.

LECTURE ON VENEREAL DISEASE.

On Saturday, March 3rd, at 3 p.m., Dr. Sloan Chesser will lecture at 194, Queen's Gate, on Venereal Disease. We hope that nurses will do what they can to make this lecture known to other nurses, as the subject is one of such urgent importance at the present time.

LITERARY AND DEBATING SOCIETY.

On Monday, March 5th, at 8 p.m., the Literary and Debating Society are to discuss a Resolution, "That there should be equality of the Sexes in the National and Economic Life." Miss Drennan, M.R.B.N.A., will propose the Resolution and Mrs. Glover, M.R.B.N.A., will be the opposer. From what we hear there is likely to be a lively discussion and we hope that all nurses who can will attend. We shall be glad to hear from members of subjects they would like to have discussed.

HAVE NURSES ENTERPRISE?

At the second meeting of the Debating Society Miss Donaldson proposed the Resolution: "That Nurses have shown that they have enterprise." Miss Donaldson commenced by pointing out that a nurse's success depends upon her faculty for enterprise to a very considerable extent, and contended that the nursing profession offered plenty of opportunity for exercising any talents in the direction indicated by her Resolution. Nurses, she said, had always shown a tendency to go ahead and seize opportunities and to be responsive to new ideas. To prove her points Miss Donaldson drew examples from episodes in the war, from the success which had attended those nurses who had established Nursing Homes of their own, and from items taken from the news of "Wills and Bequests" showing cases where nurses had benefited from these. This, said Miss Donaldson, might be called quiet and sensible enterprise. (Laughter.) Again, had not some considerable number made successful marriages?

In the absence of Miss Cox-Sinclair, who had undertaken to oppose the Resolution, Miss Drennan, Miss Macdonald and Miss Walshe did so, while it was supported by Miss Forbes, Miss Crimmins, and Miss Hazelton.

After the debate the Chairman, Mrs. Johnson, put the Resolution, which was carried by a majority of one.

LECTURE ON SIR CHRISTOPHER WREN.

On Saturday, March 17th, at 3 p.m., Major Rigg, O.B.E.; will give a Lecture on Sir Christopher Wren. We hope many Members will attend to hear what Major Rigg has to say of this great Englishman whose bi-centenary we are now celebrating.

ISABEL MACDONALD,
Secretary to the Corporation.

CENTRAL COUNCIL FOR DISTRICT NURSING IN LONDON.

The Annual Meeting of the Central Council for District Nursing in London was held on February 22nd, in the Board Room of the Metropolitan Asylums Board, Victoria Embankment, Sir William J. Collins, M.D., M.S., F.R.C.S., B.Sc., K.C.V.O. (Chairman of the Council), presiding.

The Executive Committee submitted the draft Annual Report of the Council for the year 1922, which was approved.

The Report states that it has been found that in all the Counties adjoining London, with the exception of Middlesex, County Nursing Associations have undertaken the provision of District Nurses, and it has, therefore, been decided to concentrate upon those areas in Greater London without nursing provision which fall within the County of Middlesex. From information derived from the Queen's Jubilee Institute, and the visits of the Secretary-Visitor (Miss A. I. Richardson, formerly Matron of the London Temperance Hospital), it has been ascertained that there are large centres of population in that County without organised provision of District Nursing. Preliminary steps have been taken in the districts of Acton, Hanwell, Wood Green and Ealing, and an Association has been established at Friern Barnet to which a starting grant of £20 has been given.

Questions have been raised in various localities with regard to the conditions and privileges of federation with the Council, and a leaflet setting these out has been prepared.

The Associations federated with the Council are required, as a condition of federation, to pay their nurses at not less than a fixed minimum salary prescribed by the Council. Associations not employing fully trained nurses are not recognised for the purposes of grant. (We hope this means that these nurses must give the guarantee of Registration by the State.) Federated Associations are eligible to participate in the distribution of certain grants, to receive representation on the Council, and through the Secretary-Visitor are kept in touch with the organisation and work of the Council.

The average number of nurses employed by all the Federated Associations is 568.

The report states that the provision of "Visiting Nurses" by the Nursing Associations has not greatly increased, and the case for the provision of such nurses by the District Nursing Organisations has not been found to be urgent. Only four Associations (Hammersmith, Kensington, Paddington and St. Marylebone, and Kilburn and West Hampstead), have taken up such work, and the first two state that there is not a sufficient demand to justify employing any special nurse for this purpose. An arrangement for the provision of Visiting Nurses independently of District Nursing Organisations has been formed during the year, and has, it is stated, probably gone far to meet the need.

There are now twenty-eight nurses whose names are enrolled on the Panel whose services are available for temporary work. Several applications have been made for emergency nurses during the year from Federated Associations, and in each case satisfactory arrangements have been made.

The Executive Committee have postponed making any appeal during the past year specially for District Nurses, on account of the London Hospitals' Combined Appeal, organised by King Edward's Hospital Fund for London. It was hoped that the Nursing bodies might participate in this appeal, but the Committee have not seen their way to allocate any of their funds for this purpose. The amount of invested money remaining in the hands of the Council is not large, and if the grants at present made to Federated Associations are to continue on anything like their present scale some effort must be made to raise a considerable amount for the District Nursing of London.

On the recommendation of the Executive Committee, it was resolved to ask the City Parochial Foundation to take into consideration the Council's appeal for help in the establishment and extension of District Nursing Associations in the County of Middlesex when making their next distribution of grants, on the understanding that efforts will be made to raise funds locally.

An instruction was also given to the Executive Committee to take the necessary steps to inaugurate an Appeal for funds on behalf of the Council.

The Executive and Finance Committees were re-appointed, with the addition of Miss Rogers (Superintendent, Hammersmith and Fulham D.N.A.) to the Executive.

The meeting closed with a vote of thanks to the Metropolitan Asylums Board for the use of their Board Room, proposed by the Chairman of the London County Council.

POOR LAW INFIRMARY MATRONS' ASSOCIATION.

The quarterly meeting of the Poor Law Infirmary Matrons' Association was held at the Cowdray Club on January 27th, 1922, when the ballot was declared.

The following Hon. Officers were elected:—

Miss Hannaford, Matron, St. Andrew's Hospital, President;

Miss Inglis, Matron, St. Leonard's Hospital, Hon. Treasurer.

Miss Clark, Matron, Whipps Cross Hospital, Hon. Secretary.

The Elected Committee were as follows:—

Miss Alsop, Matron, Kensington Infirmary.

Miss Acton, R.R.C., Matron of Lewisham Hospital.

Miss Booth, Matron, City of Westminster Infirmary.

Miss Bentley, Matron, St. Pancras Infirmary.

Miss Copeman, R.R.C., Matron, Paddington Hospital.

Miss Dowbiggin, R.R.C., Matron, North Middlesex Hospital.

Miss Dodds, R.R.C., Matron, Bethnal Green Hospital.

Miss Jones, A.R.R.C., Matron, Camberwell Infirmary.

Mrs. Roberts, Matron, West Derby Union Infirmary.

Miss M. Smith, R.R.C., Matron, Withington Infirmary, West Didsbury.

Miss Woodman, R.R.C., Matron, Lambeth Infirmary.

Miss Seymour Yapp, Matron, Lake Hospital, Ashton-under-Lyne.

A very hearty and sincere vote of thanks was passed to Miss Barton, R.R.C., the retiring President, for the very great work and interest she has given to the Association for the many years she has been President; also to Miss Alsop, who was retiring as Secretary, for the very valuable and helpful services she had given.

APPOINTMENTS.

MATRON.

Elmhill House, Royal Mental Hospital, Aberdeen.—Miss Elizabeth R. Henderson, R.R.C., has been appointed Matron. She was trained at the Edinburgh Royal Infirmary, where she held the position of Charge Nurse. She then worked as Ward Sister, Theatre Sister, and Charge Night Sister in a hospital in Salonica, and afterwards as Sister and Temporary Night Superintendent at the Edinburgh Royal Infirmary.

Isolation Hospital, Maesteg.—Miss Joan A. Jones Owen has been appointed Matron under the District Council. She was trained at the Isle of Thanet Fever Hospital, and the Royal Infirmary, Chester, and has recently been Senior Sister at the Isolation Hospital, Maesteg.

HOME SISTER.

Salford Union Infirmary (Hope Hospital), Pendleton, near Manchester.—Miss Alice Hilton has been appointed Home Sister. She was trained at the above Institution, and has been temporary Staff Nurse at the Birmingham General Hospital, Pupil Midwife at the Birmingham Maternity Hospital, Ward Sister at Bromley Infirmary, and Ward Sister and First Night Superintendent at the Salford Union Infirmary.

SISTER.

General Lying-in Hospital, York Road, Lambeth, S.E.—Miss Florence Emily Peyton has been appointed Sister. She was trained at the London Homœopathic Hospital, after which she spent three months in a Surgical Nursing Home in London. She then trained in midwifery at the General Lying-in Hospital, and has done district midwifery. She has also had experience of private nursing as a member of the staff of the Registered Nurses' Society, 431, Oxford Street, W., for upwards of two years. She is a Certified Midwife.

QUEEN VICTORIA JUBILEE INSTITUTE.

Transfers and Appointments.

Miss Ellen M. Gibson is appointed to Marple Bridge; Miss Evelyn Lawrenson to Usworth; Miss Maude Martin to Manchester (Hulme); Miss Helen E. Nixon to Woodhouse; Miss Martha Reeve to Bushey; Miss Dorothy Robinson to Leeds (Central); Miss Elsie Swain to Cirencester.

DIRECTOR-GENERAL ARMY MEDICAL SERVICE.

It is officially announced that Major-General Sir William B. Leishman, K.C.M.G., C.B., F.R.S., F.R.C.P., K.H.P., has been appointed Director-General, Army Medical Service, in succession to Lieut-General Sir T. H. J. C. Goodwin, K.C.B., C.M.G., D.S.O., F.R.C.S., K.H.S., with effect from July 29th next.

This appointment is important to nurses because the Director-General A.M.S. is largely responsible for the Military Nursing Services. We wonder what are his views on Rank for Service Nurses? Let us hope more liberal than those of the Queen Alexandra's Army Nursing Board, who have done nothing to secure Rank for Imperial and Territorial Nurses.

THE IRISH NURSES AND MIDWIVES UNION.

At a Public Health Conference, held at the Mansion House, Dublin, on February 21st, convened by the Irish Nurses' and Midwives' Union, Miss L. Bennett, President of the Union, presided and moved the following Resolution, which was seconded by Miss Simpson, and carried:—

Resolution.

"That this meeting calls upon the Government to appoint a Ministry of Health and Public Welfare, so that the very urgent needs of the community in regard to health services may be considered and dealt with without delay."

Miss Bennett said that the Nurses' Union felt the need for a constructive as well as defensive policy. For this reason a year ago it had organised a series of conferences on health matters. The result was the formation of a Public Health Committee. The attention of this Committee had been directed to the lack of nursing facilities in the country districts of Ireland; and to improve these conditions these meetings should do much.

Since the Government had not yet formed a Ministry of Public Health, it was important that public opinion should be aroused on the subject. That was the reason for the present meeting.

The Union is keeping a watchful eye on the Registration question and reminds its nurse members that any who have not already registered should do so at once. It notifies them in its Members' Circular: "This is the State Register, and already in many advertisements of public appointments Registration is mentioned as a necessary qualification. Eventually unregistered nurses will have as little standing in public estimation as unregistered medical practitioners have to-day, and no nurse will be able to claim a public appointment unless she is registered."

It also reminds its members that on the next Nursing Council there will be a majority of nurses elected by the Registered Nurses themselves, and this Council will control the training of nurses and eventually the whole profession. And that the latest date for "Existing Nurses" to register is March 31st, 1923, so that they must be expeditious.

WORD FOR THE WEEK.

"The proper function of the clergy is not to make a better world to live in, but better people to live in the world."—*The Bishop of Bradford.*

HOSPITAL WORLD.

The Prince of Wales has promised, as President of St. Bartholomew's Hospital, London, to receive the congratulatory addresses from public bodies on the celebration of its 800th anniversary. The hospital authorities are applying to the Corporation for the use of the Guildhall on the afternoon of Tuesday, June 5th, for that ceremony. We hope the Nurses' League will pay its "humble duty" to His Royal Highness upon this very inspiring occasion.

The Queen, attended by the Lady Bertha Dawkins, visited Queen Mary's Maternity Home, Hampstead, last week.

An afternoon concert will be given at 10, Downing Street, by permission of the Prime Minister, on March 7th, at 3.15, in aid of the Queen's Hospital for Children, Hackney Road, E.

In honour of the forthcoming marriage of the Duke of York and Lady Elizabeth Bowes-Lyon, a scheme has been initiated by Mr. Len Silver, Secretary of the Excelsior Philanthropic Society, to raise £5,000 by public subscription, as a wedding present, in order to endow the Queen's Hospital for Children, Hackney Road, E., of which the Duke is President. It is proposed that the names of all the subscribers should be inscribed in a book to be presented to the happy couple.

A dance, to be called the "Wedding Eve Ball," will be held at the Hyde Park Hotel on April 25th, in aid of the Infants' Hospital, Westminster.

During the past twelve months Kent and Canterbury Hospital Household Penny Box scheme produced £5,141.

Sir Alfred Yarrow has offered to the Royal Society £100,000 to be used at the discretion of the Council of the Society in promoting scientific research. The President and Council have gratefully accepted the gift.

The Voluntary Hospitals Commission, in their interim report, state that the outlook for the hospitals is hopeful, but the voluntary system cannot yet be said to be completely out of danger. We think it is a mistake to take too optimistic a view on this question. Medical and nursing education continue to increase in cost, and will require more help in the future than they have received in the past.

Panel doctors are being organised by the British Medical Association "in consideration of, and in the event of, a refusal of the terms offered by the Government for National Health Insurance work."

The Board of the Bradford Dyers' Association, Ltd., at the annual meeting at Bradford, decided to make a donation of £5,000 to the Bradford

Voluntary Hospitals in response to the special appeal made by the Lord Mayor.

At a meeting of the Edmonton Board of Guardians, it was stated that a man, worth £50,000, and another earning £2,000 a year, had been patients at the workhouse hospital.

We presume they paid their expenses.

In order to effect urgent structural improvements at the City of London Lunatic Asylum at Stone, near Dartford, the Corporation are to expend £5,000 at once.

The Anglo-American Hospital has been opened on the outskirts of Madrid by the British and American Ambassadors. Its present capacity is four beds; others will be added when funds are available. Such an institution has long been needed by the English-speaking colony.

Smallpox is rapidly spreading in several centres of Derbyshire. A number of fresh cases are reported at Clowne, making forty-five from this district alone.

The new element called Hafnium, the existence of which was recently ascertained by two young Danish chemists, has been isolated by Dr. Alexander Scott, director of scientific research at the British Museum.

The Right Hon. T. R. Ferens, P.C., J.P., High Steward of Hull, has consented to accept the Office of President of the thirty-fourth Congress of the Royal Sanitary Institute, to be held at Hull from July 30th to August 4th, 1923.

NEW NURSES' HOME AT NOTTINGHAM.

The results of the Bazaar held in November last for the purpose of providing funds for the furnishing of the Nurses' New Home at the General Hospital are now available, and it is gratifying to learn that a sum of £6,813 has been raised. It is very satisfactory to know that this sum will be handed over to the Hospital Authorities in full; all expenses being generously defrayed by an Organisation which is deeply interested in Hospital work.

The success of the Bazaar is due to the indefatigable work of the two Honorary Secretaries: Captain A. S. Bright and Mr. E. Barlow Stocker, ably assisted by the Nursing Staff, the Stall Holders and their helpers, and by many past members of the Hospital Nursing Staff.

Pleasing features in connection with the Bazaar were its great popularity, and the desire on the part of everybody to do something, however small, to assist in the work. The spirit thus engendered contributed in no small way to the remarkable success attained, and made the Bazaar one of the most successful functions of its kind ever held in the City.

PROFESSIONAL REVIEW.

TEXT-BOOK FOR FEVER NURSES.

We have pleasure in drawing the attention of our readers to the Text-Book for Fever Nurses, by Grace H. Giffen Dundas, F.R.C.S.I., D.P.H. (Camb.), in which the Fever Nurses' Association Syllabus of Lectures is closely followed.

The book is divided into two parts: Part I dealing with Anatomy and Physiology, and Part II with Fevers and Fever Nursing. In her preface Mrs. Dundas advises nurses to make full use of the teaching accessories belonging to their hospital, viz., diagrams, skeletons, anatomical models, &c., when reading Anatomy and Physiology; and, in studying Part II, on Fevers and Fever Nursing, lays stress on the importance of corroborating in the wards the theoretical knowledge gained from reading. "Ward instruction can only be obtained in the wards. No amount of reading will teach a nurse how to test urine, or how to give a nasal feed."

The author writes in simple language, and the teaching of the book should be readily grasped. Thus we read:—

"Infectious diseases are caused by germs or micro-organisms or bacteria which invade the tissues of the human, and go through a definite life history. They live, they eat, they excrete, they multiply, they die. When first they invade the tissues no symptoms can occur until the micro-organisms multiply. Either they themselves, or what they excrete (toxins) act as a poison to the human, and cause symptoms and signs (high temperature, rash, &c.)."

The author describes what to observe, and what to report in fever cases, and, as observation is the essence of good nursing, nursing-students will be well advised to study this chapter attentively.

Thus:—"Even such a simple thing as vomiting is not to remain unreported, as it may indicate cardiac collapse. An attack of dyspnoea and blueness of the lips may be a matter of life and death, as is also a sudden pain in the abdomen in enteric fever. A rash may be of very short duration and may only be present between two visits made by a doctor. Sleeplessness, restlessness, delirium, may indicate the use of drugs. Such symptoms as difficulty in seeing to read or sew, disinclination to swallow solids, &c., may seem small things and yet are indicative of post-diphtheritic paralysis."

With regard to Fever Nursing in Private Houses we cannot subscribe to the "ideal room" including "a rug or two"; in our opinion they should be rigorously banished.

In regard to the preparation of swabs for an abdominal operation we think it should be impressed on nurses that they should be carefully prepared, with tape sewn on one corner, and that they should be counted out in dozens before, and most carefully after, an operation.

With these friendly criticisms, which we commend to consideration in connection with future editions, we cordially commend the book to our readers. It is published by William Bryce, 54, Lothian Street, Edinburgh, price 4s. 6d.

THE INDIAN NURSING WORLD.

The Nursing Journal of India (one of the International organs) reports in the January issue a stirring of professional responsibility upon the part of the Trained Nurses' Association of India—the nurses of which throughout almost the entire Empire have no system of State Registration—and now find themselves ineligible for reciprocal registration under the Nurses Acts, 1919. The apathy of British Nurses over this duty, not only to themselves but to the sick, is a sad sign of decadence; apparently anyone may "do for them" so long as they have a "good time."

THE TRAINED NURSES' ASSOCIATION OF INDIA.

At the Annual Conference, held last month, at Agra, Lady Edwards (the President of the T.N.A.I.) said it had been an uneventful year, and "no progress had been made towards the aim of State Registration," and said "only by a united effort on the part of the members could anything be accomplished. She hoped for the future every member would consider the Association a personal thing."

The following call to arms was sounded in her paper on "Union," by Miss Wilkinson, of St. Stephen's Hospital, Delhi:—

Union.

In looking round upon the Nursing World in India to-day it is apparent that the most vital factor to progress which is still lacking is Unity. Compared with other countries such as China, South Africa, Great Britain and America, India is at a standstill. Here one is up against a stone wall of apathy and indifference of the Nurses themselves, resulting largely from the indifference to the conditions of Nursing in general on the part of leaders of Nursing in the different provinces. The vision of these leaders must not be focussed only upon their own local needs, but must be enlarged to envisage Indian Nursing as a whole.

In whatever branch of Nursing one is engaged, one is responsible for the prestige and status of Nursing as a profession throughout the whole country.

As we know, most organisations in India are more or less official, and Matrons in this country recognise that the official point of view must have its due consideration, but this should not be at the expense of the efficiency of Nursing.

We suffer from a lack of unity because the Matrons are merely the instruments of the Committee or Board, and not co-operating members.

It is true that in many places the opinions of the Matron on important points is asked, but how often does that opinion receive its due consideration from the official side? More often than not she hears no more of the subject.

In several provinces where some form of registration has been formulated or a new Nursing scheme brought forward, the Matrons of the various training schools, either Government,

Municipal or Mission, are not consulted nor their opinions asked. Surely on these Committees and Boards the majority of members should be fully trained Nurses who have practical experience in the training of probationers, and the minority members of the medical profession and lay people. It is an insult to the Nursing profession, but it is brought about largely through our lack of unity and active working for Nursing throughout the whole of India.

Many individual training schools have obtained a high standard of Nursing, but they are isolated one from another, and are, therefore, unable to advance the cause of registration for which unity is essential. Locally there are organisations, and also for both North and South India there is an United Board of Examiners for Mission and other hospitals. But there has been no linking up, each is independent, and no interchange of ideas has taken place before these were formed.

Some of the Provinces have introduced or are on the point of introducing registration for Nurses. But the same difficulty faces them all when Registration is proposed. There is no recognised Central Body to be consulted by the Provincial Government, who can speak with an authoritative and no uncertain voice.

It rests with us to form this Central Body from amongst ourselves.

Only last year the United Provinces Board of Medical Examinations, in introducing registration, wrote to this Association asking for our Rules *re* Registration, standard and length of training, &c. We should have been able to reply with printed rules, of what we regard as essential for a trained and registrable Nurse. These should not represent the ideas of one province, or one Board of Examiners, but should be the united opinion of Trained Nurses throughout India.

It is a disgrace that Nurses trained in India—such a large part of the Empire—cannot be registered in Great Britain. This is due to our lack of organisation and unity in this country where there is no uniform standard.

Cannot we, the Trained Nurses' Association of India, appoint here at this Conference a Committee representative of all the Provinces, to draw up such a form as I mentioned above. So that we can put strongly before each Provincial Board what should be the minimum standard of training required for a Nurse for Registration.

Many will say, "Oh! but India is so huge, so vast; it is impossible to obtain and work out such a scheme." In reply I would point you to the Nurses' Association of China where such an organisation is in working order. I believe that difficulties of transport, communication, &c., are much greater in China than in India, and yet by the united and public spirited efforts of the trained nurses there all this has been accomplished. Do not, oh! fellow-workers in India, let us lag behind, but so strive to raise and make our standard of training such that it is worthy of recognition throughout the whole Nursing world.

In conclusion I beg leave to place the following resolution before the Conference for its consideration:—

RESOLUTION.

"That we, members of the Trained Nurses' Association of India, here assembled in Conference, appoint a Committee consisting of twelve members representative of the following provinces: Bombay, Bengal, Madras, United Provinces, Central Provinces, Central India and Berar, Sind, Punjab and North-West Frontier Provinces, Delhi Province, Rajputana, Bihar and Orissa, Burma, Baluchistan. This Committee to draw up and submit to the Executive Committee of this Association full rules for the length and syllabus of training, examination and registration for Nurses throughout the Indian Empire."

A Sub-Committee to be appointed consisting of three or four members who can easily meet to draft these rules and circulate for comment amongst the members of the Committee.

The rules with amendments, if any, to be submitted to the Executive Committee for sanction and publication.

HUMOUR IN PUBLIC HEALTH NURSING.

School Nurse (to Mrs. Snooks, whose little boy was diagnosed as "malnutrition" on routine medical inspection): "Do you think you could get Benjamin to take some Virol or cod-liver oil, Mrs. Snooks?"

Mrs. Snooks: "Well, now! If 'tisn't the first time as anybody have ever found fault in my boy's health. 'E was but two pound born, an' my doctor, 'e allus says: 'Mrs. Snooks, ef you wasn't a extraordinary good mother, Benjy'd a-bin in 'is grave long ago.' Now 'e's *only* thin, but 'e's *well*, an' 'e's got it fixed in his mind as 'e's agoin' to be a *jockey*, an' you don't want a 'efty fellah for that!"

Exit nurse.

THE MONTHS.

MARCH.

Weird month, whereof 'tis often said "Beware"

Lest some misfortune enter at your side,
Temper your storms to such as fleeceless fare
Along the narrow way or down the wide.

But, March of many weathers, if you *must*
Roar in fierce gales, see to it that they fling
High in the air, that peck of whirling dust,
Worth the whole ransom of a captive King!

COMING EVENTS.

March 3rd.—Royal British Nurses' Association, Lecture on Venereal Disease by Dr. Sloan Chesser, 194, Queen's Gate, S.W., 3 p.m.

March 5th.—Literary and Debating Society, Motion: "That there should be equality of the Sexes in the National and Economic Life." 194, Queen's Gate, S.W., 8 p.m.

March 10th.—The Matrons' Council of Great Britain and Ireland, Meeting, Prince of Wales' General Hospital, Tottenham, N. 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.

UP-TO-DATE TREATMENT IN MENTAL HOSPITALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I am greatly interested in Miss Maxwell Hall's letter last week in our journal on above subject. It is always worth while to hear of the methods adopted in other countries in the various branches of nursing; and, at the moment, our mental branch is very much in the public eye.

We cordially greet our American cousins, and congratulate them on their up-to-date methods in mental work, so graphically described. Our knowledge regarding the treatment and cure of nerve and mental ailments has advanced during the past eight years; and the best that is known to-day is being incorporated into that treatment. I have visited great mental hospitals in England and nursed in Scotland, where all the curative measures quoted are practised. The "Prolonged Baths" are no new treatment of mentally sick folks in these Islands. To my accurate knowledge, that wonderful and effective treatment has been practised in Scottish mental hospitals for the last fifteen years. It is also used in the progressive English mental hospitals. All the other remedial measures, including electrical treatment, massage, X-ray, &c., have been added as these evolved in mental science.

The Villa System, whereby patients are classified and treated according to the nature of their mental disease, was instituted in Bangour Village, near Edinburgh, nearly twenty years ago. The Hospital was so-called because of its detached dwellings, covering a wide area; Bangour was the first mental hospital in Europe built on that plan.

In none of our great mental hospitals is there any difference in the treatment of paying and non-paying patients—indeed the former are only known to the heads of the hospital.

As to non-certification of nerve and mental patients, there is at least one large mental hospital in Scotland (there may be others), and numerous up-to-date private hospitals and nursing homes in Britain, where patients are received voluntarily, treated and cured without certification.

The general public are viewing mental illness in a broader and more common sense light in these latter days, and realising it is just as reasonable that a man's brain and nerves should get run down as other organs of his body. I fear this letter is already too long. Thanking you for your ever ready interest in our branch of nursing,

I am, Dear Editor,

Yours very faithfully,

A. E. MACDONALD
(Sister).

KERNELS FROM CORRESPONDENCE.

JUMBLE SALE FOR NURSES' BOOTS.

Professional Nurse, Brighton.—"In the Brighton Gazette a letter appeared from 'M. Winifred Cox,' headed 'The Queen's Nurses,' which begins:—

"It is at this season of the year that the Queen's nurses benefit financially from the proceeds of a Jumble Sale. The Committee feel that last year's success was largely due to your valuable help in permitting an appeal for them. Money is badly needed at present to enable the Nurses to carry on their work of relieving the suffering of the sick poor in Brighton and Hove. The Committee, therefore, beg all householders in Brighton and Hove to help the Association by sending contributions of money, clothing, boots, and household goods and everything they can spare for this excellent cause."

This letter is very badly expressed, and my patient naturally asked, 'Are Queen's Nurses in Brighton so badly paid that they have to be clothed through a jumble sale?' I explained that it was not the Nurses who benefitted by a jumble sale, but the Association's Funds, and that they paid for their own boots."

THE DEPRECIATION OF PRIVATE NURSING.

Member Bart's League: "As a thoroughly trained and certificated nurse engaged in private practice, I do not intend to recognise Miss Geraldine Bremner as my 'representative' on the G.N.C. How like the College—which poses as protecting the three years' standard—to consider an uncertificated nurse good enough to 'represent' the most responsible branch of nursing! I shall watch through the B.J.N. to see what this lady does in mitigation of private nursing abuses. Let us hope she will at once bring forward the money-grubbing in support of public charity, through the private nursing staffs run by hospitals—and the foisting of semi-trained nurses and V.A.D.s on to an unsuspecting public in many private nursing homes. I wonder how suggestions for reform in these particulars will be met by the College Matrons and their supporters, who, apparently, are anxious to scrap the poor little one year's standard which qualifies for registration at present."

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTION

March 17th.—Describe the nursing of a case of enteric fever. What complications may arise, how would you endeavour to guard against them, and what would you do if they occur?

The Midwife.

CENTRAL MIDWIVES' BOARD.

FEBRUARY EXAMINATION.

At the February Examination held by the Central Midwives Board in London and the Provinces, 660 candidates were examined, and 506 passed the examiners. The percentage of failures was 23.3.

MONTHLY MEETING.

A Meeting of the Central Midwives' Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on February 22nd, Sir Francis Champneys, Bart., M.D., F.R.C.P., Chairman of the Board, presiding.

CORRESPONDENCE.

The Correspondence included:—

(a) A Letter from the Registrar of the Royal College of Physicians, informing the Board that Sir Francis Champneys, Bart., M.D., F.R.C.P., has been re-elected as the representative of the College on the Board.

(b) A Letter from the Secretary of the County Councils' Association, informing the Board that Mr. Leonard Henry West, O.B.E., LL.D., has been re-elected as the representative of the Association on the Board.

(c) A Letter from the Secretary of the Incorporated Midwives' Institute, informing the Board that Mr. John Shields Fairbairn, M.B., F.R.C.P., F.R.C.S., Miss Mabelle Elizabeth Pearson, and Miss Anna Albertina Isabella Pollard have been re-elected as the representatives of the Institute on the Board.

(d) A Letter from the Clerk of the Society of Apothecaries, informing the Board that Mr. Charles Sangster, M.R.C.S., L.S.A., has been re-elected as the representative of the Society on the Board.

REPORT OF STANDING COMMITTEE.

A letter was received from the Clerk of the Hampshire County Council, stating that his letter with regard to the use of drugs by midwives (considered at the last Meeting of the Board) appears to have been misunderstood; that it is not suggested that the Board should schedule drugs which may or may not be used by midwives, but that it should prohibit the application or administration of any drugs other than a simple aperient except under proper medical advice; and asking the Board to reconsider his Committee's representation in the light of his further letter.

A letter to the like effect from the Clerk of the Surrey County Council was also received.

It was resolved:—That the Clerks of the Hants and Surrey County Councils be informed that the Board does not see its way to prohibit the application or administration of any drugs other than a simple aperient except under proper medical advice, and that it was the intention of the Board to convey this view by the Resolution which it passed at its last Meeting.

A letter was received from the Clerk of the London County Council with reference to the Resolution as to the duty of a midwife to call in medical aid in any case of ruptured perinæum which requires stitching, passed at the last Meeting of the Board, and drawing attention to a letter addressed to the Council's Medical Officer by the Board in 1918, upon which the Council had based its practice of considering the question of a serious rupture upon its merits, and not upon the fact that the perinæum required to be sutured; also that the Council now assumes that any case in which a midwife sutures a perinæum should be treated as a case of negligence or misconduct and reported to the Board for decision.

It was resolved:—That the Clerk of the London County Council be informed that the circumstances under which the letter of 1918 was sent by the Board are no longer in existence, and that the Local Authority should find a *prima facie* case whenever in its opinion the judgment of the Board is required.

The Board took into consideration the question of the advisability of granting applications for approval as a Lecturer or Teacher in respect of institutions where training has not hitherto been conducted pending a reconsideration of the whole question of training, and it was resolved that pending a reconsideration of the whole question of training no application for approval as a Lecturer or Teacher in respect of institutions where training has not hitherto been conducted be considered.

RECIPROCITY WITH SCOTLAND AND IRELAND.

Two Midwives were placed on the Roll having been certified by the Central Midwives' Board for Ireland in virtue of the possession of certificates from specified hospital gained after training and examination, and two in virtue of holding a certificate, and of having passed the Examination of the Central Midwives' Board for Scotland or for Ireland.

ADMINISTRATION OF ANÆSTHETICS BY MIDWIVES.

A letter was considered from the Medical Secretary of the British Medical Association stating that the Council of that Association is of opinion that midwives should not administer anæsthetics except when they are acting under the direct personal supervision of the doctor in charge of the case, and expressing the hope that the Board will give the matter its serious consideration.

The Board resolved that the Medical Secretary of the British Medical Association be informed that the Board is in agreement with the view expressed in the letter, and that for special reasons only no action was taken in the case to which reference is made.

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EDITORIAL.

EQUAL MORAL STANDARD FOR DIVORCE.

Major Entwistle, M.P., is to be congratulated on the support accorded to his Matrimonial Causes (England and Wales) Bill in the House of Commons on March 2nd, when the second reading was carried by a majority of 204, only 27 voting against the measure, which practically is a one-clause Bill, providing that "it shall be lawful for any wife to present a petition praying that her marriage may be dissolved on the ground that her husband has since the celebration thereof been guilty of adultery."

Major Entwistle stated that the one object of the measure was to give equality to the sexes in the matter of divorce; it was a simple matter of justice and equity, and was practically universally demanded by the women of this country. It was an attempt to remove an anachronism and an indefensible anomaly. It was scandalous that the law gave the husband complete licence to commit adultery with impunity. Practically every civilised country, with the exception of Spain, recognised an equal right of the wife to divorce.

To the nursing profession the Bill is of interest not only on the ground of morality, but because it is a great hygienic measure, and, if it passes into law, will, we believe, have the effect of materially raising the standard of national health. It is an incontestable fact that unfaithfulness on the part of either husband or wife exposes the innocent partner to the danger of contracting disease of a most loathsome character and of far-reaching consequences.

Moreover, as we descend in the social scale the danger of infection from the venereal diseases increases, because the rich are able to maintain separate establishments if they desire to indulge in this particular way, whereas those not so well endowed have recourse to promiscuity, and to quote Miss L. L. Dock in

"Hygiene and Morality," "bred and cultivated in prostitution, venereal diseases spread thence through the community, attacking the innocent as well as the guilty, the pure as well as the impure, just as typhoid fever is no respecter of persons, no matter how strict their own personal sanitary standards may be.

"How or why the parasitic powers of the *Spirochaete Pallida* first declared themselves in unlawful not in lawful sexual intercourse is a mystery. But it is certain that this organism is never met with in the relation of marriage unless it has been brought from without. Excesses in the marriage relations, though productive of other evils, do not bring on venereal diseases. They are bred in promiscuity."

Therefore the danger to a wife of an unfaithful partner is evident, a danger not only to herself, but to the children born of the union, and to the State by reason of the maimed, the halt, and the blind which it has to maintain as the result of their infection before birth, and of their non-efficiency as members of the community.

Yet at present, though a husband can divorce his wife on the ground of unfaithfulness, a wife is tied to an unfaithful husband unless she can also prove cruelty, which we believe includes infection with venereal disease. Further, can any greater cruelty be inflicted upon a woman than to decree that she shall live with an unfaithful husband until he has infected her, when she may obtain a tardy release?

From the point of view both of the individual and the State, we welcome Major Entwistle's Bill, and hope that its reception by the House of Commons, on its second reading, foreshadows its speedy inscription on the Statute Book of these Realms.

It is interesting to note that in the course of the debate those members who opposed the Bill, and advocated a different standard for men and women, found no favour with the Labour Party.

NURSING ECHOES.

The Duke of Portland presided last week at the annual meeting of the Queen's Fund for the maintenance of Queen Victoria's Jubilee Institute for Nurses.

The Duke said it was a matter for sincere congratulation that there was no falling off in the number of nurses desiring to be trained as "Queen's Nurses." The finances of the Institute were at present in a very critical state. In spite of all possible economy, the estimated expenditure for the year would exceed the available income by nearly £4,000, and they had an overdraft of £791. Any further reduction in expenditure would result in a serious crippling and curtailing of the institution.

The Duke added that the secretary had received a letter from Mrs. Hurle, a supporter of the fund, in which she offered to give £100 if nine other similar amounts were guaranteed. Mrs. Hurle's offer was gratefully accepted, promises to give, or undertake to raise, sums of £100 each being made by the Duke of Portland, Lady Curzon, Lady Fitzgerald, Sir Harold Boulton, Mrs. Yerburch, and Lady Ermyntrude Malet.

The Annual Sale of Work in aid of the Ranyard Mission will be held at Ranyard House, 25, Russell Square, W.C.1, on Wednesday, March 14th, from 11 a.m. to 6 p.m.

There are 72 Mission Workers and 84 District Nurses living and working in the poorer districts of London, and their work is more than ever necessary in these times of difficulty and unrest. £4,000 additional income is necessary to maintain the Mission at its present strength, and an earnest appeal is made for generous support.

We are informed on good authority that it was a very "ignoble Lord" who misinformed the Serjeant-at-Arms concerning our quite constitutional methods of procedure in the House of Commons. No wonder we need a Committee on Honours to prevent such bounders buying titles in the future.

Hospital Committees and Boards of Guardians are doing their best to provide suitable means of relaxation for their nursing staffs. Tennis and croquet out of doors, and dancing and libraries indoors. The modern girl needs

more recreation than former generations of nurses, and we have no doubt the change is a healthy sign. Bed and books were the relaxations in our day, and it was a great treat to visit other hospitals and pick up all the hints possible. It was not impossible to have Matron's door slammed in your face, and be told there was "nothing doing"!

We note with pleasure that the nurses at St. Leonard's Hospital, Shoreditch, do not want the smoke room which the Guardians decided to provide for them, and take strong exception to the statement made by a member of the Board that over 90 per cent. of them smoke—which they say is absolutely false—and other remarks passed at Committee or Board Meetings. They have, they say, the reputation of their training school to consider, and also their future careers. The publication of such remarks is detrimental to both, and they wish a contradictory statement widely broadcast over London. Over fifty members of the nursing staff sent a circular letter of protest to the Board, and wish a contradictory statement published in the papers which printed the remarks complained of. They assert that fully 90 per cent. of their number do not smoke, and also informed the Board that the nurse referred to by the Committee was smoking on duty, and in their opinion the Matron was quite right in correcting her.

Eventually it was agreed to send a reply to the effect that the Board regretted that in the general remarks during the discussion the term "90 per cent." was used, and that it should be regarded as a figure of speech.

We congratulate the nurses on repudiating the statement. Smoking is a drug habit, and one of which nurses, in our opinion, should steer clear.

At a meeting of the Notts Nursing Federation, held recently in the Shire Hall, Nottingham, under the chairmanship of the Duchess of Newcastle, it was announced that the Ministry of Health had made them a grant of £546, as against £597 last year.

The Secretary, Miss W. M. Blagg, explained that twelve months ago they made a grant of 4s. to each midwifery case, 2s. to each maternity case, and a present of £9 to each of the country districts. This year she had provisionally worked out a scheme under which 5s. would be given to each midwifery case, 2s. 6d. to each maternity case, a present of £7 to each country district, and 30s. to

the urban districts of Greasley, Hucknall, and Warsop, which places could earn a lot of money. That would account for £440 5s., and the remainder she suggested should be divided in the form of a grant of £80 towards the county superintendent's salary, £10 towards the lecture week for Midland Counties nurses, and the remaining £15 15s. be kept for the Federation administrative expenses.

The proposal was approved.

The Secretary further reported that there had been a number of inquiries as to the possibility of forming new associations, but the difficulty was the shortage of nurses. Despite the fact that the Federation offered free training and other advantages to all young women willing to take up midwifery and district nursing, there were not nearly enough coming forward at the present time to keep them going. No doubt young women are beginning to realise that the training given does not qualify for the Nurses' Register.

At the Leicester District Nurses' Meeting the other day, it was suggested that the funds would be greatly helped if the nurses were provided with free passes on the trams, enabling them to get about the city on their errands of mercy, as transport had cost £86 last year.

Upon inquiry it was stated by a member of the Tramways Committee that it had been tried during the war, and the concession was abused. Some of the nurses used the passes at times when they were not on duty, and the permission to ride free had to be withdrawn. The Tramways Committee report that last year 200 free passes were issued to the blind, 117 to the crippled, and 60 disabled soldiers, so that it is a great pity that the district nurses were not more punctilious in observing the privilege generously conceded.

The good work of American Visiting Nurses in the devastated districts in France still progresses. Miss Walker has returned from her visit to America, and at a meeting of nurses she gave an account of her stay in America which greatly encouraged her staff. She impressed them with the very real interest in the States for Nursing questions in France. There was much enthusiasm when she reported that General Ireland had promised to release Major Julia Stimson, the Superintendent of the Army Nurse Corps, U.S.A., to organise the Nurses' Training School in Paris. A motion was made that a letter of appreciation be sent to the General, which should be signed by all the French Nurses of the Committee.

Many of the "internationalists" had the pleasure of meeting and entertaining Miss Julia Stimson, when in Europe during the war, and before the American Army Nurses had attained Rank. We formed a high opinion of her strong and bracing personality, and wish her all the success possible when she enters upon this splendid new phase of international nursing work, for which she is so eminently well fitted. Alas! that England these days lags behind in prospecting and pioneering for the welfare of the sick. In France, Central Europe, the Near East, the same sad lack of vim! We are out of it everywhere, when we used to be first in the field.

Surely it is time we took the lesson to heart. The American Nursing World is organised through self-government, hence this sense of professional responsibility. In America the National Association of Nurses, League of Nursing Education, Public Health Nursing, Nursing Press, and Benevolent Schemes are all entirely managed by the nurses themselves. No patronage—so demoralising and degrading to any profession—is accepted for a moment. The members of the Army and Navy Nurse Corps have Rank, and the Department of Nursing, American Red Cross, has a professional Director, and a professional Staff. Scope and encouragement, therefore, are given to the creative faculty, with the result that whilst we are penalised for evidence of intelligence and self-expression, a policy against which only the strongest can stand upright, our American colleagues go ahead of us every time, and deserve to do so.

Nursing is to be discussed at the International Red Cross Meeting in Paris next week, of which Miss Olmsted is Directress. Baroness Mannerheim, President of the International Council of Nurses, spends two days in London at St. Thomas' Hospital, her old training school, on her way to Paris to attend the Red Cross Conference. We are beginning to look forward to "Finland" in 1925, where self-governing Nurses' National Organisations will foregather.

THE ST. BARNABAS HOSTELS.

Princess Christian and Princess Helena Victoria have given their patronage to a concert which is to be held on Friday, March 16th, at 3 p.m., at 11, Carlton House Terrace (lent by Mrs. Benjamin Guinness), in aid of the St. Barnabas Hostels, France, established and maintained by voluntary contributions for those of slender means who wish to visit the graves of relatives fallen in the war.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 133.)

We may skip along through the centuries feeling quite sure that high-stepping barbarians will shadow us and pounce when the hour of emancipation arrives. As past generations of nurses know (our modern nurse is sadly ignorant on the evolution of her own profession), there was no organisation of Trained Nurses, in any country, until, on November 21st, 1887, a Meeting of hospital Matrons, only nine in number, met at 20, Upper Wimpole Street, London, upon the invitation of Mrs. Bedford Fenwick, the recent Matron of St. Bartholomew's Hospital, E.C. At this Meeting it was determined to form a Nurses' Association, and at a Meeting of 40 representative nurses on December 7th, the British Nurses' Association was inaugurated to bring about Registration of Nurses by a professional body, and to help nurses to help each other in time of adversity, sickness, and old age. The very basis of the Association was to be self-control and self-support.

On February 13th, 1888, a great Public Meeting to launch the Association was held at St. George's Hall, London, attended by Her Royal Highness Princess Christian, who had then become President of the Association, to which the late Queen Victoria granted the prefix Royal in 1891.

The irreconcilable attitude of the Governors of the majority of the large Nurse Training Schools to an independent Association of Trained Nurses is now a matter of history, and, as recent events have proved, the hospital and medical world is still liberally sprinkled with cave-men in active opposition to the professional self-government of trained nurses.

In the forefront of these reactionaries mention must be made of the late Dr. Steele, then Medical Superintendent of Guy's Hospital, and his successor in that post, Dr. (now Sir) E. Cooper Perry, then an Assistant Physician to the hospital, and the authorities of many of the large London Hospitals, together with the anti-registrationist-in-chief, the late Mr. (Sir) Henry C. Burdett, editor of the *Hospital* newspaper.

When, having enrolled some seventeen hundred members, the Association prepared the first draft of its Royal Charter of Incorporation in 1889 (granted in 1893), the following Anti-Registration Manifesto—the first of many—was prepared and launched from St. Thomas' Hospital:—

THE PROPOSED REGISTRATION OF NURSES.

MEMORIAL of NURSE TRAINING SCHOOL AUTHORITIES.

To the Editor of the "Nursing Record" (now incorporated in the "British Journal of Nursing").

We, the undersigned, beg the favour of your insertion of the following statement, which we think it desirable to make, in view of a paragraph which has been published on the subject of the Registration of Nurses, in which we note with surprise the statement that the main object of the British Nurses' Association "is in conformity with a great public want and a widespread professional demand!"

We would wish to point out that those who represent the largest Nursing interests in the Metropolis, and throughout the country, and who have the most to do with the training and examination of nurses, have not only declined to take part in the Association, but consider that its proposed enrolment of Nurses in a common Register, if carried out, would (1) lower the position of the best trained nurses; (2) be detrimental to the advancement of the teaching of Nursing; (3) be disadvantageous to the public; and (4) be injurious to the medical practitioner.

We hope that a final judgment upon this important matter will be postponed until the views of those who are opposed to the aims of this Association have been expressed and examined. We further consider it our duty to state that, if a Charter be applied for, on the lines stated in the prospectus of the British Nurses' Association, we shall feel it incumbent upon us to offer thereto all legitimate opposition in our power.

(Signed)

St. Thomas's Hospital and Nightingale Fund Training School.

D. H. Stone, Treasurer of the Hospital.

Harry Verney, Chairman of the Nightingale School.

W. Bowman, F.R.S., Member of Council of Nightingale Fund, and of Council of St. John's House and Sisterhood.

W. Rathbone, Trustee and Member of Council of Nightingale Fund; President Liverpool Training School and Home for Nurses.

H. Bonham Carter, Secretary of the Nightingale Fund.

J. S. Bristowe, M.D., F.R.S., Senior Physician of St. Thomas's Hospital, and Lecturer in Nightingale School.

A. L. Pringle, Matron of St. Thomas's Hospital, and Superintendent of Nightingale Fund Training School.

M. S. Crossland, Sister-in-Charge of the Nightingale Training School.

Guy's Hospital and Training School.

E. H. Lushington, Treasurer.

E. C. Perry, M.D., G. Newton Pitt, M.D., Assistant Physicians, and Instructors of Probationer Nurses.

J. C. Steele, M.D., Superintendent, and Instructor of Nurses.

Westminster Hospital and Training School, Westminster.

Westminster, Chairman.

Rutherford Alcock, Vice-Chairman.

J. J. Troutbeck, D.D., Hon. Treasurer.

Mary E. Thynne, Hon. Secretary of Committee of Management of Training School.

W. H. Allchin, M.B., Physician to the Hospital, and Thomas Bond, F.R.C.S., Surgeon to the Hospital, Lecturers to the Nursing Staff.

Mary J. Pyne, Matron of Hospital and Lady Superintendent of Nurses.

St. Bartholomew's Hospital and Training School.

Norman Moore, M.D., Assistant Physician; Harrison Cripps, F.R.C.S., Assistant Surgeon, Instructors of Probationer Nurses, St. Bartholomew's Hospital.

Charing Cross Hospital and Training School.

John B. Martin, Treasurer and Chairman of Committee.

Frederick Willcocks, M.D., Assistant Physician and Lecturer to Nurses.

Stanley Boyd, F.R.C.S., Senior Assistant Surgeon and Lecturer to the Nursing Staff.

Hughina A. C. Gordon, Lady Superintendent.

King's College Hospital and Training School.

Henry Wace, D.D., Chairman of Committee of Management.

Richard Twining, Treasurer.

Nathaniel Bromley, A.K.C., Secretary.

John Curnow, M.D., Nestor Tirard, M.D., Physicians to the Hospital, and Examiners and Lecturers to the Nursing Staff.

Katherine H. Monk, Matron.

Clara S. A. Peddie, Home Sister & Teacher to the Nursing Staff.

London Hospital and Training School.

F. C. Carr-Gomm, Chairman of House Committee.

J. H. Buxton, Treasurer.

A. Ernest Sansom, M.D.; Frederick Treves, F.R.C.S.; James Anderson, M.D., Examiners and Lecturers to the Nursing Staff.

Eva C. E. Lückes, Matron.

St. Mary's Hospital and Training School.

T. Pycroft, Chairman of House and Finance Committee.

M. Handfield Jones, M.D., Assistant Obstetric Physician; A. J. Pepper, F.R.C.S., Assistant Surgeon; S. Phillips, M.D., Assistant Physician; A. O. Silcock, F.R.C.S., Assistant Surgeon, Lecturers to the Nursing Staff and Examiners.

M. A. Medill, Matron.

St. Marylebone Infirmary and Training School.

John R. Lunn, F.R.C.S., Medical Superintendent. Elizabeth Vincent, Matron.

St. George's Hospital.

Hugh M. Macpherson, F.R.C.S., Chairman of the Committee on Nursing; Charles T. Dent, F.R.C.S., Assistant Surgeon, Lecturer to the Nurses.

With the exception of about half-a-dozen persons, the whole of these signatories have passed away, but not so their reactionary instincts and policy.

Four years later, when the Petition for a Royal Charter was before the Privy Council, it was determinedly opposed by the Nurse Training School authorities and their officials, and we learn from "The Life of Florence Nightingale" that this opposition cost £700. Let us hope it came out of their personal pockets!

The victorious Nurses were compelled to expend nearly £1,400 from their infinitesimal salaries on

legal expenses owing to this cruel intolerance and opposition on the part of their employers.

OLYMPUS REPUDIATES REGISTRATION.

The following Resolution was passed, no doubt unanimously, at a meeting at St. Thomas' Hospital, on January 10th, 1896:—

"These representatives of Nurse Training Schools having heard the Resolution of the British Medical Association (in favour of State Registration) re-affirm the position they have hitherto taken that the Registration of Nurses would be injurious and mischievous to the Nurses, and of doubtful public benefit. They decline to enter on any further consideration of the subject."

What a pity they reversed their policy when the State Registrationists had worked for 30 years, paid for, and won the Nurses' Registration Acts in 1919.

(To be continued).

THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

NURSES' REGISTRATION ACT.

Prescribed Scheme for Election of the Sixteen Nurse Representatives on the General Nursing Council.

It is very difficult for Registered Nurses to keep in touch, or exercise any influence over, the making of rules to which they have to conform under the Nurses' Registration Act for England and Wales, the power being largely in the hands of nominated persons who are not eligible to be Registered Nurses, and who have neither professional nor financial responsibility as such, and the majority of whom know little of Nursing education or ethics.

Thus the Special Scheme, drafted by the Registration Committee, for the election of the Nurses' sixteen direct representatives on the General Nursing Council, was in print and was thrust through the Council with very little consideration at all, after very restrictive amendments had been suggested by the Ministry of Health to secure absolute power to the Returning Officer, and "watertight compartment" seats to the Matrons.

The autocracy, inefficiency, and general mismanagement, of the recent election would have created lively scenes had the electorate been men instead of "suppressed" nurses—and the Returning Officer rightly relied upon the packed new Council to "take it lying down" and return him to office as Chairman without one word of protest!

No episode could have further convinced the State Registrationists of the hopelessness of expecting either efficiency or fair play from the present Council—and they are reluctantly convinced that only on the floor of the House of Commons is it now possible to obtain publicity for their wrongs and, maybe, reforms, and protection of the rights granted to them by Parliament.

Anyway, the women who won the Act are not going to see it mal-administered and rendered null and void by the persons who fought against State Organisation of Nursing for a quarter of a century

without a very strenuous fight against the depreciation of statutory rights, a policy inspired by the College of Nursing, Ltd., executive governed as it is by one of the most reactionary anti-feminists in the medical profession, supported by hospital and Poor Law autocrats, who are combined to prevent if possible any degree of self-government for the new Profession of Nursing as provided by Act of Parliament. Fortunately, the Prescribed Scheme for the Election, signed by the Minister of Health, has to be laid before each House of Parliament for twenty-one days, during which time a humble Address may be presented to His Majesty praying that the Scheme may be annulled or modified. A recent meeting of the Registered Nurses' Parliamentary Council decided to invite Major Barnett, M.P., to move such an Address to modify the Schedule, and with his usual sympathy with the promoters of State Registration, and in the best interests of the whole Nursing Profession, a Notice of Motion to modify the "Prescribed Scheme" of the Schedule in its present form, appears in his name in the Orders of the Day, for Thursday, March 8th, when no doubt there will be a muster of those nurses who are in favour of a liberal scheme of election, to listen to the debate.

But whether the motion is carried or not, the vital thing is the spirit which inspires its promotion—the love of justice and fair-play which enabled the Minority of the Nursing Profession to rally to their demand for State Organisation of Nursing the support of an overwhelming number of legislators in past Parliaments—the spirit which will contest every tyrannical action designed to deprive them of rights and privileges granted to them under the Nurses' Registration Act, 1919.

The following Memorandum has been issued to Members of Parliament by the Registered Nurses' Parliamentary Council in support of Major Barnett's Motion:—

MEMORANDUM

Re THE PRESCRIBED SCHEME FOR THE ELECTION OF REGISTERED NURSES,

BY THE

Registered Nurses Parliamentary Council,

431, OXFORD STREET, LONDON, W. 1.

(President, COUNCILLOR BEATRICE KENT, Registered Nurse.)

Scheme made under Paragraph 4 of the Schedule to the Nurses' Registration Act, 1919, by the General Nursing Council for England and Wales, for the election of sixteen Registered Nurses to be Members of that Council, now laid before each House of Parliament.

Major Barnett will move in the House of Commons, on THURSDAY, MARCH 8th, that a humble Address be presented to His Majesty, praying that certain modifications may be made to the Scheme now laid before the House.

MODIFICATIONS DESIRED.

Re the Election of Eleven Persons to be elected by Registered Nurses (*i.e.*, Nurses registered in the General Part of the Register) to be Members of the General Nursing Council.

The modifications desired by the Registered Nurses' Parliamentary Council are:—

I.

Re Qualifications of Persons to be elected.

To substitute for the present complicated qualifications the words:—

Eleven Registered Nurses (*i.e.*, Nurses Registered in the General Part of the Register).

N.B.—The persons entitled to nominate these Nurses are the Nurses Registered in the General Part of the Register.

Reason for Amendment.

As proposed in the Scheme at present there are seven divisions in which Registered Nurses must vote for their eleven Representatives on the General Part of the Register, which makes the filling in of the Voting Papers most complicated and confusing.

Further, out of the 11 Representatives, Registered Nurses *must* vote for six Matrons, the remaining five being either Matrons or Nurses. This is most undemocratic, and a curtailment of the free choice of the Nurses on the General Part of the Register.

No such restriction is imposed upon Nurses on the Supplementary Parts of the Register, who are free to elect any Registered Nurse to represent them, whatever position she holds in the Nursing World, and this principle has been adopted by the General Nursing Council for Scotland, with satisfactory results.

Matrons come on to the Register on their qualifications as Nurses, and should stand for election as such.

II.

Re Time Allowed for Returning Voting Papers.

To substitute *twenty-one* days for the *seven* days at present allowed for the return of the Voting Papers. The effect of this would be to require the Returning Officer to send out the Voting Papers to each person qualified to take part in the Election at least twenty-one days before they must be returned.

Reason for the Amendment.

The permanent address to be inscribed on the Register given by Registered Nurses is usually their home address, whereas a nurse may be holding a post at the other end of the Kingdom, or be at a private case, thus the Voting Paper may have to be re-addressed more than once. Many nurses will, therefore, be disfranchised if only seven days are allowed for the return of the Voting Paper.

In the first election in December last, owing to the mismanagement of the Election, resulting in a shortage of Voting Papers for some thousand Electors, there was not time to print and send out more papers within the prescribed time, and the Election had to be quashed, putting the Registered Nurses to the needless expense of a second Election, amounting to some hundreds of pounds.

III.

Re Powers of Returning Officer.

Clause 8 (2) gives the Returning Officer absolute powers, and completely exonerates him from responsibility for any irregularity or illegality, which may be perpetrated in the course of the Election, purposely or otherwise.

Amendment Desired.

It is desired that Clause 8 (2) be altogether omitted, 8 (1) being thought sufficient. No such provision is incorporated in the Schedule for the Election of the direct representatives on the General Medical Council.

If, however, the Clause stands, it requires drastic modification, as the Chairman of the Council is also Returning Officer. Under this Clause he is constituted an absolute dictator, and there is no legal protection whatever, either for the candidates or the Electorate.

NURSING IN THE HOUSE OF COMMONS.

Scottish Nursing Council.

RULE 9 (A).

FEBRUARY 22nd.

MR. R. YOUNG (Lab., Newton) asked the Parliamentary Secretary to the Overseas Trade Department, as representing the Ministry of Health, whether he is aware that under Rule 9 (A), passed by the General Nursing Council for England and Wales, and approved by his predecessor, members of the College of Nursing, an organisation representing employers and hospital officials, have the right to be placed upon the Register without producing their qualifications as all other nurses are required to do; and that the Scottish Nursing Council have refused to recognise this rule, with the result that there is no reciprocity of registration, as provided in the Act; and whether he will take steps to have this rule reconsidered.

Sir W. JOYNSON-HICKS: The hon. Member is under a misapprehension as to the effect of Rule 9 (A), which does not confer any such right on the College of Nursing, but merely provides members of any organised body of nurses recognised by the Council with an alternative method of proving that they possess the necessary qualification. It is the case that the Scottish Council objected to the rule, but my right hon. Friend is not aware that they have refused any application for admission to the Scottish Register in virtue of an English registration. This rule, which was confirmed by a vote of the House last year, cannot now be rescinded except by the Council itself.

Remarks.—Sir W. JOYNSON-HICKS's reply to Mr. R. Young would have been more accurate if he had informed him that Rule 9 (A) was drafted, with the approval of the Ministry of Health, to facilitate placing members of the College of Nursing, Ltd., on to the Register *out of their turn*, in time to record their votes for College candidates at the recent election, and that, with the exception of a little League of Nurses from the Royal Free Hospital and the College Company, no other Society of Nurses would avail themselves of the preferential system of placing second-hand entrants on to the Nurses' Register. They claimed that the highly-paid officials responsible to the Council, should secure credentials *first-hand*.

The Ministry of Health, in its reply to Mr. Young, evades the question of the College of Nursing representing employers and hospital officials, and did not inform him that four out of five Executive Officers are male employers—the Treasurer of St. Thomas' Hospital, the late Medical Superintendent of Guy's Hospital, a surgeon on the staff of Middlesex Hospital, and a financier on the Committee of the London Hospital, together with a past Matron-in-Chief! Moreover, with the exception of three amenable nurses, the rest of the Council is composed of leisured women of title, doctors, and Matrons.

Rule 9 (A) was specially designed to give preferential treatment to College members by exempting them from producing direct personal evidence of training and certification to the officials

responsible to the General Nursing Council. Such nurses are accepted for registration as second-hand entrants, with very little trouble to themselves, whilst nurses who refused to be coerced into becoming members of the College have to present original certificates or certified copies of the same—a most unjust discrimination.

The Scottish Council refused reciprocity with the English Council under this tricky Rule 9 (A) on the following unassailable grounds:—

The Registrar of the Council for Scotland wrote:

"My Council do not feel able to pass any similar resolution. They are not aware of the list of organised bodies of Nurses whom you propose to accept, and they feel that in any event the proposal forms a delegation of the statutory duties of the Council, and is likely to lead to many unnecessary difficulties. I am instructed to state that my Council trust that, on reconsideration, your Council will withdraw that part of the proposed new Rule, and I am to add that meantime my Council have not thought fit to adopt any reciprocity Rule. It is evident that to do so would be equivalent in the present state of your Rules to allow Scottish Nurses to register in England and transfer their registration here without ever producing the original training Certificate, or even a duly certified copy thereof."

Rule 9 (A) was thrust through Parliament by Sir Alfred Mond, in spite of the objection of the Scottish Council—although it was therefore *ultra vires*—and he threatened to have the Nurses' Registration Act annulled if it was not agreed to; a threat which aroused the deepest indignation amongst the *British* nurses, who had worked for years and paid not less than £30,000 for their Act, owing to the bitter opposition of the Training Schools to State Organisation of Nursing.

General Nursing Council.

THE NURSE PAYS.

FEBRUARY 28th.

MR. J. WIGNALL (Lab., Forest of Dean) asked the representative of the Ministry of Health whether, in view of the fact that the whole of the expense connected with the General Nursing Council is paid for by the Registered Nurses, there being no State subsidy for its upkeep, the Chairman, who was also Returning Officer, and therefore responsible for the mismanagement which rendered the second election necessary, is to be asked to reimburse the money thus wasted; or will the nurses, who were deprived of all knowledge and control with regard to this matter, be obliged to bear the cost?

Viscount Wolmer: Such additional expenditure as is not recoverable from the distributing agency responsible for the miscarriage of the voting papers will fall upon the funds of the Council. The Council have not suggested that any part of the loss shall be borne by the Returning Officer, and my right hon. Friend would not regard such a suggestion as equitable or in accordance with the practice of similar bodies.

Remarks.—The Returning Officer—the Chairman of the Council—assumed most dictatorial authority

in the matter of the election, protected by the following outrageous Rule in the Scheme for election, thrust through the Council by his supporters.

No election held under this Scheme shall be invalidated by reason of any misdescription or non-compliance with the provisions of this Scheme or by reason of any miscount, or of non-delivery, loss, or miscarriage in the course of post of any document required under this Scheme to be dispatched by post, if it appears to the Returning Officer that the election was conducted substantially in accordance with the provision of this Scheme and that the result of such misdescription, non-compliance, miscount, non-delivery, loss, or miscarriage did not substantially affect the result of the election;

Provided that any unsuccessful candidate or her agent may, within fourteen days after the declaration by the Returning Officer of the result of the election, appeal to the Minister of Health, whose decision shall be final.

This Rule constitutes the Returning Officer an absolute Dictator, and there is no legal protection whatever, either for the candidates or the electorate.

At the recent election not only was the whole of the clerical work "put out" by the Chairman—although there is a staff of 30 clerks in the G.N.C. office—but owing to grave carelessness a space was provided for numbers, printed on the back of the Ballot Papers for voters to fill in, which violated the sanctity of the ballot!

In a recent reply in the House on this error, the Ministry of Health blamed the printer for this "non-compliance with the provision of this Scheme," which was unjustifiable, as the printer printed the Ballot Paper according to the copy sent to him.

Thus is the Nurses' money squandered. Let us hope "similar bodies" do not indulge in like "equitable" practices!

Nurses' Registration Act.

NURSES' RIGHT TO A "PRESCRIBED SCHEME" OF TRAINING UNDER THE ACT.

DR. W. A. CHAPPLE (Lib., Dumfries) asked the representative of the Ministry of Health whether any curriculum has been drawn up prescribing the course of training for nurses qualifying under the Nurses' Registration Act, 1919, and whether any provision has been made for holding a State examination for nurses.

Viscount Wolmer: The General Nursing Council have submitted a draft Syllabus of training and examination, and my right hon. Friend is now in communication with the Council in regard to them. Arrangements for conducting examinations which will be held by the Council, and not by the Ministry, have not been made.

Remarks.—This reply shirks the present position. The Council drafted an excellent Syllabus of Training in 1920, and issued it to the Nurse Training Schools, preparatory to holding an examination in 1923, and large numbers of the best hospitals and infirmaries accepted it and began to train on it. Then the Poor Law Guardians Union stepped in and opposed it. The Council was informed the Ministry of Health must approve the Syllabus under the Rules. This was a set-back, but as there was no serious opposition to the Syllabus, the Act providing for a "prescribed scheme of training" by hospitals approved by the Council, no real

difficulty was anticipated. However, time went on. Sir Alfred Mond would not approve the Syllabus, Sir Wilmot Herringham was appointed Chairman, and presumably without reading the Act, pronounced the Syllabus *permissive* and not *compulsory*, as stated in the Act, and his amenable Council, lay, medical, and College Matrons, adopted this *volte-face* like a flock of sheep, and are now attempting, by ambiguous phraseology, to substitute a skeleton Scheme of Examination for the "prescribed scheme of training," thus depriving the pupil nurses of the most valuable privilege granted to them by Parliament—security of professional education—to qualify them for the State Examination—a right registered nurses mean to demand. We hope Dr. Chapple, who thoroughly understands the importance of "prescribed training" *before* examination will help future nurses to secure it. Sir Wilmot Herringham, the scrapper of the curriculum, holds very reactionary opinions on nursing education and organisation, and is one of the very last men in the medical profession who should have been entrusted with power over this interdependent profession of women.

The Cost of the Elections.

Mr. T. Griffiths (Lab., Pontypool) asked the representative of the Ministry of Health what was the cost of the Election of the nurses' direct representatives on the General Nursing Council for England and Wales which had to be quashed; and what was the cost of the second made necessary thereby?

Viscount Wolmer: My right hon. Friend will have inquiry made on this point, and will communicate the result to the hon. Member.

Remarks.—It is to be hoped that the Finance Committee will make a detailed report to the General Nursing Council on the expenditure of the double election at its forthcoming meeting, on March 16th next.

GENERAL NURSING COUNCIL FOR SCOTLAND.

We have received the following communication from the Registrar of the General Nursing Council for Scotland:—

"As the advertisement recently inserted by my Council in your columns appears to have been misunderstood by many nurses, my Council ask me to say that they would be much obliged if you would insert a paragraph in an early issue making it clear that the period of grace for Existing Nurses, which expires on July 29th, 1923, does not apply to Intermediate Nurses (*i.e.*, Nurses whose training was completed on or after November 1st, 1919)."

IMPORTANT NOTICE.

Nurses in England and Wales are reminded that Section 8 (1) of the Nurses' Registration Act, 1919, is now in force. Any nurse who now takes the name or title of Registered Nurse unlawfully, is liable on summary conviction to a fine of £10 for a first offence, and for subsequent offences £50.

CONFERENCE OF SISTER TUTORS.

OFFICIAL REPORT.

There was a large attendance at the Adam Hall, Federation of Medical and Allied Services, Stratford Place, on Saturday, February 24th, for the Sister-Tutors' Conference, sixty-five being present.

Proceedings opened with a few words of welcome from the Chairman, Miss Gullan, St. Thomas's Hospital. After reports had been read by the Secretary, Miss Lane, St. Mary's Hospital, Paddington, and the Treasurer, Miss Windley, Paddington Hospital, Harrow Road, the Chairman called on Miss Lodge, General Hospital, Birmingham, to read a Paper on "Ways in which Educated Women may be attracted towards the Nursing Profession."

Miss Lodge said that she felt sure that if educated women really knew what the nursing profession is they would want to enter it. Few know of the improved conditions which now existed. She suggested that much might be done to awaken interest by visits from trained nurses to the upper forms of girls' schools to tell them about the profession. Secondly, that it might be helpful if the trained nurse, so often attached to the staff of the larger schools, lectured to the sixth form on Hygiene, First Aid, and Elementary Physiology and Anatomy, with a view to interesting the pupils in humanity. Periodical lectures on the History of Nursing illustrated by lantern slides, might be given by a trained nurse to the upper forms in order to keep the profession before the eyes of those who have still to choose their walk in life. Or would it not fulfil a need if there were trained nurse lecturers attached to the staff of Universities in order that elementary courses might be taken by those intending later to enter the nursing profession. This would help materially the social standing of the profession. Lastly, the vocational side can never be overlooked. Nursing is the highest form of social service which can be undertaken, and this aspect should appeal to many.

An interesting discussion followed. Miss Armstrong, Royal Northern group of Hospitals, advocated the abolition of uniform. The general public could not distinguish the trained sick nurse from the little nursemaid whose behaviour was often such as would prejudice the better classes from allowing their daughters to enter the profession. Miss Armstrong also emphasised the great need of keeping in view the vocational side, and felt the Sister-Tutor could help in this.

Other suggestions were propaganda, using local papers, girl guide and school magazines, to interest the school girl.

Miss King, Manchester Children's Hospital, Pendlebury, then read a Paper on "Post-Graduate Courses for Sister-Tutors." She felt this should be a practical course, *e.g.*, seven to fourteen days in a large teaching hospital might be arranged with

the hospital authorities, and visits to the theatres and wards to see new treatment might be more helpful than lectures, of which Sister-Tutors had opportunity of hearing many. Or lectures on special subjects might be arranged for during the course.

Discussion followed, and the general opinion was that if the larger hospitals would be willing to arrange such practical courses they would be much appreciated. Another suggestion that found favour was that a short period, such as a week-end occasionally, spent in going round the wards with the Night Sister would be very helpful. Something of this kind would be invaluable on account of the great mental refreshment obtained, by being again in the atmosphere of the wards, apart from the knowledge gained by the fresh insight into practical work.

Miss Fountain, Sister-Tutor, Lambeth Infirmary, and lecturer to Nurses at Brompton Hospital, Chelsea Hospital for Women, Victoria Children's Hospital, Tite Street, and the Cancer Hospital, Fulham Road, read a paper giving her experience as a Sister-Tutor in a group of unaffiliated hospitals. She showed how the small and special hospitals, even when arrangements were made for giving the prescribed practical training, had a very real difficulty in coping with the theoretical part. A Visiting Sister-Tutor seems to be one solution of the problem, but it is obviously impossible for such an one to do all the teaching in several hospitals, especially when the kind of practical experience gained in each differs widely, making a different course of lectures necessary for each hospital. Therefore it follows that there must be someone inside with whom definite co-operation can be arranged. This arrangement will vary according to the amount and kind of assistance that can be given from within.

It seems best to allow those who will help to choose the parts of the Syllabus with which they feel most inclined to deal, and the visiting teacher can then take the remainder.

In large towns very satisfactory arrangements can sometimes be made with technical schools for the teaching of some subjects.

Miss Fountain then outlined her own scheme of work. This was followed by brief outlines from other Tutors working in groups of hospitals. Some brief statements dealing with other topics sent up for discussion followed.

In conclusion, the Chairman reminded the members of the Sister-Tutor Section that four members of the Committee, Miss Abram, Royal Infirmary, Manchester, Miss Bishop, King's College, Hospital, Miss Coode and Miss Gullan, St. Thomas's Hospital, and the three officers, would be due to retire in June.

Nominations to fill the vacancies were asked for by March 31st. These to be sent to the Secretary, and consent of candidate first obtained.

The retiring members would be eligible for re-election, and the Chairman hoped that the provinces would be well represented.

APPOINTMENTS.

MATRON.

Royal Waterloo Hospital for Children and Women, Waterloo Road, S.E.1.—Miss G. M. Simms has been appointed Matron. She was trained at the Garrett Anderson Hospital, Euston Road, N.W., and at St. Bartholomew's Hospital, London, where she was Gold Medallist of her year. She was subsequently appointed Night Sister, and Ward Sister at St. Bartholomew's Hospital, and has been Assistant Matron at the West London Hospital since March, 1921.

Falkirk and District Infirmary, Falkirk.—Miss Margaret Arnott Yule has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and subsequently held posts in Arbroath Infirmary, Dundee Royal Infirmary, and the Royal Alexandra Infirmary, Paisley, where she held the position of Assistant Matron till called up for war service in 1914. She was mentioned in despatches and also received a French honour in 1918. On demobilization she was appointed to take charge of Sir David Wallace's Surgical Wards and Theatre at the Edinburgh Royal Infirmary.

Corbett Hospital, Stourbridge.—Miss Elizabeth Alice Makins has been appointed Matron. She was trained at the Royal Infirmary, Liverpool, and has been Sister at the Royal Liverpool Infirmary for Sick Children, and at the General Infirmary, Southport, Night Superintendent and subsequently Assistant Matron at the Edinburgh Royal Hospital for Mental Diseases, resigning for Military Service in 1915. She has recently been General Welfare Supervisor at Willenhall.

Dunedin Hospital, Dunedin, New Zealand.—Miss Helen B. Brown, Matron of the Hanmer Military Hospital, N.Z., has been appointed Matron and Director of Nursing at the Dunedin Hospital. She was one of the first twelve nurses appointed by the New Zealand Government to enter the service of the Australian Nursing Forces at the front during the war, at the end of which she had charge of the office of Australian Matron-in-Chief.

General Hospital, Weston-super-Mare.—Miss Elsie Perry has been appointed Matron. She was trained at the Bristol General Hospital, where she has held the positions of Theatre Sister, Home Sister, and Night Sister.

Gloucestershire Tuberculosis Institution, Standish House, Stonehouse, Gloucestershire.—Miss Edith Annie Morcom has been appointed Matron. She was trained at the Mill Road Hospital, Liverpool, and at the Brompton Hospital, London. She has been Sister in the Infectious Diseases Wards of the City Hospital, Birmingham, Matron of the Cottage Hospital, Holywell, Flintshire, Tuberculosis Sister in the Mid-Glamorgan area, County Nurse under the Gloucestershire County Council, and has had experience in management at the Alexandra Home, Gloucester, and the Tuberculosis Dispensary, Cheltenham. She is at present Matron of the Cymla Hospital, Meath, South Wales.

NIGHT SISTER.

Elizabeth Garrett Anderson Hospital, Euston Road, N.W.—Miss Joan Atkinson has been appointed Night Sister. She was trained at the New Hospital for Women and the Albert Dock Hospital, Greenwich, and subsequently worked for two years as Staff Nurse at the Hospital for Tropical Diseases, Endsleigh Street, and for ten months as Theatre Sister at the Grosvenor Hospital for Women, S.W.

WARD SISTERS.

Whipps Cross Hospital.—Appointed as Ward Sisters, February 22nd, 1923:—

NAME & WHERE TRAINED.	PREVIOUS POSITIONS HELD.
Dorothy S. Ayton, Whipps Cross Hosp.	Ward Sister, Walsall Gen. Hosp.
Ellen A. Ingram, Shoreditch Inf.	Ward Sister, Shoreditch Inf. and Brook Fever Hosp.
Lillian A. Mace, St. Mary-lebone Inf.	Staff Nurse, Whipps Cross Hosp., Royal Westminster Ophthalmic Hosp.
Florence M. Page, Whipps Cross Hosp.	Staff Nurse, Royal Free Hosp.; Visiting Sister, Military Families, Malta.
Amy Smallwood, Mill Rd. Inf., Liverpool	Ward Sister, West Derby Union, Birkenhead Union.
Ada Taylor, Burton-on-Trent Inf.	Staff Nurse, Whipps Cross Hosp., Burton-on-Trent Inf.
Isabel A. Willis, Highgate Hosp.	Staff Nurse, Samaritan Hosp. for Women, and Highgate Hosp.

RESOLUTION OF REGRET.

RESIGNATION OF MISS MUSSON.

The Board of the General Hospital, Birmingham, have received with regret the resignation of the Matron, Miss E. M. Musson, and have passed the following resolution:—"That the Board receive the resignation by Miss E. M. Musson, R.R.C., of the matronship of the hospital with very great regret, and desire to offer her grateful thanks for the highly efficient way in which she has carried out her onerous duties during the past fourteen years. The Board realise the important position in the nursing world which Miss Musson has attained, and the prestige she has won for the Nursing School of this hospital by her exceptional abilities and wide knowledge of administrative and nursing questions. They are glad to learn of her election to the General Nursing Council. Fully conscious of the serious loss to the hospital by Miss Musson's resignation, they wish her many years of continued service to her profession."

LEGAL MATTERS.

NURSES BEFORE THE CORONER.

At an inquest held in Paddington on a young woman of 25, of independent means, living in a flat with her widowed mother, who died suddenly, the Coroner recorded a verdict that death was due to consumption, accelerated by chronic alcoholism.

In the course of the inquest a charwoman employed at the flat said the deceased developed a cough shortly before Christmas, and suggested to the nurse the advisability of calling in a doctor. The nurse expressed the opinion that there was nothing much the matter with the deceased but drink and laziness.

Nurse Ethel Caroline Milner (a mental nurse) deposed that she was engaged in the spring of last year to look after the deceased's mother, and had not been long with her before she noticed the girl was drinking to excess. Questioned by the Coroner (Mr. H. B. Oswald) as to how the deceased

used to obtain the drink, the nurse replied that she sometimes ordered it for her. Asked by the Coroner whether she considered that right, she said the deceased was her employer, and she had to carry out her instructions. She consented to order the liquor because if she had not done so deceased would have got it some other way. She collapsed suddenly and died about 2.30 a.m. one morning.

Dr. Gooden deposed to the over-indulgence of the deceased in intoxicants, and said a post-mortem examination showed that she was badly nourished and death was due to disease of the liver and pulmonary consumption.

The Coroner said that the action of the nurse in ordering the liquor at the behest of her employer was open to comment, but as she had not actually conveyed it into the house herself, he would not do more than express the hope that she would exercise greater caution in the future. We think he might well have commented more severely on conduct which showed how little the nurse appreciated her duty in a position of trust. She should have refused absolutely to procure any alcohol for the sick girl, and moreover she should certainly have advised, which apparently she did not, that a doctor should be sent for, for obviously the deceased was seriously ill. A nurse with a high sense of professional duty would have done both these things.

A DANGER TO THE PUBLIC.

Elsie Taylor, 22, a probationer nurse at Camberwell Infirmary, accused at Marylebone Police Court last week of stealing two handbags from Messrs. Marshall & Snelgrove, Oxford Street, W., pleaded that her offence was due to over-study for an examination.

It was stated in court that the accused had been suspected for 18 months because she had visited the stores and had never been seen to buy anything.

Eventually she was followed by an assistant, and at a restaurant near by was asked to disclose what was in a box. She dropped the box and ran away, but slipped. She then pleaded for mercy.

The magistrate remanded the accused to see if a scheme could be arranged for "preventing her from being a danger to the public."

We hope the scheme will not include finding a post for her in any capacity in attendance on the sick.



A NEW HOSPITAL AT HASLEMERE.

Viscount Cave recently opened the beautiful new £36,000 hospital at Haslemere. This, no doubt, will shut up some of the nursing homes started by trained nurses in this lovely district. The cost of service and food is now so high that only hospitals on a large scale can hope to pay their way.

THE VICTORIA HOSPITAL, CHELSEA.

THE PRINCESS MARY'S NURSING HOME FOR CHILDREN.

New ventures are always interesting, and that of the Victoria Hospital, Tite Street, Chelsea, which has opened a private Nursing Home for Children, will be watched with considerable interest as the first of its kind.

The Home, which I recently had the pleasure of visiting under the guidance of the Matron of the Hospital, Miss Smale, is most attractive. The Committee have been fortunate in obtaining the freehold of some studios at 29, Tite Street, adjoining the Hospital, and have utilized them, after practically rebuilding them for the Infant Welfare Department, the Nursing Home, and additional bedrooms for the nurses.

The Home consists of three private wards on the first floor, and a large ward with cots for twelve children on the second floor. All are very bright and airy, the colour scheme in the large ward being green and pink, dark green linoleum on the floor, a lighter green on the walls, and pretty bright pink coverlets over the white quilts on the cots, which, by the way, are of a most convenient height for nursing purposes.

In the lockers by the bedside of the children are kept their personal possessions only; outside the ward are most convenient numbered lockers or drawers for clothes, &c.

There is an operating theatre, and an anæsthetic and sterilizing room fitted in the latest style. All the facilities of the Hospital are available to patients admitted to the Nursing Home, and attached to the Hospital is a fully-equipped and up-to-date Physio-Therapy Department, in addition to X-ray Pathological, and other special departments. Boys are eligible for admission to the Home up to 12 and girls up to 14 years of age. The terms are one guinea per day for each bed, or five guineas for a week; with an additional charge of one guinea for the use of the theatre when required. Application for admission should be made to the Secretary. When admitted, the patient is under the care of a member of the Hospital Medical Staff (acting or consulting), the payment for his services being a matter of arrangement between him and the child's parents. Further information may be obtained from the Secretary or the Matron. The Sister-in-Charge of the Home was trained at St. Thomas's Hospital.

The nurses' bedrooms are pleasant places with big windows, the colour scheme being different on each floor: French grey and deep red curtains, maize and blue, and so on.

The Physio-Therapy Department is bright yellow, which, on a dark day, creates cheerfulness by giving an impression of sunshine.

I found that the teaching of the probationers at the Victoria Hospital is carried on in accordance with the Syllabus of the General Nursing Council for Education and Training in the Nursing of Sick Children, and that it is hoped to send up

candidates for the optional examination in 1924. After giving due consideration to the Syllabus and the methods of carrying it out, Miss Smale came to the conclusion that it was quite possible to arrange the training in conformity with it, and enlisted the goodwill of the medical staff. It must always be a matter of pride with both hospitals and pupils to hold the 1924 State certificate, and I hope the enterprise of the Victoria Hospital, Chelsea, will be duly rewarded.

M. B.

HOSPITAL WORLD.

Richmond Royal Hospital has received a legacy of £3,000 under the will of the late Mr. B. B. Swan, £1,200 of which is for the further endowment of the Swan Memorial Ward.

At the annual meeting of the East Lancashire Royal Infirmary, at Blackburn, a comprehensive scheme of extensions was announced which will make the hospital one of the largest in the North. The total capital outlay will be £200,000, of which £70,000 will be available from the town's war memorial fund. Collections from the workpeople last year realised, in weekly coppers, £10,924.

The late Mr. George Johnston Preston, D.L., late of Dunmore, Belfast, left estate of the gross value of £165,361. The ultimate residue of his property (estimated at about £100,000), he left equally between the Royal Victoria Hospital, Belfast; the Hospital for Sick Children, Queen Street, Belfast; the Belfast Charitable Society, Clifton Street; and Belfast Cathedral.

The Government of Madras has sanctioned the establishment of a medical college for women in Madras with effect from July 1st. Admissions will be restricted initially to twenty-five per annum, and arrangements have been made whereby a small allowance is given to students who undertake to serve the Government for five years in the grade of sub-assistant surgeon.

Hitherto, the facilities for the training of women medical students in India have been woefully insufficient. Apart from the Lady Hardinge Medical College at Delhi, which was established exclusively for women some seven years ago, there has been no institution at which women could pursue their studies apart from the male students.

WHY HAVE A HEALTH WEEK?

In connection with Health Week—October 8-14, 1923—arrangements were made by the Health Week Committee appointed by the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1, with the approval of the Education Committee of the London County Council, by which the head teachers in the Central Higher Grade and Elementary Schools were invited to organise Essay Competitions in their Schools on the subject, "Why Have a Health Week?" for which prizes were

offered. The head teacher selected the best essay in each senior department, and 83 essays were forwarded for consideration of the Examiners appointed by the Health Week Committee.

The Examiners have awarded prizes for the essays sent in by fifty children, and the Health Week Committee desire to direct attention to the value of these competitions both from the Health and Educational points of view.

We consider that the Royal Sanitary Institute is rendering valuable national service in stimulating knowledge and interest in health questions in the rising generation.

REGISTERED NURSES PARLIAMENTARY COUNCIL.

(FEVER SECTION.)

The First General Meeting of the Fever Section of the Registered Nurses' Parliamentary Council was held on March 5th, 1923, at Plaistow Hospital.

A Committee of the Fever Section of the R.N.P.C. was formed of eleven persons.

The following resolutions were passed:—

Miss Solomon proposed the following resolution, which was seconded by Miss Worseldine—

"That this meeting of the Fever Section of the Registered Nurses' Parliamentary Council is unanimous in sending heartiest congratulations to Miss Villiers on her being returned unopposed to the General Nursing Council for England and Wales, and it is also the desire of the meeting to place on record their appreciation of her valuable services in the past and to express their satisfaction that the welfare of the Fever Nurses is in such capable hands for the future."

Miss Drakard, from the chair, said she felt it was a great privilege to move the following resolution, which was unanimously carried—

"That the members of this meeting of the Fever Section of the Registered Nurses' Parliamentary Council deplore the result of the recent election of the General Nursing Council for England and Wales, which deprives the Nursing Profession of Mrs. Bedford Fenwick's incomparable organising genius and ability on that body, and they consider it is remarkable that the electorate have failed to return the pioneer of State Registration and one who has spent her life and means in furthering the nurses' cause."

"And, further, that they desire to express their deepest gratitude and warmest thanks for the past services of Mrs. Bedford Fenwick, and to assure her of their determination to continue to uphold her principles that nurses shall be self-governing and self-supporting."

Miss Drakard, when speaking on the resolution, said she failed to see how the nurses' interests could be satisfactorily served when one possessing her technical knowledge, constructive ability and clear vision, was absent from the G.N.C.

After the meeting a most delightful tea was served in the Home, and before leaving those who wished were taken round the Hospital, which is a most beautiful one.

LEAGUE OF CHILD WELFARE IN FINLAND.

Nurses who are members of the International Council of Nurses, through the affiliated National Councils, are specially interested just now in everything concerning Finland, as Baroness Mannerheim (Matron of the Surgical Hospital at Helsingfors), is President of the International Council, and its next Meeting (and Congress) is to be held in that charming country of a thousand lakes.

Consequently, an article in the January issue of the *World's Health*, on the Finnish Red Cross and General Mannerheim's League for Child Welfare, by Eric Mandelin, M.A., B.C.I. (Member of the State Board of Education of Finland), is of exceptional interest. General Mannerheim, who is the Liberator and late Regent of Finland, is the brother of Baroness Mannerheim, and President of the Finnish Red Cross.

The writer of the article states that it is so short a time since Finland regained her freedom, though she is a country old in culture (two rectors of the University of Paris in the Middle Ages came from Finland), that the Finnish Red Cross has not been able up to the present to develop the peace-time programme of the League of Red Cross Societies. Many independent societies in Finland have, however, taken up the different branches of that programme. Among various examples of the work performed in this connection are mentioned the education of nurses, which is supported by Government grants, and reaches a very high standard; the development of sick nursing in Finland, due to the efforts of Baroness Mannerheim; the fight against tuberculosis, which has been undertaken by an important organisation supported by Government grants; this Society has organised dispensaries in various parts of the country; the Martha organisations which are striving to improve the conditions of home life in rural districts; a special society which is devoting itself to public health education in the Swedish part in Finland; and, finally, General Mannerheim's League for Child Welfare, which is responsible for the care of children.

The election of General Mannerheim, as President of the Finnish Red Cross, marks the beginning of a new era in that Society's existence and work. In addition to its war-time activities, it is to develop a peace-time programme—having due regard to the different branches of hygiene and social welfare. The General hopes later to persuade the welfare organisations to co-operate, in order to make the work more effective. The first organisation to approve this plan, and to take an active part in it, is General Mannerheim's League for Child Welfare.

In February, 1919, General Mannerheim gave a donation to help Child Welfare, thus drawing the attention of the people of Finland to this hitherto neglected field of work. The following year, when General Mannerheim founded the League for

Child Welfare, which later took his name, the question of Child Welfare was understood to be one of the most important social problems that Finland had yet to solve.

TRAINING OF SCHOOL NURSES.

Among the many activities of the League is the training of School Nurses. We read:—

"The League, under the direction of a regularly paid school doctor and a specially trained school nurse, organises courses for training hospital nurses to do school nursing work. It is hoped that the school authorities will find immediate employment in schools for nurses who have completed these courses.

"Another important activity of the League is the arranging of country holidays for town children, while for those who cannot be taken to the country the League tries to organise games and useful outdoor occupation.

"Each spring the League gives short courses for training directors in this branch of work, special care being taken that they shall have sufficient knowledge of the organisation of various kinds of holiday entertainments.

"A final and important link in the educational work of the League is the Central Library, which is open to all who wish to increase their knowledge of Child Welfare work in all its aspects.

"The Central Committee of the League has endeavoured to adapt its programme of hygienic activities to the conditions which exist among the children of Finland, as shown by deductions from statistics. Among a million and a quarter children there are tens of thousands who must grow up in conditions which endanger their healthy development. Of the 90,000 children born each year about 10,000 die before they are a year old. Numbers of young children have to suffer from diseases which often entail lifelong ill-health. The death rate from tuberculosis among school children is higher than in any of the Scandinavian countries.

"Through educational work, mothers' courses, advisory work, maternal and school nursing, the League hopes to remove the causes of these unfortunate conditions.

"The duty of the visiting nurse is to register all children born in her district. She teaches and demonstrates home hygiene and mothercraft by means of courses and visits. She records the physical development of each child from birth to school age, when the school nurse becomes responsible for this task.

"The English type of child welfare and maternity institution which has reduced infant mortality in England by about one-half, as well as the school nurseries which have very greatly raised the standard of health among English school children, have been copied as far as possible by the League for Child Welfare."

Miss Snellmann, who, through the kindness of the League of Red Cross Societies, has had special training in Maternity and Child Welfare Work in London, has been chosen for the position of Lady Inspector.

EUROPEAN COUNCIL FOR TRAINING NURSES.

SECOND ANNUAL REUNION.

We have received with much pleasure an invitation to the Second Annual Reunion of the European Council for the Training of Nurses, to be held in Paris, from March 12th to the 16th. We much regret that we are unable to avail ourselves of this invitation for what we are sure will be a most enjoyable Conference, as well as an opportunity of meeting so many of our old friends.

The President of the Council is Miss Marion Parsons, Directrice of the State Nursing School, Prague; the Secretary and Treasurer, Miss Enid Newton, Directrice of the Nursing School, Belgrade; President of the Committee on Rules, Miss Helen Bridge, Directrice of the School of Nurses, Varsovie. Committee of Organisation: President, Miss Katherine Olmsted, Chief of the Section of Nurses, League of Societies of the Red Cross; Miss Evelyn Walker, American Committee for the Devastated Regions of France.

The Conference programme covers four days—Monday, March 12th, to Thursday, March 15th inclusive, while Friday will be given up to an excursion organised by the American Committee for the Devastated Regions of France, which will leave the Gare du Nord for Soissons at 8.50 a.m.

The Public Sessions of the Conference will be held at the Musée Social, 5, rue Las-Cases, where it will be remembered the International Council of Nurses met in 1907.

PROGRAMME.

The Programme includes:—

MONDAY, MARCH 12TH.

9 a.m.—*Session reserved for Nurses who are Members of the Council*, 7, Rue Quentine Bauchart, Room B.2. Address by the President. Minutes, Report of the Secretary-Treasurer. Report of the Committee on Rules. Report of the Committee on Organisation. Election of the Committee.

Afternoon.—Visit to the Dispensary of Rockefeller Committee, the *Maison d'Enfance*, 6, Rue Clavel, and du Bastion 42.

8 p.m.—*Public Session* (under the patronage of the Croix-Rouge Francaise).—Musée Social.

Reception Committee: Mademoiselle d'Haussonville, Madame la Comtesse de Roussy de Sales, Madame Chardin, Mademoiselle de Frecheville, Madame de Saint Quentin, Madame Beauregard.

President: M. le Général Pau, President of the Central Committee, Croix-Rouge Francaise.

Opening Speech: Sir Claude Hill, Director-General of the League of Red Cross Societies.

Reply of President: Miss Parsons, Prague.

Address by the Baroness Mannerheim, President of the International Council of Nurses. *Address by Dr. Leon Bernard*, Professor of the Faculty of Medicine.

TUESDAY, MARCH 13TH.

9 a.m.—*Public Session*.—Musée Social.

President: Miss Newton, Belgrade. *Order of the Day*.—(1) Syllabus and methods of teaching in

Schools of Nursing: Miss Helen Bridge, Varsovie. *Discussion*: Mlle. Chaptal, Paris; Mme. Ibranye, Hungary. (2) Matériel, installation, formation of teaching staff: Miss Marion Parsons, Prague. *Discussion*.—(a) Mlle. Mignot, Bordeaux, (b) Miss Torrance, Sofia, (c) Libraries for nursing schools in France, and the question of text books. Mme. le Dr. Krebs-Jafpry et Mme. Postel Jallade, Paris. *Discussion*.—(a) Miss Newton, Belgrade, (b) Mlle. de Joannes, Paris.

Afternoon.—Visit to Nursing Schools of the Assistance Publique at the Salpêtrière, and the Hôpital la Pitié, and the Nursing School, S.B.M., Square de Peupliers.

WEDNESDAY, MARCH 14TH.

9 a.m.—*Public Session*.—Musée Social.

President: Miss Ella Ancombe, Bucarest.—*Order of the Day*.—(1) Committees of Schools of Nurses and their Functions: Mme. Krulës, Prague. *Discussion*.—(a) Mme. Sevescu, Bucarest; (b) Miss Walker, France. (2) Requisite qualities for admission to Schools of Nurses and educational standard of women who devote themselves to the nursing profession: Dr. Anna Hamilton, Directrice of the Florence Nightingale School of Nursing, Bordeaux. *Discussion*.—(a) Miss Lydia Anderson, Constantinople; (b) Mme. Brunet, Paris. (3) Preparation of Nurses in view of their service in war, and their utilisation in times of peace. (a) Countess Tarnowska, Polish Red Cross; (b) Commandant Julia Stimson, Army Nurse Corps, U.S.A. *Discussion*.—Mlle. d'Haussonville, Paris.

Afternoon.—Visit to the Pasteur Institute, and School of Periculture.

THURSDAY, MARCH 15TH.

9 a.m.—*Public Session*.—Musée Social.

President: Miss Evelyn Walker, C.A.R.D.—*Order of the Day*.—(1) The Introduction of Hygiene in the Syllabus of Schools for Nurses: Miss Lloyd Still, St. Thomas' Hospital, London. *Discussion*.—(a) Mlle. Milliard, Paris; (b) Miss Robinson, Serbia. (2) Post-graduate courses in Public Hygiene for certificated nurses: Mlle. Cécile Mechelynck, Directrice, Association of Visiting Nurses, Belgium. *Discussion*.—(a) Miss Beeton, Bucarest.

11 a.m.—*Session reserved to Members of Council*, 7, Rue Quentin-Bauchart.

2 p.m.—*Public Session*.—Musée Social.

We are glad to see so many of those who have taken an interest in International Nursing affairs will take part in the Conference—the Baroness Mannerheim, President, and Dr. Anna Hamilton, Vice-President of the International Council of Nurses for France, Mlle. Chaptal, and Mlle. Mignot.



Out of gratitude for treatment received sixteen years ago, James Thompson, confectioner, of Tutbury, has left the whole of his estate, nearly £500, to Derbyshire Royal Infirmary.

OUTSIDE THE GATES.

Queen Alexandra has been with us for six decades, and the sixtieth anniversary of Her Majesty's marriage with the late King Edward VII will fall on Saturday this week. We possess a fine coloured print of her after a celebrated picture, in diaphanous robes—a vision of perfect loveliness! just as she appeared as Princess of Wales, on her bridal visit to Belvoir Castle in 1864. As a little girl we attended a meet of the Belvoir Hunt, on the following day, and remember, as clear as crystal, the laughing Prince and the melancholy Duke of Rutland (the uncle of the present peer), as they moved off, riding close behind our carriage, and the charming smile bestowed by the former on our very pretty elder sister, dressed in her bright crimson "Connemara" cloak, with black velvet "pork pie" hat poised on her bobbing gold-brown curls.

Sixty years! Or, was it yesterday?

PITHECANTHROPUS ERECTUS IN COURT.

A woman summoned on a jury at the City Coroner's court last week was not allowed to act. Dr. H. J. Waldo, the coroner, pointed out to her that he did not want a woman in the jury-box and could always get plenty of men. There being sufficient men to form the jury, the woman's services were not required.

SLEEPY SICKNESS.

Last week 40 cases of sleepy sickness (encephalitis lethargica) were notified in England and Wales. There have been 171 cases, 31 of them in London, in the last ten weeks.

The Ministry of Health states that this is the ordinary seasonal rise, the maximum usually being reached in January and February, after which there is a rapid decline.

COMING EVENTS.

March 10th.—The Matrons' Council of Great Britain and Ireland. Meeting, Prince of Wales's General Hospital, Tottenham, N. 3 p.m.

March 16th.—Meeting, General Nursing Council for England and Wales. Ministry of Health, Whitehall. 2.30 p.m.

March 17th.—Royal British Nurses' Association. Lecture on Sir Christopher Wren, by Major Rigg, O.B.E. 194, Queen's Gate, S.W. 3 p.m.

WORD FOR THE WEEK.

"As far back as my memory takes me in manhood I never remember to have accosted a student without saying to him, Work and persevere; work is really pleasure, and it is the only thing which is profitable to the individual, to the citizen, and to the State."—*Louis Pasteur.*

LETTERS TO THE EDITOR.

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

A FEW WORDS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A "Few Words" from the Chairman at the last meeting of the G.N.C. seem to demand a "Few Words" from a Registered Nurse, since the new Council remained silent. Sir Wilmot Herringham informed the Council that they were a Statutory Body, and hoped they would feel they were not a Trade Union (not an imminent danger with the present Council), but that they were set up for the good of the public. For that reason the Minister had appointed—and rightly appointed—on the Council persons who were not nurses.

Then he went on to say that the constitution of the Nursing Council was more favourable than that of the General Medical Council, because the nurses elected 16 members out of 25, and the Medical profession only 5 out of 35.

What a misleading statement.

Presumably the General Medical Council is a Statutory Body set up for the benefit of the public. Nevertheless it is composed entirely of members of the medical profession, even the Privy Council, which is by custom kept unfettered in its nominations, has never ventured to appoint anyone except medical practitioners. Would Sir Wilmot Herringham and Sir Jenner Verrall think, if the Privy Council nominated ladies of title and other lay persons, ignorant of medical matters, on to the General Medical Council that it was "rightly" done? I feel sure both gentlemen would strongly resent such appointments.

Parliament has given nurses the status of a legally constituted profession, and there is no reason why we should be governed by unskilled and ignorant persons, so far as our expert work is concerned, than that the medical profession should be. Further, there will be no peace until we govern ourselves.

Yours faithfully,

REGISTERED NURSE.

OUR PRIZE COMPETITION QUESTION.

March 17th.—Describe the nursing of a case of enteric fever. What complications may arise, how would you endeavour to guard against them, and what would you do if they occur?

March 24th.—What do you know of sleeping sickness, and the nursing points in caring for a case of this disease?

We regret we are unable to award a prize this week, no paper of sufficient merit having been received.

The Midwife.

A TEXT-BOOK OF OBSTETRICS FOR NURSES.

We have received from the publishers, Messrs. D. Appleton & Co., London and New York, a copy of "Obstetrics for Nurses," by Dr. Everett Dudley Plass, Obstetrician-in-Chief, Henry Ford Hospital, Detroit, formerly Associate Professor in Obstetrics, Johns Hopkins Medical School.

The book is "affectionately dedicated" by the author "to my wife, an American nurse and mother."

The author states in the preface that "while actively engaged in instructing nurses in the classroom, and in the wards, it became apparent that the existing text-books on obstetrics were quite unsatisfactory adjuncts to such efforts, the standard medical works being too complicated and technical, while the special nurses' books go into so much detail that fundamental facts are apt to be overlooked. . . . While too much knowledge is sometimes decried as being detrimental to the development of a good, 'practical' nurse, there can be no question that the individual in any line of endeavour who does things knowingly and thoughtfully is superior to the automaton. Nursing itself is constantly rising to a higher plane and progressively more learning will be required of all in the profession. Because of these beliefs, then, concerning the trend of the times, the author has sought to anticipate the nurses' needs, and to develop a text which shall be a bit ahead of the present line of advance, thereby, of course, inviting the criticism that the subject matter is altogether too theoretical."

The author in his introductory chapter defines *obstetrics* as "the branch of medical art and science concerned with the problems of child-bearing. In the past its scope has been too frequently limited to the actual delivery of the child, but the present tendency is toward a much broader conception, which includes the whole process of reproduction. From the more modern viewpoint the study of obstetrics divides itself naturally into four phases: *Preparation*, the menstrual cycles; *pregnancy (gestation)*, the development of the ovum within the uterus; *labour (parturition, confinement)*, the expulsion of the child into the outer world; and *puerperium (lying-in period)*, the return of the mother to the normal."

The fact is emphasised that "Labour is the greatest ordeal in a woman's life, and, from the stand-point of the race, the most important. A successful labour is one that results in a healthy baby and a strong, organically sound mother. The occasion calls for the very best professional skill and care, for the outcome vitally affects two individuals. The disastrously high maternal and fetal mortality, formerly so common, has been

greatly reduced by reason of the introduction of surgical methods and perfected details of treatment, so that, at present, labour is not a particularly dangerous experience."

RELATION OF OBSTETRICS TO OTHER BRANCHES.

"Every branch of medicine is, at times, dependent upon each of the others, and obstetrics is no exception to the rule. Physiology, pathology, and chemistry, among the underlying sciences, have a prominent place in the development of obstetrical knowledge, and, on the clinical side internal medicine, as well as practically all the specialities, must, on occasion, come into the foreground."

GENERAL DUTIES OF THE NURSE.

"Before beginning her obstetrical training, a nurse should be familiar with general nursing and with the details of good surgical technic. The special aspects of the work must, of course, be learned, but the practical nursing care of obstetrical patients consists largely in the employment of measures previously mastered. This enables the pupil nurse to concentrate upon the new facts with which she must familiarise herself without shirking the essential nursing details. Reasonable curtailment of routine procedures on a maternity service, where nurses are trained, is advocated, because it increases the time available for instruction. Intelligent objective observation of the patient means much to the busy practitioner or house officer, and should be cultivated. Too much stress cannot be laid upon the two fundamental qualities—*cleanliness and patience*."

DISSEMINATION OF KNOWLEDGE.

"At present women are much more reliably informed about the subject of child-bearing than ever before, but a vast amount of education is still necessary and no one can do this better than the nurse, who meets her patients in such an intimate association. She should have at her disposal a definite knowledge of facts which can be presented to combat the prevalent superstitions and lay theories, and she should use every opportunity to enlighten those less well informed. The establishment of pre-natal clinics in the larger cities has been a great factor in public enlightenment among the poorer classes, and the wealthy woman early seeks the advice of the specialist, but the unfortunate middle-class is, as usual, most in need of instruction and advice."

"Within recent years there has been a gradual improvement in the details of treatment, but no epoch-making discoveries have been forthcoming. The past decade has had as its outstanding feature the introduction of systematic pre-natal care, the beneficial results of which are already becoming apparent."

The book is admirably produced and illustrated.

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EDITORIAL.

FATHERHOOD.

As the question of Child Welfare is carefully studied, and increasingly understood, it becomes evident that none of the factors which enter into the life of a child can be ignored without detriment to its welfare.

We can scarcely surround motherhood with too great dignity and care. The mother, as the temple of the developing child, the fount of its life's blood, and later, under normal circumstances, the exclusive source of its nourishment for nine months, is most intimately associated with the infant and its welfare, and also a most potent influence in its after life. In many cases, indeed, she fills the picture, so that the father is obliterated; and yet the father is also of supreme importance, not only in the ante-natal period, but also in the child's up-bringing.

The current issue of *Maternity and Child Welfare* has some wise things to say "On being a father."

As long ago as 1826 Dr. William Deewes wrote:—

"Thus the toil and danger of child-birth, the fatigue and anxiety of nursing, and the responsibility of education devolve exclusively upon the mother. It is true, then, that some change should be made which would tend to the relief of the overburdened mother; and this can be most profitably done by the father partaking in the arduous and interesting duty of physical education."

Miss Nora Milnes, in an interesting note in a recent issue of our contemporary, points out that "the environment of the child is determined not so much by the mother as by the father. The results of the mother's ignorance or incapacity are *seen*. The *unseen* influence of the father is a yet greater factor in the life of the child. His capacity to produce is a measure of the type of home the baby can have, a measure of the food that the young child can be given, a measure of the warmth and special attention that can be afforded to the child in

sickness. Above all, it is a measure of the risk that the mother can have when the baby is expected, and after its arrival, and of the time that she can devote to the child."

Why should we not have Mothers' and Fathers' Consultations, where parents can meet, both separately and together, to discuss, to assimilate, to learn, to teach; to bring their own knowledge to the common stock, and share their experience for the public good?

An American writer asks, Whence has come "this modern notion that the father cares for nothing but himself? There is no surer way to make it true than to assert it often enough. The young father, bursting with pride in his offspring, finds himself brushed aside, relegated to the ranks of the incapable. . . . We must strive for the resurrection of fatherhood. Fathers need to be taught, with the mothers, what their babies need. And with the teaching of the fathers the mothers' task will become far easier of accomplishment. One nurse who has done much to interest the father in the welfare of his wife and baby, said: 'We try to make him feel that the baby is to be a veritable social investment into which he must be willing to put thought, time, and money.'"

Our contemporary concludes a very arresting article with the opinion that "sufficient stress has never been laid on the father's responsibility in the ante-natal period.

"The essential causes of still-birth, of premature birth, and of developmental defects still remain largely unexplained. There is good reason to think that many of these accidents would be avoided by increased care and thought on the father's part during the nine months when the mother is carrying.

"It is just during the period of what the late Dr. Ballantyne was fond of terming 'pre-maternity' that unselfish fatherhood will gain its reward."

The instruction of fathers is an almost fallow field, promising a rich harvest to those who cultivate it, in health and happiness for children yet unborn.

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF A CASE OF ENTERIC FEVER—WHAT COMPLICATIONS MAY ARISE, HOW WOULD YOU ENDEAVOUR TO GUARD AGAINST THEM, AND WHAT WOULD YOU DO IF THEY OCCUR?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, 14, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

The nursing of enteric fever demands the utmost skill, patience, and watchfulness, on account of the long duration and exhausting nature of the disease, its extremely toxic and infectious characteristics, and the ever-present possibilities of relapse and complications of various kinds.

The cause of the disease is infection by the bacillus typhosus, which enters the body by the ingestion of contaminated food or water, and lodges in the site most favourable to its development—i.e., the groups of lymphatic glands called Peyer's patches of the small intestine, principally the ileum, which occupies the important position between the jejunum and cecum. Inflammation is set up, which in a mild case subsides; in a severe type it may go on to ulceration and sloughing of the affected parts, producing toxins, which are carried into the blood stream, causing a severe disturbance of the nervous system. The course of the illness extends for a period of three to four weeks, followed by a long and gradual convalescence.

The chief characteristics of this disease are the abnormal condition of the bowels, either constipation or diarrhoea being present, usually the latter; the stools have a peculiarly offensive odour, yellow and liquid in appearance; the marked prostration and helplessness of the patient from the beginning; the constitutional disturbances, sleeplessness and delirium; a foul condition of the mouth and a characteristic swinging temperature, which in a favourable case falls by lysis with a gradual decline of symptoms. The nursing is both curative and preventive. The patient is kept lying flat from the first, gently handled, and warned against any sudden movement. The skin is kept active and in good condition by sponging twice daily, specially noting pressure points, rubbing with methylated or other spirit and some powder. The position changed from time to time, and propped with pillows. The weight of bedclothes can be relieved by a cage.

The mouth and teeth are carefully swabbed several times daily, *always* before and after

feeding. Painting the lips with glycerine and borax prevents cracking.

The temperature, pulse, and respirations are recorded four-hourly, the relationship between each noted, as the pulse is normally slow—80 to 100—in proportion to the height of the temperature, 104° F.; a sudden quickening of pulse would indicate complications, such as hæmorrhage, heart weakness, or perforation.

Feeding is important; quantity, quality, and regularity must be strictly observed and accurately recorded. Two-hourly feeds of 4 oz.—milk three parts, water one—are as a rule given at first; whey, albumen water, Benger's food, nourishment being gradually increased by stages to beaten-up egg, small amounts of pounded fish, and milk pudding. The chief points are that food must leave as little residue as possible in the intestine, must be fluids, easily digested, and as palatable as possible. Water may be freely given to eliminate toxin by the kidneys.

Sleep is essential, and should not as a rule be disturbed for feeding if nourishment is satisfactorily taken during the day. The stools should be watched for signs of undigested food and change of colour, indicating bleeding. The number of stools in the twenty-four hours is recorded. If required to be kept for inspection, the bedpan should be covered with a glass plate, and the handle plugged with tow or wool, otherwise it must be emptied at once, thoroughly cleansed and disinfected.

The urine and stools are loaded with bacteria and are highly infectious. The bedpan must be kept covered, and the contents disinfected with carbolic (1 in 20), Izal, or chloride of lime before being emptied into the drain. Soiled linen should be put at once to soak in a disinfectant solution. If necessary pads of tow and wool are used in incontinence; they should be burned or received into a covered utensil for the purpose.

Every article used for the patient must be reserved for his sole use, without exception. The thermometer should be placed in a non-poisonous disinfectant solution.

Scrupulous cleanliness of hands and clothing are necessary on the part of the nurse to safeguard against self-infection, especially after attending to the patient's toilet. The nails must be carefully brushed.

Complications are hæmorrhages; signs, sudden drop of temperature, rapid pulse, blood in stools, collapse; remedy, raise foot of bed, withhold food, report to doctor. Perforation; signs, pain, vomiting, shivering, anxious expression. Prepare for emergency operation; use ether or iodine for preparation of skin.

Cardiac failure: keep at rest, give stimulant ordered, report at once. Assistance should always be available in case of emergency.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gertrude Weeks, Miss C. Garland, Miss Mildred Comer, Miss Gwynedd Lloyd, Miss Rachel Dodd.

QUESTION FOR NEXT WEEK.

What do you know of sleeping sickness and the nursing points in caring for a case of this disease?

NURSING ECHOES.

Baroness Mannerheim, President of the International Council of Nurses, when passing through London last week, on her way to the Conference in Paris, organised by the European Council for the Training of Nurses, found time, though she was only in England for twenty-four hours, to visit the International Headquarters at 431, Oxford Street, W. On the return journey she intends to stay longer in London, when we shall hope to have the opportunity of conferring with her upon International Council affairs, and of hearing from her something of her plans as to the meeting of the International Council in Finland in 1925.

The question of the illuminated Address to be presented to Miss L. L. Dock came under discussion, and Baroness Mannerheim saw and admired that presented to Mrs. Bedford Fenwick, so beautifully illuminated by Mr. Henry Donald, and expressed her satisfaction that this supreme artist would execute the International gift to Miss Dock.

Lady Curzon of Kedleston, who successfully organised a ball at Lansdowne House in June, 1921, on behalf of Queen Victoria's Jubilee Institute for Nurses, has undertaken, at the request of Queen Alexandra, who is patron of the fund, to organise a similar ball at Lansdowne House on April 26th, the evening of the wedding of the Duke of York.

Princess Marie Louise presided at the annual meeting of the Metropolitan Nursing Association for providing trained nurses for the sick poor, which was held at 3.30 p.m. on Thursday in this week at the Directors' House, British Museum, by invitation of Lady Kenyon.

Yorkshire women are working enthusiastically to raise the £3,000 required for the National Memorial (the restoration of the Five Sisters Window in York Minster) to all Sisters

who lost their lives in the Great War, and we are glad to know they are receiving great encouragement, and should the sum required be raised, it is hoped to have a Roll of Honour of all women who lost their lives preserved in the Minster.

Princess Mary, who has married a Yorkshireman, is, we are informed, giving the scheme her warmest support.

As a pupil at Middlethorpe Hall—a celebrated Girls' School fifty years ago—our greatest treat on half-holidays was to walk into York, to hear the wonderful tenor, whose glorious voice floated to the rafters in the Anthems every afternoon. Many a time on entering the South Transept door we admired the beauty and vastness of this most beautiful window, and as a descendant of the Rev. Charles Palmer, of Pinner and Thurnscoe, a prebend of York, who died in 1705, we valued family association with this magnificent fane. It is "Yorkshire" to cling tenaciously to environment, habits, customs, principles, and prejudices, and in no county in England is it more evident that "blood is thicker than water." A splendid strong people who *never* "let go." We have no doubt the £3,000 will be forthcoming.

A correspondent writes from Melbourne: "Our State Parliament Session closed without the Nurses' Bill having been brought forward. I was too disappointed for words. . . . So far there has been no response on the part of the hospitals to suggest a Conference between the R.V.T.N.A. and the Guild—really employers and employed. . . . We have just gone through a Federal election, and never has the Sectarian issue been more bitter. My disappointment was the failure of the women electors to support women candidates, even our nurses deserting Mrs. Glencross, who has been a constant supporter of nurses. The male candidates held out all sorts of impossible promises, and they swallowed the bait. When will women stand shoulder to shoulder? Not in our lifetime, I fear. Naturally, it took the men many decades to gain their wonderful solidarity."

It is high time Registration Acts were in force in all the Australian States, as it is very disadvantageous to nurses coming from the Commonwealth who wish to work at home not to have a reciprocal system. Only last week we were unable to give work to a nurse from Melbourne on the R.N.S., and as it apparently takes six months to get registered in this country it is useless for them to try to obtain legal status if only remaining a short time.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 149.)

"WHO ARE THESE PEOPLE?"

It must not be thought that the solid phalanx of reactionaries who signed the Anti-Registration Manifesto in 1889 had it all their own way. On the same day that this Protest against Registration appeared in the press a great Meeting was held at the Mansion House, E.C., in spite of angry personal opposition and interference by Dr. J. C. Steele, then Medical Superintendent of Guy's Hospital, who inquired, in true *Pithecanthropus erectus* style, "Who are these people? They have no right to the prestige of a Meeting at the Mansion House." But the then Lord Mayor and his advisers thought otherwise, and Miss Victoria Jones, the ablest Matron who ever presided over the Nursing School at Guy's, as a member of the British Nurses' Association had the courage to stand to her principles.

"These people" included Dr. and Mrs. Bedford Fenwick, at whose house the Association was inaugurated; Miss Isla Stewart, Matron and Superintendent of Nursing of St. Bartholomew's Hospital; Miss Godiva Thorold, Lady Superintendent of Middlesex Hospital; Sister Cecilia, of University College Hospital; Miss G. A. Rogers, Leicester Royal Infirmary; Miss Cureton, Addenbrooke's Hospital, Cambridge; Miss Christina Forrest, York County Hospital; Miss Maud G. Smith, Royal Infirmary, Bristol; Miss M. Huxley, Sir Patrick Dun's Hospital, Dublin; Miss Lumsden, Royal Infirmary, Aberdeen; Miss Catherine J. Wood, Miss Margaret Breay, and many others. We especially name these ladies to prove how those who are alive have, through good and evil report, remained faithful to their profession, and seven of them have lived to see the Act for State Organisation of Nursing and Registration placed upon the Statute Book; moreover, their life's experience teaches them, that although the timorous expedientists who opposed the vital principles of nursing evolution may have grasped power for the moment, their policy of cringe and crush cannot withstand the oncoming of the hosts, who in the near future will sweep away, like leaves before the storm, all sapless obstruction. "These people" also included many of the most far-seeing medical men of that time.

Co-operation Invited and Refused.

The Mansion House Meeting, which was crowded to the doors, was addressed by

Professor Marshall (then President of the General Medical Council), Mr. (later Sir) William Savory, Sir Henry Acland, Sir James Crichton-Browne, Mr. Brudenell Carter, Dr. Matthews Duncan, and others. The Registration of Nurses by a special Board was agreed and promoted. The Association did nothing in a hurry, but approved and issued valuable Memoranda on the question—one to the General Medical Council, a second to the Chairman and Committee of Management of the principal Hospitals. To the first the Council replied that it approved the very necessary reforms suggested by the Association, but that it had no authority or power to take part in the work or to consider its details.

The replies received from the Hospitals to the circular addressed to them, inviting their co-operation, are summarised as follows, in the second annual report of the Association: "Nearly all declined to accept the proposal." The Association, having invited co-operation in forming a Registration Council, which was refused, found itself compelled to initiate the work single-handed. It received the warm support of many of the leaders of the medical profession, and finally in January, 1890, the first Registration Board was appointed. The rules and regulations were most carefully drawn up, and the first Register of Nurses was opened in February of that year, in spite of the loud vituperation of the scheme through the Burdett press, which unprincipled though paying policy was continued so long as "the giver of good ads" remained in opposition.

The First Register of Nurses.

Some seventeen hundred Nurses were enrolled during the year, and the public presentation, early in 1891, to Her Royal Highness Princess Christian of the first copy of the first Register of Nurses marked an epoch in the history of Nursing. It is needless to add that this result was not achieved without the greatest labour, while many difficulties had to be encountered and overcome. The Board frequently applied for information, concerning applicants for Registration, to the Hospitals at which they had been trained, and either received no reply at all or were informed that the hospital's books contained no information beyond the fact that a salary was paid to a Nurse of the name in question. And here it may be interjected, that the work of the Association undoubtedly led to a much greater accuracy in detailed records concerning their employees being kept by all the leading Hospitals.

The Prefix Royal.

We now arrive at the beginning of 1891, when the first Register was published. This event was followed almost immediately by the gracious recognition of the work of the Association by Her Majesty Queen Victoria in the grant of the prefix "Royal."

Incorporation a Necessity.

The Association had now to face the fact that it had no legal status, and it was considered desirable to apply to the Board of Trade for incorporation, and by licence to omit the word "Limited." We confess we were opposed to this course, as a Royal Charter, and later an Act of Parliament, were our objectives, and the active opposition of St. Thomas's Hospital and its supporting hospitals to even this poor little recognition of the Association's work, and the ultimate refusal of the Board of Trade to its application to omit the word "Limited," ten days before the opposition case was supposed to have been completed, on the ground that considerable opposition to the Association had been expressed "by influential persons!" was no personal disappointment. Neither was the conduct of the then President of the Board of Trade, "Black Michael," in condemning the Association unheard, on one-sided unsubstantiated statements "by influential persons," any surprise to those who knew him. *Pithecanthropus erectus Superbus!*

The Petition for a Royal Charter.

A conference was at once held at the house of Sir William Savory, who was in the Chair, when we strongly urged the bold policy of at once applying to Her Majesty the Queen in Council, praying for the grant of a Royal Charter. This was opposed by the more timorous. They argued that as the powerful Managers of Training Schools had been able, through private influence, to prevent incorporation by the Board of Trade, they would redouble their efforts to oppose us before the Privy Council.

We argued that before the Privy Council our opponents must fight in the open, and as our cause was for the public benefit we should win. When at the end of the debate Sir William said quietly, "I support Mrs. Fenwick," all was well.

This policy was endorsed at a Mansion House Meeting at which the Lord Mayor presided, when it was unanimously resolved:

"That this Meeting is of opinion that the Royal British Nurses' Association, which already includes one-fifth of the whole number

of trained Nurses estimated to be at work in this country, and which is managed by leading members of the medical and nursing professions, is eminently worthy of public support, and of incorporation by Royal Charter, and this Meeting considers that the Association is well qualified to carry on the system of Registration of Trained Nurses which it has commenced as a voluntary measure, and that, when fully carried out, this system will protect the sick against untrained and untrustworthy workers, be of great assistance to medical men, and be most beneficial to trained Nurses by furnishing easily obtained information as to the education and experience which each Registered Nurse has received."

The Association then prepared and issued to its members a form of Petition to the Privy Council, which was immediately and extensively signed, including the names of more than 1,100 medical men living in all parts of the United Kingdom.

Many a time when working on this Petition we saw the misty dawn of day.

The hostility from the Training Schools, led by St. Thomas's Hospital, to the Petition of the Association was now intensified, and the quack nursing press raged furiously. Finally, at the inquiry before the Privy Council, when opponents were compelled to distinctly state their objections, it was observed that these were nebulous and prejudiced in the highest degree, and that the reply of the Association was complete and crushing.

The Royal Charter was won in the face of the most powerful opposition, and the Association thus received the highest testimony to the public importance of its work.

ETHEL G. FENWICK.

(To be continued.)

REGISTERED NURSES PARLIAMENTARY COUNCIL.

¶ The Registered Nurses' Parliamentary Council, 431, Oxford Street, London, W.1, has sent a notification to Members of the House of Commons informing them that Major R. W. Barnett's motion for the presentation of an humble Address to His Majesty, praying that certain modifications may be made to the scheme now laid before Parliament for the election of Sixteen Registered Nurses, to be Members of the General Nursing Council for England and Wales, has been deferred from Thursday, March 8th, to Wednesday, March 14th, out of courtesy to the new Minister of Health.

We hope to give our readers full information upon the subject in our next issue, as we go to press this week before the question comes before the House.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



By kind invitation of Miss E. T. Bickerton, R.R.C., Matron, and the Committee of the Prince of Wales's General Hospital, Tottenham, a Meeting of the Matrons' Council of Great Britain and Ireland was held at that institution on Saturday, March 10th.

Before the meeting, members of the Council had the opportunity of seeing the hospital, which just now is in a transitional stage, accommodation being built for 50 extra beds, an additional operating theatre, and more nurses' bedrooms. When completed the hospital will have between 170 and 180 beds. The busy wards were in excellent order, the children's ward being specially bright and attractive. The well-appointed operating theatre testified to the large amount of work done there, and the "observation post" behind a low wall provided an excellent coign of vantage for lookers-on whose presence is not required in the theatre proper.

THE MEETING.

When the Meeting was called to order, Miss Heather-Bigg, R.R.C., President, said:—

"Before beginning the business of this afternoon I wish to give expression to a feeling that is shared by everyone here, a feeling of profound regret that Mrs. Bedford Fenwick is no longer on the General Nursing Council.

It is almost unbelievable that she should not be included on the body of those elected to carry out the provisions of the Act. But Mrs. Bedford Fenwick does but share the lot common to all pioneers. Almost invariably those who have toiled and striven for the good of the Community stand aside at the end, while the newer advocates of the cause step in and dominate.

We saw it with Mrs. Fawcett, Mrs. Garrett Anderson, Lady Frances Balfour, and others, who should have been the first representatives of women in Parliament, but who were content to rest on their laurels, and leave to an American the proud position of being the first woman Member of Parliament.

Pioneers expect neither gratitude nor ovation; they are content to know that they are

the salt of the earth, without whom all progress would be impossible."

RESOLUTION.

Miss Heather-Bigg then proposed from the chair the following Resolution:—

"That the Matrons' Council of Great Britain and Ireland profoundly regret that Mrs. Bedford Fenwick's great powers of organisation and unparalleled knowledge of Parliamentary procedure should be lost to the General Nursing Council.

"The Matrons' Council would also congratulate the Independent Candidates on their election."

Miss Bickerton, supporting the Resolution, said that she endorsed all that Miss Heather-Bigg had said. It was incredible that Mrs. Fenwick should not be on the General Nursing Council after all her arduous work for State Registration of Nurses, and the fact that, but for her, we should not have had a Nurses' Registration Act.

She also commented on the fact that the Syllabus of Training in General Nursing was not yet signed.

The Resolution was carried unanimously, and with acclamation.

MINUTES.

The Minutes of the last meeting were read and confirmed, and, arising out of the Minutes, it was resolved that the Resolution passed at the last meeting of the Council to be forwarded to the then Minister of Health, urging him to sign the Syllabus of Training in General Nursing, should be forwarded to the new Minister (Mr. Neville Chamberlain).

CORRESPONDENCE.

The Hon. Secretary notified a large number of letters of regret from members who were unable to be present, and other letters were dealt with.

One member, who is the Superintendent of a large staff of private nurses in the North, wrote: "The most practical question that arises in my mind is, Which political party is going to give most help to independent Nursing Organisations (such as my own), and how are we to organise on such lines as will best ensure the support of that party? My own mind has been made up on that question for a very long time: the Labour Party and Workers' Unions; but there is a 'time for all things,' and I wait the decisions of those who are wiser than myself."

APPLICATIONS.

Applications for membership were then considered, and the applicants elected, with one exception, in which the application was held over.

HON. TREASURER'S REPORT.

The Hon. Treasurer, Miss S. A. Villiers, then presented the Financial Statement for 1922, which closed with a satisfactory balance in hand.

On the proposition of Miss Anderson Parson's, seconded by Miss G. Lord, this was adopted.

HONORARY SECRETARY'S REPORT.

The Hon. Secretary, Miss A. E. Hulme, then presented the Report for the year ending December 31st, 1922. The Council has held meetings, by kind invitation of the Matrons and Boards of Management, at the London Temperance Hospital and the Elizabeth Garrett Anderson Hospital, at those institutions, and also at the Club of the Royal British Nurses' Association, 194, Queen's Gate, S.W., many interesting questions being discussed at the conclusion of the business meetings.

On the proposition of Miss Elma Smith, the Report was adopted.

Arising out of the Report was the question of the appointment of members to attend meetings and conferences. Several members notified their willingness to do so on request, and other names were suggested.

RE-ELECTION OF HON. OFFICERS.

The Hon. Officers were re-elected for another term of office, and a vote of thanks accorded to them for their services in the past year.

RESOLUTION.

It was unanimously resolved:—

"That the Matrons' Council of Great Britain and Ireland protests against the unnecessary expense incurred by the General Nursing Council for England and Wales, and the waste of the nurses' money occasioned, in consequence of the mismanagement of the first Election of Direct Representatives to serve on the Council, as well as against the additional expense and work imposed upon the Independent Candidates, who had to circularise the electorate a second time owing to the quashing of the first election."

It was further resolved that the Resolution should be forwarded to the General Nursing Council for England and Wales.

The meeting then terminated, and on the invitation of Miss Bickerton those present adjourned, and a most sumptuous tea was

served, the Sisters and nurses being indefatigable in waiting upon the guests.

ENTERTAINMENT.

At 5 o'clock a charming entertainment was given by the Nursing Staff, opening with a song, "The Nightingale in June," by Nurse Miller, and a violin solo, most cleverly executed, by Nurse Fairchild.

These were followed by a musical Play, entitled "Enchanted" (An Eastern Fantasy), specially written for the occasion by one of the Sisters.

THE SYNOPSIS.

While the Prince and Princess of Arabia were on a visit to a neighbouring King, the Prince mysteriously disappeared. The King immediately goes in quest of him, and, with the help of the Spirits of Nature, by whom the Prince is beloved, succeeds in finding him, and restoring him to his Princess.

The stage management, the dresses, the Eastern atmosphere created, the songs and music, and whole production of the play reflect the greatest credit on originator and players. There was, of course, a Wizard, by whom the Prince was turned to stone, and a Spirit of the Lake, who revealed to the King how the enchantment could be overcome. The various black creepy things on the curtains of the stage added to the realism of the Wizard's stock-in-trade.

During the play a lucky basket was passed round containing little bottles of scent, of which the audience were invited to possess themselves.

The *Dramatis Personæ* were King Melca (Sister Collins), the Prince (Nurse Stewart), the Princess (Nurse Miller), the Wizard (Sister Davies), the Spirit of the Lake (Sister Fowler), the King's Slave (Sister Moase), and Slaves (Nurse Pearse and Nurse Matthews), to whom great thanks are due for the charming entertainment provided, as well as to Miss Bickerton and the Committee of the Hospital for the invitation to the Matrons' Council to meet there.

All present were agreed that a most delightful afternoon had been spent.

NATIONAL BABY WEEK COUNCIL.

A meeting of the National Baby Week Council is being held at Carnegie House, 117, Piccadilly, London, W.1, on Thursday, March 15th, at 3 p.m., when Lord Astor, Chairman of the Council, will preside. The special purpose of the meeting is to consider the plan of the present year's campaign, which is to be presented by Dr. Eric Pritchard, Chairman of the Executive Committee, who is also presenting its report.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

LITERARY AND DEBATING SOCIETY.

SEX EQUALITY.

Unfortunately Miss Drennan was unable to be present to propose her Resolution that "There should be Equality of the Sexes," and up to the hour of the meeting, owing to the vagaries of the British Postal system, her promised paper had not arrived. No one was present who had made any special study of the subject, but Miss Macdonald, in order to allow the debate to proceed, agreed to propose and speak to the Resolution. In commencing, she said that she had heard it stated, that day, that it was impossible for woman to be placed on the same platform with man owing to the fact that she was his inferior from an intellectual point of view. She could not agree that this was so. There were women, in history and in literature, who had shown a mental capacity equal to that of any man, and the reason why those examples were somewhat isolated was that women's environment and education had been such as to stultify, rather than encourage, her intellectual capacities. Indeed, from the point of view of creative thought, the speaker considered that women had shown themselves in advance of man if one took into consideration the limitations which it had been the habit to set upon their activities. It was contended that men were stronger physically and therefore should rule; but this was simply an argument for the barbarous principle that if A can kill B then A must govern B. Besides, if men were more able for heavy manual work, it could not be denied that, on the other hand, women had greater powers of endurance and perseverance, and these are what tell in the end.

The speaker next briefly referred to the need for reconsidering woman's position, on the lines of the Resolution before the meeting, owing to the extension of the franchise to women, and their consequent wider participation in public life. They should also have equal economic advantages, otherwise they could not have a fair field, because, deplorable though it may be, economics rule the world to-day, and there could not be a proper balance between the sexes without economic equality. Then there was the question of the children, peculiarly a subject calling for women's attentions. There was no doubt of the importance to the nation of proper organisation for fostering

the physical and moral well-being of the young. This was a matter of perhaps greater importance at the present time than at any other period of the nation's history, and unless women were placed on an equal footing with men they would not be in a position to press, with any prospects of success, for reforms and improvements necessary to the future progress of the coming generations.

Mrs. Glover, M.R.B.N.A., opposed the Resolution. She said that, as a principle, she was quite in favour of equality of the sexes, but women are not ready for it. In the first place they were too suspicious, too apt to distrust one another, and much too inclined to be disloyal to one another. She had noticed this particularly in England; women in the Colonies were much more broad-minded. Their heredity was not such as to fit women to be on an equality with men, and they were far too sensitive to criticism; this characteristic unfitted them to take the position the Resolution would give to them. In Mrs. Glover's opinion the disturbances on the General Nursing Council went to prove her contentions, all the bickerings and disputes went to show that women were not yet ready to be on an equality with the other sex; they could not manage their business without bitterness and continual contention.

Miss Forbes was opposed to equality of the sexes. In many ways women were superior to men: they had greater magnetism, understanding, tact, and intuition; but the man was stronger physically and had greater "force." She placed women on a higher plane in many respects, but she was not in favour of the Resolution for equality in national and economic life. Mrs. Ryder Richardson spoke in favour of the Resolution, and said that women had often clearer vision than men, and usually put a higher value on the spiritual aspect of things than men. Miss Crimmins considered that there were women who were on an equality with men, but, in her experience, they were very often intolerant and hard. Miss Rawlings considered that there was no question of equality—the one sex was the complement to the other. She strongly disagreed with Mrs. Glover's view that there was more disloyalty to one another among Englishwomen than in the Dominions. She had been in most of the Colonies, and she considered women were much alike all the world over in this respect.

In replying, the proposer of the Resolution admitted Mrs. Glover's contention as to heredity

having unfitted women to be on an equality with men, but pointed out that modern education can and will amend matters in this respect. Suspicion and disloyalty might exist among women, but one had only to listen to a debate in Parliament to realise that the same weakness existed among men. They were primitive characteristics of human nature; they have to be got rid of. Men were capable of disloyalty too, and were as suspicious of one another as any women were. As for their objections to criticism—well, women must get over that, and this debating society was founded partly to achieve this in one particular group. Then as to the General Nursing Council, similar differences of opinion took place in every evolutionary movement, and it was to be expected that they would arise in this, because there met on that Council people who had for thirty odd years pressed for State Registration and those who for the same number of years had put every obstacle in its path.

The debate was well attended, and the Resolution was lost by a majority of three. It is only possible to give a very short report of these meetings, but we shall be very pleased if nurses will come in on Monday evenings at 8 p.m. and take part in the debates or listen to them.

LECTURE BY DR. SLOANE CHESSEY.

Miss Pearse took the Chair when Dr. Sloane Chesser gave her lecture at 194, Queen's Gate, on Saturday, March 3rd.

The lecturer referred first to the importance of keeping the body in health, and spoke of various points relating to ordinary hygiene and the necessity for spreading a wide knowledge of it.

We hope to report the lecture at length in a subsequent issue.

At the close of the lecture several members of the audience asked questions of Dr. Chesser, and Miss Pearse warmly thanked her for an exceedingly interesting address. We were very pleased to welcome on this particular occasion a number of the International students, a pleasure which we hope to enjoy again on some future occasion.

LECTURE BY MAJOR RIGG, O.B.E.

We remind our Members of the interesting lecture on Sir Christopher Wren, which will be given at the Club to-day (Saturday), at 3 p.m.

FIXTURES FOR THE LITERARY AND DEBATING SOCIETY.

On Monday, the 19th inst., at 8 p.m., the purpose of the meeting will be to consider "Procedure at Meetings," and Mrs. Ryder Richardson will take the chair and conduct a meeting. On the 26th inst., at the usual hour, various Members will co-operate in reading aloud "As You Like It," each one reading the words, as they occur, of one of the characters in the play. It is agreed that this will help towards making it more easy to get upon one's feet and to speak in public, but, apart from this, the play is one peculiarly well suited to precede the next debate, which is to

take place on April 9th, when Miss Birch will move, and speak to, a resolution, "That, in the opinion of this Meeting the Plays were written by William Shakespeare." Miss Macdonald will oppose her and argue that Bacon, and not Shakespeare, was the author of the Plays. In order that we may have a really good discussion afterwards, we hope that those who intend to be present will take some trouble to acquaint themselves with the subject matter of the debate. There will be no meeting on April 2nd, as this is Easter Monday.

CONCERT.

On Saturday, 24th inst., at 2.30 p.m., we are to have what will probably prove the most delightful of any of the fine musical treats we have had at 194, Queen's Gate. Mr. Zacharewitsche, the world-famous violinist, offered, several weeks ago, to give a concert for the Association, and his kind proposal was at once accepted. Those Members who had the good fortune to be in residence when he dined at the Club recently and played to us afterwards, can understand with what keen anticipation we may all look forward to the 24th. Mr. Zacharewitsche will take the chief part of the programme, Miss Kathleen Dawn will sing several songs, and Mr. Harold Horton is coming up to London in order to give some of his delightful recitations.

Tickets for the Concert can be procured from the Secretary.

MARRIAGE.

We have to announce the marriage of Miss Elsie Walton to Dr. Butler (Director of Laboratories in Tanganyika Territory, East Africa). We offer congratulations and good wishes to both.

DONATIONS.

GENERAL PURPOSES FUND.

Miss Bishop, £1; Miss Clare Brunt, 16s.; Mrs. Phelan, 15s.; Mrs. Earp, 5s.; Misses A. Bird, E. Carter, C. Clarke, 2s. 6d.; Miss D'Arcy, 1s.

CLUB FUND.

Miss A. B. Curtis, £1 5s.; Miss L. Cheetham, 5s.; Miss E. Chippendale, 5s.

SETTLEMENT FUND.

Miss Mary Howard, 10s.; Miss C. Clarke, 2s. 6d.; Miss A. Gray, 3s.

HELENA BENEVOLENT FUND.

Misses A. Bird, C. Clarke, A. Gray, 2s. 6d.; Miss M. Smith, 1s.

GIFTS TO THE CLUB.

Lady Bowden Smith, Box at the Albert Hall; Miss Donaldson, theatre tickets; Miss Jackson, flowers; Miss Wharton, concert tickets; Miss Bylett, cream; Miss Cobbett, flowers and fruit; Miss Goodrich, flowers; Miss Harnett, cream; Miss A. E. Macdonald, flowers; Miss Pike, canary and cage; and Miss Swaby Smith, rhubarb.

ISABEL MACDONALD,

Secretary to the Corporation.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

RIGHT OF "PRESCRIBED TRAINING" IN DANGER.

The Agenda of the forthcoming Meeting of the General Nursing Council, to be held on March 16th, is a very innocuous sheet. The custom now of giving no details under Correspondence, and referring all letters for consideration, unread, to Standing Committees, renders it impossible, as intended, for the press to acquaint the public with the details and progress of business, and permits most important matters to be privately discussed, and Rules affecting the Nursing Profession agreed on and passed by the Council by merely adopting the Standing Committee's Reports. This stultification of the use of the press is the policy of the autocratic methods of present management.

We warn the Nursing Profession that their Right to a Prescribed Training for the General Part of the Register, granted to them by Parliament in their Registration Act, is in danger, and we advise Independent members of the Council that the utmost vigilance on their part is necessary, if they are not to be misled by some tricky recommendation agreed to and put forward by the majority. The issue is clear.

Demand that the principle of a "prescribed scheme of training" be agreed. Inquire what modifications are required in the accepted "Syllabus of Training" so that the Minister of Health will sign it, and that it may thereupon receive the approval of Parliament as a Statutory Rule. Any proposal to evade this procedure means that a "Syllabus of Training" merely accepted, and put forward, by the General Nursing Council has no more force than any other pious expression of *private opinion*.

The policy of the Chairman and the majority of the new Council is apparently to deprive the Nursing Profession of the most important privilege granted to it in the Act—a legalised Standard of Nursing Education before Examination and Registration, and there is little doubt that the Ministry of Health is also implicated in this policy. The sad ignorance of the majority of the nurses lends itself to the indefensible legerdemain, by which its dictators may evade not only the intention but the letter of the law.

General nurses have the same right to the "prescribed Syllabus of Training" secured to nurses registered on the Supplementary Parts of the Register, and it is their duty to demand and secure it. Fortunately Acts of

Parliament can be debated on the floor of the House, and it is probable that further evasion upon the part of the General Nursing Council, at the dictation of the College of Nursing, Ltd., and the Poor Law Guardians' Union, will have to defend its illegal proceedings outside the Whitehall Star Chamber.

THE RETENTION FEE.

We have been asked by the General Nursing Council to remind Nurses "that the Nurses' Registration Act provides that there shall be paid to the Council a fee in respect of the retention in any year of the name of any person on the Register, and that the amount of the fee shall not exceed two shillings and sixpence (Nurses' Registration Act, 5 (1)). The fee is prepaid for the issue of the Register next ensuing."

We thoroughly approve of a retention fee for registration, as it is the best way of keeping the addresses correct, but naturally Nurses who registered in 1921 under the agreement that the Register was to be published as soon after July 1st, 1922, as possible, have a very real grievance that, twice postponed, the Register is not yet published in March, 1923. With the enormous clerical staff employed at Headquarters, some thirty officials we believe, it is simply inexcusable that the Register is not yet in print, and available for professional purposes. Thousands of pounds have already been expended in its compilation—one wonders how many more thousands will be squandered before any practical benefit to Registered Nurses will result.

Many Nurses are determined not to send another penny until the Register is published, and one cannot blame their resentment in this matter.

The General Nursing Council for Scotland remitted the retention fee for 1922 as the Register was not published in that year. The Scottish Rules provide that "the Register shall be made up to December 31st in each year, and shall, if the Council so determine, be published as soon as possible thereafter."

Now that the English Register is eight months late it would be well to alter the date for publishing the Register, making it uniform with Scotland and Ireland, and that all nurses registered between July and December, 1922, should be included. Thus the first issue of the Statē Register would not be flooded with *bona fides*, should the College of Nursing, Ltd., succeed in its present attempt to make women with no hospital training eligible for Registration.

THE NEW MINISTER OF HEALTH AND THE NURSING PROFESSION.

The King held a Privy Council at Buckingham Palace on Monday, when Mr. Neville Chamberlain was sworn as Minister of Health, and we wish him well in a difficult task.

This appointment is of great importance to the

Nursing Profession as the Department of which he is head is closely associated with the organisation of nursing through the Nurses' Registration Act. So far, since the lamented death of the late Sir Robert Morant, and the resignation of Dr. Addison, mistake after mistake has been made in the administration of this Act, inspired by the controllers of the College of Nursing, Ltd. It is to be hoped that Mr. Neville Chamberlain will adopt a more liberal policy towards the rank and file of the Profession, whose content and efficient work reacts upon the standards of health of the whole nation. Nursing is an arduous profession; young women in these days are not over-burdened with ideals, or love of drudgery and restraint, and constant opposition upon the part of their controllers to their just demands is gradually making one of the finest professions for women unpopular. Thus the people suffer.

NURSING IN THE HOUSE OF COMMONS.

Nurses.

FEBRUARY 28th.

COL. SIR C. BURN (Unionist, Torquay) asked the Parliamentary Secretary to the Overseas Trade Department, as representing the Ministry of Health, whether it is intended to return the whole or any part of the contributions on account of unemployment insurance paid by nurses, including sisters and hospitals, during the period of two years, in view of the fact that no benefit will accrue to the parties who made them from such payments; and, if not, why not; and what was the amount of contributions paid by or in respect of hospital nurses and sisters from July 1st, 1920, to June 30th, 1922?

SIR M. BARLOW: I have been asked to reply. I have no power to refund these contributions. It would be a laborious undertaking to ascertain the amount of contributions paid by nurses or of the benefit drawn by them. I would point out, however, that when the proposal for the exclusion of nurses was before Parliament it was ascertained that a considerable number of nurses were drawing benefit, and, in view of this, a definite understanding was arrived at that contributions should be paid by nurses up to July, 1922.

General Nursing Council.

MARCH 12th.

MR. T. GRIFFITHS (Lab., Pontypool) asked the Minister of Health the result of his inquiries as to what was the cost of the election of the nurses' direct representatives on the General Nursing Council for England and Wales which had to be quashed; and what was the cost of the second made necessary thereby?

THE MINISTER OF HEALTH (Mr. Neville Chamberlain): I am informed that the total cost of the election, including the cost of printing the lists of registered nurses, but excluding the expenditure entailed by the second ballot, was £635 9s. 1d. The net cost of the second ballot, after deducting the amount recovered from the contractors who were responsible for the miscarriage of voting papers for the first ballot, was £116 18s. 0½d.

Remarks.—Thus, owing to the Register not having been published, which it should have been, according to the Rules—necessitating the printing of a special list of names at great cost—the placing of issue of the election papers in the hands of an

ignorant outside firm, and the spoiled papers numbered, as they should not have been—the election has cost the nurses £752 7s. 1½d., quite double the amount it should have done if it had been efficiently organised. The reply given to Mr. Griffiths is, in our opinion, very misleading, and great waste of money is indisputable.

APPOINTMENTS.

LADY SUPERINTENDENT.

Hull Royal Infirmary.—Miss Elizabeth Armstrong has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and has been Assistant Deputy Matron at the Halifax Royal Infirmary, and at the Ministry of Pensions Hospital, Leeds.

MATRONS.

Chelsea Infirmary, Cale Street, S.W. 3.—Miss S. Smith-Bevan has been appointed Matron. She was trained at Guy's Hospital, and has held the positions of Assistant Matron at the Fulham Infirmary and Matron of the Birkenhead Infirmary.

Infectious Diseases Hospital, Harborough Road, Northampton.—Miss Emma Croft Borton has been appointed Matron. She was trained for four years at the Queen's Hospital, Birmingham, and for two years at the City Hospital, Nottingham; and has been Sister-Housekeeper at Northampton General Hospital.

Florence Nightingale Hospital, Bury.—Miss I. Dowling has been appointed Matron. She was trained at Manchester South Hospital, and at Liverpool City Hospital, and has held the appointment of Matron to the Isolation Hospital, Hawarden, near Chester, and at Hinckley, Leicester.

Aitken Sanatorium, Holcombe, Ramsbottom.—Miss M. A. Ogden has been appointed Matron. She was trained at Salford Union Infirmary, Pendleton, and has been Sister and Night Superintendent at Townley's Hospital, Tamworth, and Senior Sister at Aitken Sanatorium, Holcombe.

Isolation Hospital, Wolverhampton.—Miss Mary Borton has been appointed Matron. She was trained for three years at the West Bromwich District Hospital, and in fever nursing at the Oakwell Joint Hospital, Birstall, near Leeds. She has held the position of Sister and Matron's Deputy at the Isolation Hospital, Stafford, and of Matron (temporarily) at the Tamworth Isolation Hospital, and for nearly four years at the Isolation Hospital, Stafford.

ASSISTANT-MATRONS AND TUTORS.

Severalls Mental Hospital, Colchester.—Miss Alice Nixon has been appointed Assistant Matron and Tutor. She was trained at the Hartlepool Hospital and at the City Mental Hospital, Gosforth, where she obtained the certificate of the Medico-Psychological Association. She has been Assistant Matron at the Murray Royal Asylum, Perth; and Assistant Matron at the City Mental Hospital, Gosforth, Newcastle-on-Tyne.

HOME SISTER.

London Homœopathic Hospital, Great Ormond Street, W.C.—Miss Jessie Williams has been appointed Home Sister. She was trained at University College Hospital, and has been Day, Night, and Tutor Sister at University College Hospital; and Superintendent Sister at Queen Mary's Hospital, Carshalton.

NURSING SISTER.

The Hospital, King Edward Avenue, Dartford.—Miss Ellen Henderson has been appointed Nursing Sister. She was trained at St. Mary's Hospital, Highgate, N.

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

Miss Sarah J. Lambert, R.R.C., is appointed to the Isle of Wight, as County Superintendent; Miss Grace Barrett is appointed to Brighton; Miss Margaret Clarkson to Leeds (Holbeck); Miss Annie R. Crawford to Woolwich; Miss Constance K. Gudgin to Warwickshire; Miss Edith Milner to Guildford; Miss Florence E. Wager to Bedford.

TO OLD COLLEAGUES.

The late Dr. Thomas H. Kellock, of Upper Wimpole Street, W., bequeathed £100 to the Hospital for Sick Children, Great Ormond Street, as a permanent endowment of the Medal for the Nurses' Prize instituted by him; £1,000 to Mrs. Ralph Hiscox, of Killieser Avenue, Streatham Hill, and £500 each to Miss Elizabeth Winstanley and Miss Flora Cranston, of Felixstowe, "three whose friendship I have enjoyed and valued since the time we worked together at the Hospital for Sick Children, Great Ormond Street"; and £50 to Miss Ellington, "who manages the refreshment bar at the Out-Patients' Department of the Middlesex Hospital."

MINISTRY OF PENSIONS.**WAR PENSIONS FINAL AWARDS.**

We are requested by the Ministry of Pensions to state, for the information of Nurses who were disabled in the Great War, that Amendment Regulations under the War Pensions Act, 1921, have been issued, bringing within the scope of the War Pensions (Final Awards) Regulations, 1922, the following classes of awards, hitherto excluded:—

(1) All awards in respect of disabilities attributable to or aggravated by service in the Great War notified between the 31st March, 1919, and the 19th August, 1921, in virtue of which there has been granted a gratuity, or a weekly allowance or other award (other than a wounds pension or a conditional pension) to which the previous Regulations do not apply.

(2) All awards in respect of disabilities attributable to or aggravated by service in the Great War, made by the Admiralty or the Army Council under any Order in Council or Warrant prior to the 15th February, 1917, in virtue of which a permanent pension (other than a wounds pension) or a gratuity has been granted.

Nurses who have had awards of either of these classes notified to them, are entitled, if dissatisfied with their award, to appeal to the Pensions Appeal Tribunal, provided they give notice of appeal within the year ending 6th February, 1924. The Pensions Appeal Tribunal is empowered to confirm, increase, decrease, or set aside a Final Award. (Copies of the Regulations may be purchased through any bookseller, or from H.M. Stationery Office.) For further information Nurses should apply to the Secretary, Ministry of Pensions, Officers' Branch, 3, Sanctuary Buildings, Westminster, S.W.1.

SCOTTISH NURSES' CLUB.

The Annual Meeting of the Scottish Nurses' Club will be held in the Club House, 203, Bath Street, Glasgow, on Saturday, March 24th, at 3 p.m. The Most Hon. the Marchioness of Ailsa, President of the Club, in the Chair.

The Annual Report and Financial Statement will be submitted, and Members will be elected to fill vacancies in the Committee of Management. Members and friends interested are cordially invited to be present. Tea 3.45 p.m.

M. R. STEWART.

THE IRISH NURSES' CO-OPERATIVE HOSTEL CO., LTD.**AN ENCOURAGING REPORT.**

The Annual Meeting of the Nurses' Hostel Company, 34, St. Stephen's Green, Dublin, was held on Monday, March 5th, 1923. The chair was taken by Miss Huxley, and the Report, which gave a very satisfactory account of the year's business and finance, was unanimously adopted.

It is now some eleven years since the foundation of the Hostel, which was due to a desire on the part of several Dublin Matrons to provide a really comfortable Central Home for Nurses working on their own account where the workers would take part in the management and share equally the profits. The fine Georgian house in Stephen's Green was acquired and fitted up for the purpose, and under Miss Carson Rae, the business prospered from the beginning, and the Board of Directors spent much time and thought to ensure success. The result has been the building up of a large connection, and a very successful Co-operative Society.

The original Board of Directors have now retired, and the Nurses themselves have taken over the Hostel. It is hoped that prosperity will continue to attend the Company under the new Directors, and Miss Collins, its Secretary.

SILICA DUST DANGER.

The Home Secretary has appointed a Committee (1) to inquire into the working of the Scheme for the Refractories Industries under the Workmen's Compensation (Silicosis) Act, 1918; and (2) to advise on any proposals for applying the Act to other industries which may be referred to it by the Secretary of State.

The Silicosis Act allows the Home Secretary to provide for the payment of compensation by the employers of workmen in any specified industry involving exposure to silica dust. Recent research has shown that dust of this type acts as a chemical poison and very greatly increases the liability to consumption and also probably to Bright's disease. Granite, limestone, and coal dust are not poisonous. It is evident that such knowledge cannot be ignored by public authorities.

HOSPITAL WORLD.

The Prince of Wales, as President of King Edward's Hospital Fund, will visit the London County Hall on Friday, March 16th, in order to receive a cheque representing the amount collected by children in the London County Council schools in connection with the Hospitals of London Combined Appeal. It is understood that the occasion will be a "children's day."

A stand to view the Royal Wedding Procession will be erected at Westminster Hospital, facing the West Door of the Abbey. The proceeds will be devoted to the Hospital, and immediate application for seats should be made to the Secretary, Westminster Hospital, London, S.W.1.

Princess Mary, Viscountess Lascelles, has consented to become President of the Infants' Hospital, Vincent Square, Westminster.

The celebration of the 800th anniversary of the founding by Rahere of the great religious foundation of the Church of St. Bartholomew's the Great, West Smithfield, E.C., and the hospital adjoining, opened auspiciously on Sunday last, when the Bishop of London preached at a service attended by the Lord Mayor and Sheriffs in state. At the evening service the preacher was the Archdeacon of London. The Hospital, as already announced, is making preparations to hold its own celebration in June, and there is every indication that this will be carried out on lines worthy of the great occasion.

Lord Knutsford—Prince of Beggars—opened last week, in the Press, the Quinquennial Appeal for the London Hospital. Last year the income of the hospital was £18,000 short of expenditure, and the hospital's available assets were pledged to the extent of £70,000. Here is an opportunity for the benevolent.

Mrs. Jessie M. Meade-King of West Derby, Liverpool, has left £5,000 to the Royal Liverpool County Hospital for Children, Heswall, Cheshire, and £3,000 to the Liverpool Queen Victoria District Nursing Association.

The Rt. Hon. Neville Chamberlain, M.P., Minister of Health, has appointed Mr. Douglas Veale, of the Ministry of Health, to be his private secretary.

The Royal Northern Hospital has received an anonymous donation of £500 in response to its appeal for a nurses' home.

The *Times* reports from Johannesburg that the Government is introducing a Divorce Bill in the forthcoming Session. The Bill provides that a decree may be granted on the ground that the defendant is suffering from leprosy or has been declared by the competent Court to be insane

and incurable, or to be an habitual criminal. Detention in a mental hospital for five years is to be *prima facie* evidence that the defendant is incurable, but there is nothing to prevent the plaintiff from proving before the expiration of that period that the defendant is incurable.

KING EDWARD'S HOSPITAL FUND FOR LONDON.

We are asked to state that Hospitals in the County of London, or within nine miles of Charing Cross, desiring to participate in the grants made by this Fund for the year 1923 must make application before the 31st instant to the Honorary Secretaries, 7, Walbrook, E.C. 4.

Applications will also be considered from Convalescent Homes which are situated within the above boundaries or which, being situated outside, take a large proportion of patients from London.

JOHN BOND'S "CRYSTAL PALACE" MARKING INK.

Nothing is more annoying than to have valuable linen lost at the laundry—a thing which may easily happen unless it is clearly marked. Even when marked, the mark may wash out; or—most annoying of accidents—be represented by a hole where the marking ink used has destroyed the linen.

These annoyances are avoidable if John Bond's "Crystal Palace" Marking Ink is used. The ink is a British manufacture and has stood the test of 100 years. It can be obtained in 6d. and 1s. bottles, and also by the ounce, pint, or quart; in its original form, requiring heating to indelibly fix it; or in the new Non-Heat form; a linen-stretcher, for tightly holding the article to be marked; and a new metallic marking-ink pen are presented with the shilling size. This marking ink has gained no fewer than 45 gold medals for superior excellence at the World's Great International Exhibitions, and is supplied to the Royal Households. It can be obtained from all chemists and stores.

COMING EVENTS.

March 16th.—Meeting, General Nursing Council for England and Wales. Ministry of Health, Whitehall. 2.30 p.m.

March 17th.—Royal British Nurses' Association. Lecture on Sir Christopher Wren, by Major Rigg. O.B.E. 194, Queen's Gate, S.W. 3 p.m.

March 19th.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Literary and Debating Society. Subject: "Procedure at Meetings." Mrs. Ryder Richardson. 8 p.m.

March 24th.—Annual Meeting Scottish Nurses' Club. The Most Hon. the Marchioness of Ailsa in the chair. Club House, 203, Bath Street, Glasgow. 3 p.m.

March 24th.—Royal British Nurses' Association Club. Concert. Mr. Zacharewitsche (the world-famous violinist), Miss Kathleen Dawn, and Mr. Harold Horton. Tickets from the Secretary.

BOOK OF THE WEEK.

THE TREE OF THE GARDEN.*

There are, perhaps, few novels of contemporary writers which can in truth be termed "great," but we can unhesitatingly apply it to the book under review this week.

Mr. Booth may be called the Hardy of Yorkshire. His virility, pathos, and exquisite language, his intimate local knowledge and his high ability to express it, in terms at once realistic and sympathetic, cannot fail to charm any intelligent reader.

Briefly, the whole story lies in the romance of the only son of a wealthy widow and the beautiful primitive Thursday—"Hardripp's lass." The boy, idolised by his mother, at the age of thirteen developed some delicacy of constitution, and it was decreed that he should for a time run wild on a farm belonging to his mother and tenanted by the Suddabys.

The Suddaby family is a masterpiece of descriptive genius. Mrs. Openshaw's arrival with Guy, whom she is to leave behind, enmeshes the reader at once into the warm, homely atmosphere of farm life. It is all so delightfully engrossing that it is difficult to select a passage from which to quote.

"Mrs. Openshaw's interest, torn relentlessly from her son, to whom alone in this last hour it sought to cling, was whirled in a vortex of welcomes and regrets. Mrs. Suddaby politely depreciative and apologetic; Suddaby, brimful of hospitable enthusiasm, absorbed in his task like a terrier in a rat hole, so that the plainest signs of fatigue would have been lost on him. He interrupted his garrulity to bid his wife not 'chatter.'

"Missus is a real farmer's wife for talking, marm. Nobbut words was ploughs and harrows, there'd be some grand crops, you may depend."

How delightful is the picture of the family meal in the kitchen. Mrs. Openshaw and Guy occupying the honoured place in the parlour, conversation taking place through the open door.

It was during this visit that Guy first met Hardripp's lass, and young as they were they were both aware of a strong affinity. True, on Guy's part, he was for the most part conscious of repulsion to the dirty unkempt "love child."

He sees her returning in the dilapidated farm cart with her dissolute old grandfather.

By his side, nursing a basket on her lap and gazing forward with a face devoid of all expression, as though indifferent to the old man's state and oblivious of the revilement he roared at her, sat the girl whose face Guy had first seen reflecting the gleams of the blacksmith's fire. She wore the same dirty cloth cap upon her tangled head, the same sunburnt brown frock; her eyes displayed the same look of shy and obstinate curiosity in Guy's direction.

An accident, which resulted in the girl being thrown into the road, began this strange intimacy—

on the part of the girl, a dog-like devotion; and on Guy's, a strange mingling of fascination and repulsion.

"At every turn, to the boy's discomfiture, did this strange girl haunt him. There was no spot so unlikely but that it formed a covert for her undesired person; no fence seemed stout enough to restrain her; she drifted through blackthorn and bullace as lightly as the breath of cattle. It is hard to see how such encounters forced upon him can have yielded any satisfaction to old Hardripp's lass, since they displayed Guy ill at ease and scant of speech, and obviously restless for his freedom."

It befell one afternoon, when the girl encountered him on a sudden between the green hedge and sulphur-tinted wheat, an incensed voice broke through his lips and charged the lass abruptly—"Why don't you wash your face? It's all dirty."

At this time, they were, of course, both children, but the girl shrunk as from a righteous wrath that bade her go.

Five years elapsed before Guy again met Thursday Hardripp, when he returned to Whinsett to camp out by himself near to Suddaby's farm.

The years had not conferred much height on Hardripp's lass, but her proportions were sufficiently harmonious to need no further inches for their justification. Deep eyes, from which soft looks unclosed, brought instantaneous trouble to Guy's soul. The transition between the slattern child of his remembrance and this figure of reality confronting him across the camp fire was so violent that all connection between the two identities seemed lost. The attitude of Hardripp's lass can only be compared to a young animal wooing the mate it has selected for itself, and Guy's position was one of extreme difficulty. He scarcely knew at first whether to be amused or apprehensive. His old boyish fear of her was gone, but vaguer misgivings crept into his mind. He was sensible of a physical intoxication without a cause—the vague remembrance of beauty daunting his courage to look at.

His visit to Thursday at the farm revealed to him the extent of his expressed indignation of her dirty face five years before. Her poor surroundings gave evidence of her care. She herself stood in the morning light, a thing of beauty.

"Where the thick brown hair rested on her neck, loosely tied, the flesh was tinted by the sun to the colour of ripe corn, but it bleached before it reached her open neck band and passed out of sight with the ivory whiteness of one of his hair brushes."

It speaks highly for Guy that he came well out of such severe temptation as was innocently afforded him by Hardripp's lass. But, alas, the story closes with poignant tragedy and suffering, both on the part of the beautiful, faithful child of nature, and of young, chivalrous Guy. We regret deeply the sordid finale of this very beautiful book.

* By Edward C. Booth. (Duckworth.)

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.

INFORMATION REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—One of my friends has lately come into possession of a medallion about which she would be grateful to have some information.

The medallion is in white metal. On one side is a representation of Florence Nightingale reading. To left and right of the figure is a design of leaves. On the reverse of the medallion is an oval, inside of which there is a cross surmounted by a crown. In the middle of the cross are the letters V.R.—and above are three stars. Around it is a wreath of laurel. Surrounding the oval are the words: "Blessed are the merciful," and underneath is a scroll inscribed "Crimea." Round the medallion is written: "As a mark of esteem and gratitude for her devotion to the Queen's brave soldiers."

Yours truly,
"INTERESTED."

24, Pridmore Road, Coventry.

QUEEN ELENA'S TRAINING SCHOOL FOR NURSES, ROME.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—With regard to the article by Signorina Valenzano (who is not a trained nurse) on "Nursing Conditions in Italy," as read at the International Council of Trained Nurses at Copenhagen, and appearing in the BRITISH JOURNAL OF NURSING on January 20th, 1923, We should like to observe that the information given of the principal Training School in Italy does not conform with the present facts, nor does it in any sense indicate the importance and scope of our work.

The Training School was started in 1910 under the high patronage of Her Majesty Queen Elena, by our late President, Princess Doria, the Marchesa Maraini, who is now our President, the Professor Bastianelli, and others. Directed since the beginning by Miss Snell, our Matron, with the help of 18 English nurses, whose posts have gradually been filled by Italian nurses trained under these English Sisters, and who have obtained their certificates in this School.

The Night Sister is the only English-trained nurse now with us, all the rest being Italian.

In the Policlinico Umberto 1°, our School has charge of nine wards, with 300 beds in all; also of three operating theatres.

The nurses home has accommodation for from 80 to 90 nurses, and the School is considered the most important in Italy. Nor has our aim only been to turn out annually a number of efficient nurses who have received a full three years' training in a large general hospital, but to found other schools

on similar lines, thus consolidating the reform of nursing in Italy.

We hope shortly to start an Association of fully trained nurses.

We append a translation from an article in the *Giornale d'Italia*.

Signed—Sisters Ida Tognoni, Linda Barone, Laura Lagiacoa, Violetina Scarpecchi, Vittoria Antonaglia, Maria Chiastra, Egenia Arduini, Virginia Sartori, Luigia Somonelli, Gertrude Gerber, Maria Aajardini; Staff Nurses Maria Pierserguli, Lucia Guiliani, Colomba Mariotti, Esta di Fabio, Erina Merciai, Maria Pericoli, Rosanna Pambri, Eugenia Zuccoli.

[The fine pioneer work accomplished by the Scuola Convitto Regina Elena at Rome, under the superintendence of Miss Dorothy Snell, is well-known to our readers. We are delighted to hear that the nurses trained in this School intend to form an Association of thoroughly trained Italian Nurses. It will be a great step forward. We hope to insert the article sent at an early date.—ED.]

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

NOTICE TO "EXISTING" NURSES.

Under the Nurses' Registration Acts it is provided that within two years after the date on which the Rules made under the provisions of the Act come into operation nurses engaged in practice before November 1st, 1919, who produce the evidence required under the Rules, may register without examination.

The last dates on which applications from Existing Nurses can be received are:—

England and Wales—July 14th, 1923.

Scotland—July 29th, 1923.

Irish Free State—March 31st, 1923.

OUR PRIZE COMPETITION QUESTIONS.

March 24th.—What do you know of sleeping sickness, and the nursing points in caring for a case of this disease?

March 31st.—What are the causes of digestive disturbances among infants, and what steps would you take in such cases?

OUR ADVERTISERS.

Do not omit to buy, as far as possible, everything you need from "Our Advertisers," and to recommend them to your friends. They are all first-class firms.

The Midwife.

COMMON SENSE IN THE NURSERY.

A useful book recently published by Messrs. Christophers, 22, Berners Street, London, W.1, is "Common Sense in the Nursery," by Charis Barnett, M.A. Oxon, Certified Midwife by Examination, dedicated by her "To my Parents, in gratitude; to my Children, in hope."

In her introduction the author tells us that "Text Books on the moral and physical care of babies and small children are innumerable, but this one is intended to cover rather different ground. It corresponds in fact, to the cookery book not yet written that will tell you how to fry an egg, how to make toast, and how to simmer a stew. 'But everybody knows these elementary things!' exclaim the writers of cookery books. Do they? At all events, it is only too obvious that the corresponding elementary facts about children, similarly omitted from the text-books, are not known to all modern mothers and nurses.

"The first thing I would say to a young mother, eager to show what results can be obtained by modern methods, is this: Do not expect to receive any credit whatever for your children's health or behaviour. You may strictly obey the laws of hygiene, study the fresh air, food and sleep questions, never for a moment forget the effect on the children of all you do and say, and your friends will remark: 'How fortunate you are that your children were born healthy and well-mannered. Now mine would never be able to bear all those open windows; they suffer so from colds in the head. And they are far too high-spirited to obey me, and far too imaginative to play alone. How fortunate you are to have such meek and placid children. . . .' And if you are so amazingly cruel as to allow a baby to cry in his perambulator for a few minutes before he falls asleep, instead of picking him up and walking about with him, you will risk being told by a stranger, as I was on a similar occasion, that you 'are not fit to have charge of a Tom cat.'"

On the subject of fresh air the author writes: "I am well aware that very many people will differ greatly from me in my estimate of the amount of time that should be spent out of doors, and in fireless rooms. On the other hand, as time goes on, more and more hospitals, convalescent homes, schools, and other institutions are arranging for their inmates to spend the whole day, including meal-times, in the open air. Even town hospitals have their balcony wards. They claim that immense benefits result from 'fresh air treatment.' This being the case, why should we wait for our babies to develop disease before we let them, too, benefit by what science now recognises as one of the greatest curative agencies? Why not make use of the fresh air treatment to build our babies' bodies so strongly that they will not need to resort to it later as a cure? To quote

Dr. Truby King, 'At the Karitane Harris Hospital the babies live out of doors, all day, and a broad stream of pure cold air flows through the sleeping rooms all night long; tiny, delicate babies, after a week or more of gradual habitation, sleep well, grow and flourish in rooms where the temperature may sometimes fall almost to freezing point.'

"Life in the open air *does confer immunity* from the common cold, and as repeated colds conduce to lung trouble and other serious diseases, the fact that the fresh air treatment for young children involves a certain amount of inconvenience for the adult in charge, does not seem sufficient ground for depriving them during the body-building early years, of their greatest protection.

"In warm weather sun baths should be taken as often as possible; babies are always happy with no clothes on. The action of the sun on the skin and vital processes is highly beneficial, but a careful watch must be kept to see that the body does not get burned or chilled, and that the head is never exposed to the sun. In the winter the baby should have a free kicking time by the fire for twenty minutes before the evening bath. Most of the time in cold weather his limbs are necessarily more or less hampered by blankets and other coverings, so it is then doubly necessary to have a definite time for this free exercise. But remember that 'on the floor in front of the fire' is the draughtiest place in the room, and have a screen (a real one that stands flat on the ground and with close joined flaps, not hinges) round the baby. The ideal nursery has draught excluders all round the door, but a turned up rug is a partial substitute. If these precautions are taken there is usually no need to shut the windows during the baby's kicking time.

"The chief danger to a child from sharing a room with mother or nurse is the infected breath from bad teeth. It is incredible how little interest the average mother takes in her nurse's teeth and digestion. Night after night the children sleep in a steady stream of germs, and the mother regards it as fate when her baby 'cuts every tooth with bronchitis.' How many mothers know whether or not the nurse cleans her teeth every night? How many mothers try to protect their babies from clouds of decaying food?"

It will be seen that the work is primarily simple and practical, and that its claim to deal with "common sense in the nursery," which, after all, is far from common, is justified.

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The Nineteenth Annual Meeting of the Association for Promoting the Training and Supply of Midwives will be held at 43, Belgrave Square, on March 23rd, at 3 p.m.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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SATURDAY, MARCH 24, 1923.

Vol. LXX

EDITORIAL.

THE STATE REGISTER OF NURSES.

A few days in a lifetime stand out as red-letter days, and for those who five-and-thirty years ago were present at the historic meeting in St. George's Hall, when the movement for State Registration of Nurses was publicly inaugurated, receiving the sympathetic support of a member of the Royal House—Princess Christian—the curt announcement by the Chairman of the General Nursing Council for England and Wales, at its meeting on March 16th, that "the Register is out at last," made that date one to be remembered. For the red volume which caused no stir, or comment from the Members of that Council, incorporated in its pages, for those who had eyes to see, the earnestness of purpose, the sense of public duty, the self-denial, the expenditure in time and money, work, and life itself, which have been freely given by members of a poorly paid calling to obtain for it the "recognised position and legal constitution of a profession," so that those who follow them may have what they themselves so keenly desired. To the Old Guard the State Register represents the right given them by Act of Parliament to a prescribed training, to a one-portal examination, the power to protect their profession from the invasion of those who have never qualified to enter its ranks, and to protect the public from inefficient nurses.

Nothing could have demonstrated more clearly how little the present Council appreciate the true inwardness of the State Register than its attitude when the Chairman made that portentous announcement, and the fact that there is not even a passing reference to it in the Report of the Registration Committee.

The Chairman alluded to the bringing out of the first issue as "a work of extreme difficulty," and one visualised not the printed

page, or the difficulties connected with script and type, but the devotion of those who have gone before without seeing the work accomplished. Outstanding amongst them, of Isla Stewart, the Matron of the great hospital of St. Bartholomew, taking her stand alone of the Matrons of the large London Hospitals, undismayed and unafraid. Of our last picture of her leaving London with the inscribed draft of the first Bill of the Central Committee for the State Registration of Nurses in the hands which a few days later were folded in the peace of death. Of the gallant figure of Victor Horsley, writing from the sun-scorched plains of Mesopotamia: "Every day I wish more and more I could help on the good work." Of Louisa Stevenson, forceful and gracious, presiding at an annual meeting of the Society for the State Registration of Trained Nurses in its early days, giving expression to the faith that was in her: "I am perfectly certain, I am as sure as that the sun will rise to-morrow, that eventually for the whole of the British Empire will be established a State Register of Trained Nurses."

The utter absence of feeling—of emotion—on the part of the General Nursing Council struck chill, though one could not expect it from a Council of whom the majority had either taken no active part in the work on which the Register has been built up, or had actively opposed it. But if the Council had simultaneously risen and cheered, it would not have seemed out of place.

But though so many members of the Nursing Profession at the present time may seem devoid of public conscience, soulless seekers after place, power, and pelf, cruel in their instinctive antagonism to idealists with soul and conscience, we look into the future once more, and have faith that the State Registered Nurses of generations to come will re-capture the ideals which, enforced by earnest work, placed in their hands, as a trust, the State Register of Nurses.

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF SLEEPING SICKNESS AND THE NURSING POINTS IN CARING FOR A CASE OF THIS DISEASE?

We have pleasure in awarding the prize this week to Miss Rachel Dodd, 123, Eglington Road, Plumstead, S.E. 18.

PRIZE PAPER.

Sleeping sickness (*Encephalitis Lethargica*) is an acute specific fever, due to the infection of groups of nerve cells in the brain or spinal cord by a micro-organism or its toxins.

It is characterised by acute febrile disturbance, followed by paralysis of certain groups of muscles, and due to inflammation of those cells in the central nervous system which normally direct their function. Several names have been given to this disease, due to the variation of the local symptoms.

At one time it was chiefly confined to Central and West Africa and the upper Nile basin, when it was found that the trypanosoma gambiense was conveyed to man by the bite of the *Glossina palpalis* species of tsetse fly.

The infection is conveyed from person to person. The disease is most infectious in the first three days, after which the liability rapidly diminishes.

The channel of infection is thought to be the respiratory tract in most cases, and is probably due to Rosenow's coccus.

The lesion is an inflammation of blood vessels, and the nerve cells are functionally affected from restriction of their blood supply.

The incubation period is from two to eight days.

Invasion.—The onset is sudden, with pyrexia and rapidly developing prostration, and pains in limbs and back. In the cerebral type there is stupor usually from the first. There is loss of appetite, general weakness, atrophy of muscles affected, and emaciation; enlargement of lymphatic glands, especially those of the neck.

Coma invariably sets in during first three days, which usually proves fatal.

This disease is often mistaken for influenza.

In persons who survive, localising symptoms then develop, according to the situation of the lesion. There are three types of this disease.

(a) *Spinal.*—There is paralysis of muscles supplied by the large nerve cells situated in the anterior cornu. Symptoms are those of polio-myelitis.

(b) *Cerebral.*—Characterised by drowsiness, deepening into coma lasting many days or weeks. It is usually fatal. If patients recover, mental weakness is common, with organic

alteration. In children it has been noticed that after an attack their behaviour and character changes.

(c) *Bulbar.*—Here there is difficulty in speech and swallowing, squints and facial paralysis. When fatal it is due to paralysis of respiratory muscles, causing apnoea.

Insomnia after all types is very common, and tic frequently occurs for some considerable time after convalescence. Sedatives have but very little effect in the majority of cases.

Nursing Care.—The patient must be strictly isolated, particularly at onset, in order to avoid the spread of the disease. Fæces, vomit, urine, and linen of patient should be thoroughly disinfected. Absolute rest and quiet is most essential. The room should be darkened and well ventilated. Temperature, pulse, and respiration should be recorded every four hours, particular attention given to type and character of respirations. Urine should be measured, and retention guarded against. The temperature is controlled by tepid sponging, and cold applications applied to head or cold douches to spine.

The foot of the bed should be raised, to avoid œdema of the lungs from weakness of the respiratory muscles. If limbs are paralysed they should be wrapped in cotton-wool or flannel, and well supported, the bedclothes being raised by a cradle. All pressure points must be rubbed with spirit and powdered every four hours, and the patient's position changed frequently. A water cushion or bed may be necessary. The mouth, teeth, and nose must have special care, and sometimes spraying of the throat with a mild disinfectant may be ordered.

In the acute stage milk should be given, and as much water as the patient can take.

In the bulbar type nasal-feeding is usually necessary. Great care in the feeding of all types is needed. Rectal-feeding often has to be resorted to.

The bowels are well regulated by aperients if possible.

After the acute stage massage and electrical treatment are useful.

Surgical measures are necessary if deformity results.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss P. Thomson, Miss M. McGregor, Miss Jane Ellis.

QUESTION FOR NEXT WEEK.

What are the causes of digestive disturbances among infants, and what steps would you take in such cases?

NURSING ECHOES.

The preparations for the great Octocentenary Celebrations, says *St. Bartholomew's Hospital Journal*, are steadily and quietly going forward. As, to a very large extent, the work of each sub-committee must be approved by the General Committee before it is published, it is not desirable at the present moment to say much about the details of the festivities. Certain small facts have recently come to our notice. The tableaux are under the direction of the following gentlemen: Sir Aston Webb, P.R.A., W. Richard Jack, Esq., R.A., Charles Ricketts, Esq., A.R.A.; Charles H. Shannon, Esq., R.A., Charles Sims, Esq., R.A., and Solomon J. Solomon, Esq., R.A.—so, artistically, they will be as perfect as it is possible to be. The Post Office Square has been very kindly lent to the Hospital for part of the Fair.

Amongst the exhibitions of the Scientific Sub-committee will be:

Pathological Specimens,	Laryngological Instruments,
Ancient Surgical Instruments,	Exhibition of Nursing,
Hospital Kitchen,	Exhibition of Medical Gymnastics,
Hospital Dispensary,	Chemical Phenomena,
X-Rays,	Physical Phenomena,
Electrical Apparatus,	Blood Transfusion,
Ophthalmic Instruments,	Short Lectures.

An interesting exhibit will also be a large map of the world, with lines radiating from London to the various parts of the globe containing Bart.'s men or nurses.

The heroism of two nurses saved a ward full of children during a sudden fire which recently broke out in the Birmingham and Midland Nerve Hospital.

An electric light fused and set alight a room adjoining the children's ward. In a few moments the flames had spread to the ward itself.

Night Nurses Murray and Reed, working in the dark, roused the staff and telephoned for the fire brigade. Then they set to work to rescue the children. In spite of dense smoke and great heat, thirty patients, old and young, were carried to safety within ten minutes. Much damage was done before the fire was extinguished.

Nothing could have been more admirable than the conduct of the nurses. We love to record brave deeds.

The American Nurses have evidently inherited the spirit of adventure. They are out and about all over the world. It is interesting to note from the *Pacific Coast Journal of Nursing* that they are pioneering in Alaska, their farthest north State:—

Miss Ebba Djupe, Red Cross nursing representative in Alaska, has been doing some real work in that pioneer country. A recent report contains some highly interesting material, far more dramatic in its appeal than the average magazine story which comes to one's hands.

In Skagway she reports that during the first inspection of school children some twenty-one mothers came to school. A mothers' conference resulted in one mother being asked to canvass the town in order to get the sentiment of the people in regard to having a specialist come to Skagway to remove tonsils and adenoids, and also to treat the eyes, since there is a great deal of eye disease in the country. The mother who was chosen for the organisation of this work had three children who needed medical attention. She seems to have been successful in this undertaking as the specialist a little later received a letter from the Skagway mothers stating that twenty-seven children would be ready for operation if he could arrange to come.

Absence of milk in this country is a serious drawback to child feeding. Many people are compelled to use canned milk and fresh vegetables are difficult to obtain.

Tuberculosis is rife among the natives, and rarely does a case recover. A local doctor reported that whole families succumb from this dread disease, and within the last four years it was a common experience to bury five and six members of the same family. There is no tuberculosis hospital provision whatever made for the natives, and the tremendous problem which confronts the doctors and nurses is well nigh past relief.

Miss Djupe has found the finest kind of response, not only from the few scattered professional nurses she has found there, but also from the public-spirited citizens with whom she has come in contact. It is work after all that makes a decided appeal to a public health nurse. The tremendous and immediate need for a definite constructive programme of education in matters of health and sanitation is readily recognised. Juneau Chapter has already placed an order for a Red Cross Public Health nurse, and the wonderful opportunities which will be hers can be a matter of envy to the rest of us.

The *Times* correspondent from Brussels announces that Nurse Cavell had a dog to which she was greatly attached. After her execution her friend, the Princesse de Croy, gave it shelter and took care of it. The dog has now died, and Mme. de Croy has had the body embalmed and has offered it to the British Museum, which has accepted the gift.

Miss J. C. Child writes from Rome:—"I have just returned from a visit to Miss Dorothy Snell at the Policlinico Hospital. It is in the Pantheon style of architecture, connected by corridors, and on the ground floor colonnade designs. The wards are long, light, and well ventilated, having 34 beds, large windows with outside and inside shutters. There are no unnecessary ornamentations; lovely mosaic tiled floors, white bedsteads, tiled-topped tables, and a few palms, give the impression of a carefully planned hygienic scheme artistically thought out. The nursing staff looked so like the average Sisters and Nurses in our London Hospitals that I was surprised to find they are chiefly Italian ladies, and very few could speak English; some very pretty, and all very smart, with their uniform well put on. Evidently their Matron is particular as to the wearing of uniform. From my brief insight into the work I should say there is every means at hand for excellent training in all branches of our profession."

REGISTERED NURSES PARLIAMENTARY COUNCIL.

"PRESCRIBED SCHEME OF TRAINING" IN DANGER.

There will be a Meeting of the Executive Committee of the above Council on Friday, March 23rd, at 431, Oxford Street, at 5 p.m. Councillor Beatrice Kent will be in the Chair.

A good attendance is hoped for, as important business will be submitted for consideration.

The attempt of the General Nursing Council for England and Wales to deprive the Nurses in training for admission to the General Part of the Register, of the right granted to them by Parliament of a "prescribed training" to qualify for Examination, whilst nurses qualifying for registration on the Supplementary Parts are granted the right, is not only illegal, but illogical, and the present helpless position of probationers in general hospitals and Poor Law Infirmarys, will be considered and action decided upon at the forthcoming Meeting of the R.N.P.C. The new General Nursing Council is overwhelmingly composed of persons whose reactionary policy is to suppress self-government in the Nursing Profession, and this policy must be exposed and opposed with the utmost determination by the free nurses' organisations outside. The position is being clearly recognised by liberal-minded men of all Parties in Parliament. It remains for the nurses to resist oppression, and insist upon the General Nursing Council carrying out the provisions of the Nurses' Registration Act.

NURSING IN THE HOUSE OF COMMONS.

THE ELECTION OF SIXTEEN PERSONS TO BE MEMBERS OF THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

When the Special Scheme for the Election of Direct Representatives of the Nursing Profession, framed by the General Nursing Council under the Nurses' Registration Act, was made public, and considered by the Registered Nurses' Parliamentary Council, there were three main points to which that Council took strong exception.

FREE CHOICE OF CANDIDATES.

1. The limitation of choice in the case of the nurses on the General Part of the Register, by the decree that of their eleven representatives six *must* be Matrons of General Hospitals and Infirmarys, while no similar provision was made that any must be nurses. No such restriction was imposed on the nurses on the Supplementary Registers, and it was felt to be both an undemocratic and unfair restriction in the case of the nurses on the General Part of the Register.

INSUFFICIENT TIME IN WHICH TO VOTE.

2. The short period of time (seven days) allowed for the return of the voting papers.

AUTOCRATIC POWERS OUT OF DATE.

3. The autocratic powers given to the Returning Officer, who is also the Chairman of the Council, under Clause 8 (2).

As the Scheme, after being signed by the Minister of Health, has to be laid before each House of Parliament for twenty-one sitting days before it becomes law, the Registered Nurses' Parliamentary Council communicated with Major R. W. Barnett, M.P., who, with characteristic kindness, gave notice of motion, in conformity with the provisions of the Act, that an humble Address should be presented to His Majesty praying for the modification of the Scheme in relation to the above and other particulars, including the consequential amendments entailed.

The motion was down for March 8th, but in the meantime the fortunes of the ballot entailed the resignation of the Minister of Health (Sir Arthur Griffiths Boscawen), and it was felt by Major Barnett, and the Registered Nurses' Parliamentary Council, only courteous to the new Minister (Mr. Neville Chamberlain, M.P.) to defer the motion until the last possible day, March 14th, so that he might be consulted.

We reprint from the Official Report (Parliamentary Debates, House of Commons) the full account of the proceedings, and, following the precedent set by Major Barnett, omit the amendments in detail.

HOUSE OF COMMONS.

Wednesday, March 14th, 1923.

OFFICIAL REPORT.

Nurses' Registration Act, 1919.

MAJOR BARNETT: I beg to move,
That an humble Address be presented to His

Majesty praying that the Scheme made under paragraph 4 of the Schedule to the Nurses' Registration Act, 1919 (9 and 10 Geo. V., c. 94), for the election of sixteen persons to be members of the General Nursing Council for England and Wales, and laid before Parliament on the 13th day of February, 1923, may be modified as follows :—

(Here follow the modifications proposed.)

This scheme has to be submitted to the House in prescribed form. The curious thing is that the election has been held although the scheme has never been submitted to the House of Commons, and the reason is this, that although the General Nursing Council has had three years in which to prepare its scheme and present it to the Minister of Health for his approval, it has allowed these three years to elapse. A considerable period was occupied last year by a strike on the part of a majority of the members of the General Nursing Council. We in this House are accustomed to minorities, whether in the House or in Committee, going on strike temporarily, but I do not think there has been any previous case in which a large majority of a Council such as this have refused to function because they cannot get on with the minority. The result was that through no fault of the Minister of Health, the election had to take place without the scheme having been submitted to the two Houses of Parliament.

The notice on the Order Paper is a most portentous thing, but I am glad to say that there are only three Amendments of substance and they are capable of being briefly explained. The first deals with the qualifications of the people who represent the registered nurses on the Council. I shall be within the recollection of the House, at any rate of those hon. Members who were Members of the House four years ago, when I say that in the debates on the question of nurses' registration two points received very great stress. One was, that nurses were to be raised to the status of a profession, and the second was that they were to be independent in the choice of their representatives. Again and again speakers pointed out the desirability of registered nurses being free to choose their own representatives without dictation from the Matrons. I do not wish to say a word against the Matrons as Matrons. They are a very admirable body, and a very distinguished body of women. I do not want to disfranchise them, and I do not want to deprive them of the privilege of being elected members of the General Nursing Council, but I do want to point out to the House that this scheme, for which the approval of the House is asked, requires that six of eleven representatives of the registered nurses shall be past or present Matrons. That is not in consonance with the wishes of the House of Commons. It is all very well to say that these ladies shall be entitled to be elected if the nurses want to elect them. Of course they ought to be, and they have a very good chance of being elected. Any Matron who knows her business, and has been a good Matron, has a better chance of election to the Council than a registered nurse who has not had the same oppor-

tunity of advertisement. Why six out of eleven representatives of the registered nurses should be past or present Matrons I fail to see. There is nothing whatever to prevent the other five from being Matrons of hospitals not having training schools. In other words, under the scheme as it stands six of the representatives must be past or present Matrons and the other five may be. The amendment I put forward is that the registered nurses should elect eleven nurses to represent them, and they may be Matrons or not exactly as the nurses please. If the House adopts that suggestion it will be following a precedent set in Scotland.

The second point is the amount of time to be given for the voting papers to be sent out. Voting papers according to these rules have to be sent out seven days before polling day. That is far too short a period. I am suggesting 21 days. The returning officer found it necessary at the last election to extend the period to 14 days, though he had no authority from the Minister of Health to do it. The only other Amendment of substance deals with the powers of the returning officer. A very remarkable Clause enables the returning officer if he makes a mistake, to sit in judgment on his own case, and decide that the work was well done, and that the error or informality does not invalidate the election. There is no reason for giving this power to the returning officer, especially when he himself is the person whose mistakes are to be excused. Bad mistakes were made at the recent election. One was that the secrecy of the ballot was violated. Voting papers were sent out with a space for the nurse's registered number, and when I asked a question in the House of Commons the ballot papers were withdrawn and a new election was held at a cost of some hundreds of pounds. This is the last opportunity of bringing this scheme before the House. I realise the difficulties which my right hon. Friend must have in dealing with this matter, because he is fresh to his important office, and although he has tackled its difficulties with characteristic courage and ability it is rather hard on him to ask him to accept these Amendments *en bloc* and without consulting the General Nursing Council. On the other hand, the Registered Nurses' Parliamentary Council does not want to see these Rules, which it considers thoroughly bad, made a precedent. I would like to have some assurance from my right hon. Friend as regards the future. I do not care about the past, for the Council has been elected for five years under these Rules, bad as they are. I do not want the revision of these Rules to wait for five years. If we can have an assurance from my right hon. Friend that the General Nursing Council will have these Amendments, which I venture to think are reasonable, brought to their notice, and that they will be asked within, say, six months, or at any rate within twelve months, to consider these Amendments and put forward their prescribed scheme for the next election, that, I think, would go a long way to meet an undoubted grievance.

MR. R. RICHARDSON: I beg to second the Motion. When this Measure for the registration of nurses was introduced, I always had my doubts about its efficiency, and apparently it has been a failure, but I have a hope of the present Minister of Health doing something better than his predecessor. The nurses must be protected. Their livelihood, their profession—and it is a noble profession—is at stake in this matter. People have been brought in to nurse the sick who have had no experience, and this has been to the detriment of those nurses who have been thrown out of employment. Amendment of the scheme is absolutely essential, and I hope the Minister of Health will do what he has been asked to do and have the new rules put into operation.

THE MINISTER OF HEALTH (MR. NEVILLE CHAMBERLAIN): My hon. and gallant Friend the Member for South-West St. Pancras (Major Barnett) recognises that I am placed in a somewhat difficult position in this matter. I have only been in office a few days, and it has been impossible for me to make such investigations into the case the hon. and gallant Member desires to present that will be necessary before I could accept the Address on the Paper. In ordinary circumstances I would have asked my hon. Friend to postpone the matter, and I am sure he would have done so in courtesy, but the difficulty is that this is the last of the 21 days allowed in which an Address may be presented to His Majesty, and if my hon. friend withdraws his Resolution, unless he obtains some assurance from me, he is obliged to forego the right that is otherwise his. That is a position I ought to meet. If the Motion be withdrawn to-night, I will undertake to request the General Nursing Council to consider the amendments of my hon. friend, and ask them to draw up and submit to me such alterations as they may be prepared to make within the next 12 months. These alterations to the scheme, if they are approved by me, will be laid on the Table of the House, and will be open to discussion. I make that offer in the hope that my hon. friend will accept it as a fair compromise in the circumstances.

MAJOR BARNETT: I thank my right hon. friend for what he has said and for his endeavour to meet our case. With the leave of the House, I should like to withdraw the motion.

Motion, by leave, withdrawn.

Thus once more is demonstrated the wisdom of prompt and courageous action. The Nursing Profession has again to thank Major Barnett for his effective and disinterested action in endeavouring to place its organisation on an efficient and self-governing basis.

The new Minister for Health has undertaken to refer the "Special Scheme" for the election of Registered Nurses on the General Nursing Council for reconsideration and amendment, to that body.

The Registered Nurses' Parliamentary Council will await the framing and publication of new amendments, and help members of Parliament to understand their significance.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The thirty-third meeting of the General Nursing Council for England and Wales was held on Friday, March 16th, at the Ministry of Health, SIR WILMOT P. HERRINGHAM, K.C.M.G., C.B., M.D., F.R.C.P. (Chairman of the Council), presiding.

With the exception of Miss Lloyd Still, Miss Coode, and Lady Hobhouse, all the members of the Council were present.

Minutes.

In connection with the Minutes, MISS BUSHBY enquired whether the letter from the College of Nursing, Ltd., mentioned on the Agenda of the last meeting as having been received, would be placed on the Minutes.

THE CHAIRMAN replied that the letter was appended to the Report of the Registration Committee at the present meeting and said that when new business was received he always, unless the Council specially wished otherwise, referred it to the appropriate Committee. Councils of similar importance usually had a regulation that the Council should not consider any business until it had been referred to a Standing Committee. The General Nursing Council had made no such order, and therefore it was open to a Member of the Council to move that business be dealt with by the Council in the first instance. But unless this was done a letter was referred to a Standing Committee, and the Council got the letter with the report of the Committee upon it. That was the procedure which had been adopted to save time.

The Minutes were then signed as correct.

Committee on Organisation.

THE CHAIRMAN announced that the next meeting of the Committee on Organisation would be held on Monday, March 19th, at 11.15 a.m.

Publication of State Register of Nurses.

He then stated that the Register was out at last, the bringing out of the first issue had been a work of extreme difficulty. It was now to be obtained from the printers, Messrs. Butler & Tanner, 19, Ludgate Hill, E.C.4. It would, no doubt, be the pleasure of the Council that certain complimentary copies should be sent. It would be necessary to supply them to the Police Courts, and it would certainly wish to send complimentary copies to the Ministry of Health.

MISS BUSHBY proposed that a complimentary copy should be sent to MRS. BEDFORD FENWICK, to whom the nurses owed the State Register.

MISS WIESE seconded the proposal.

THE CHAIRMAN said he did not think that could be done; the whole Council had established the Register, not Mrs. Bedford Fenwick.

MISS BUSHBY: She won the Act, any way.

The motion, though moved and seconded, was not put to the meeting by the Chairman, as it should have been.

Correspondence.

The Correspondence included :—

LETTER FROM THE TOWN CLERK OF MARYLEBONE.

1. A letter from the Town Clerk of Marylebone expressing his thanks for the letter sent by direction of the last meeting of the Council thanking him and his department for the assistance rendered at the recent election.

LETTER FROM THE MINISTER OF HEALTH.

2. A letter from the Minister of Health stating that he had approved the addition of a sixth member to the General Purposes Committee.

THE CHAIRMAN said he had accordingly communicated with the member of the Council who was sixth in the ballot.

LETTER FROM THE SECRETARY OF STATE FOR THE COLONIES.

3. A letter from the Duke of Devonshire conveying to the Council the great appreciation of the authorities in New Zealand at the act of the Council in establishing reciprocal relations with that Dominion.

THE CHAIRMAN remarked that the system of Registration of Nurses in New Zealand was not exactly on all fours with that in this country, and that he had pointed out that some of the nurses on the New Zealand Register must be placed on the Supplementary parts of the Register in this country.

LETTER FROM THE COLLEGE OF NURSING, LTD.

4. A letter from the London Centre of the College of Nursing, Ltd., strongly urging the General Nursing Council to consider the proposal of the College to admit to the State Register as "Existing Nurses" any who can show that they possess adequate knowledge and experience, however acquired.

LETTER FROM THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

5. A letter from the Hon. Secretary of the Matrons' Council of Great Britain and Ireland, enclosing the following Resolution :—

RESOLUTION.

"That the Matrons' Council of Great Britain and Ireland protests against the unnecessary expense incurred by the General Nursing Council for England and Wales, and the waste of the nurses' money occasioned, in consequence of the mismanagement of the first Election of Direct Representatives to serve on the Council, as well as against the additional expense and work imposed upon the Independent Candidates, who had to circularise the electorate a second time owing to the quashing of the first Election."

Report of Finance Committee.

SIR JENNER VERRALL, Chairman of the Finance Committee, presented the Report and moved that it be received.

The Committee has met once—on March 8th, 1923 :—

I. To report that Sir T. Jenner Verrall was elected Chairman of the Committee.

II. To recommend—

"That the Bills and Claims submitted for payment be approved."

III. To recommend—

"That £5,000 be invested, of which £3,000 be put on permanent investment, and £2,000 in War Loan."

IV. To recommend—

"That to meet the present rate of expenditure for stamps the amount authorised for the ensuing month should be £200."

V. To recommend—

"That the limit of the balance be kept at the London, Joint City and Midland Bank be raised to £1,000."

VI. To report that the total Election Expenses were £766 15s. 5½d. That of this amount the net cost of the issue of papers for the second Ballot including printing, addressing, postage and the estimated cost of time employed by the clerks in filling and stamping, less the amount contributed by the addressing firm was £124 8s. 0½d.

VII. To report that the Committee raises no objection to the recommendations of the Registration Committee, General Purposes Committee, and Education and Examination Committee.

VIII. To recommend—

"That a special Examination Officer be appointed; that a salary of £400 a year be offered, together with travelling expenses, and that the Committee be empowered to advertise to obtain candidates."

IX. To report that the Finance Committee proposes to take into consideration the salaries of the Assistant Registrar and the Registration Clerk.

X. To report that the Chairman of Council raised the question of printing the Minutes of Council instead of the present plan of typing them. Estimates to be obtained and submitted to the Council for their decision on the whole matter.

XI. To recommend—

"That the advice of Messrs. Butler & Tanner on the price to be charged for the Register, viz., 10s. 6d., be accepted."

SELF GOVERNMENT BY THE NURSING PROFESSION.

MISS DU SAUTOY said she wished to speak on Item I and to say she felt strongly that, as a matter of principle, the Chairmen of Committees of the General Nursing Council should be Registered Nurses. There were four women nurses present at the first meeting of the Finance Committee—

THE CHAIRMAN said the motion before the meeting was that the Report be received. If Miss du Sautoy wished to discuss this item she could only do it by moving that the Report be not received.

MISS DU SAUTOY thereupon moved that the Report be not received.

She then stated that at the first meeting of the Finance Committee, four women nurses were present, one male nurse, one medical man, and two lay members. The election of a chairman

was the first duty of the Committee, and in accordance with her fixed principle she proposed that Mr. Donaldson (a Registered Mental Nurse) should take the chair. She had made enquiries (she hoped Mr. Donaldson would forgive her), and was satisfied that his knowledge of finance qualified him for the position. She accordingly proposed that he be elected Chairman. The voting was significant. Three trained nurses voted for the trained nurse as Chairman, one trained nurse and two lay members voted for the medical man. The medical man was elected to the Chair by the casting vote of the Chairman of the Council who was present *ex-officio*.

She had not the pleasure of knowing SIR JENNER VERRALL, and there was nothing personal in her proposal, but she strongly felt that there should be a Registered Nurse in the Chair, more especially as the Committee was concerned with the administration of funds provided solely by Registered Nurses.

MISS WIESE seconded Miss du Sautoy's amendment that the Report be not received, which was lost.

On Item III, SIR JENNER VERRALL reminded the Council that it was taxed on receipts as income. The future income was exceedingly doubtful, and it ought to economise as far as was reasonably possible. He thought £5,000 could be spared for investment.

On Item X, SIR JENNER VERRALL discussed the pros and cons of printing the Minutes. It would be at least four times as expensive to print as to type them. Printing would cost about £8 or £10 a meeting, whereas typing at present cost about £2. The Agenda was the first copy of the Minutes, which were recorded in that form with slight alterations.

THE REV. G. B. CRONSHAW supported the proposal. The recommendation of the Finance Committee was approved, and it was decided that 100 copies of the minutes of the Council's meetings should be printed.

The Report was then approved.

Report of the Registration Committee.

DR. GOODALL, Chairman of the Registration Committee moved that the Report be received.

The Committee reported that on Thursday, December 21st, a special meeting of the Registration Committee was held to receive a Deputation from the Prison Officers' Representative Board. The Members of the Registration Committee were: Dr. Goodall (in the chair), Sir Wilmot Herringham, Miss Cox Davies. The Members of the Deputation were: Dr. Griffiths, Medical Inspector of Prisons, Dr. C. N. Slaney, Medical Inspector of H.M. Prison, Parkhurst, Dr. H. H. Morton, Governor M.O., H.M. Prison, Holloway, Mr. R. H. Scholes, Secretary Prison Officers' Representative Board, Miss D. Laws, Holloway Prison, Mr. White, Mr. Wheeler, Parkhurst Prison, Mr. W. H. Waddams, Prison Commission.

In the absence of Dr. Dyer, Medical Commissioner of Prisons, Dr. Griffiths stated the claim for the registration of certain male and female nurses who had been nursing in Prison Infirmaries before 1919.

In the course of the discussion the Deputation

were informed that in no single instance where a prison nurse, male or female, had applied for registration had the applicant brought forward any evidence of training (apart from male nurses trained in military or naval hospitals and from Mental Nurses) that the Council could not recognise a Prison Hospital as an approved Hospital without definite evidence as to the exact amount of training that was given in the hospital and the character of the diseases treated in it, that women trained only in the Prison Hospitals for sick female prisoners would not be eligible for registration on the General Register under the Council's present rules, for, so far, the Council had not recognised training in special hospitals as a qualification for the General Register, that, as regards the future the Council were about to issue a scheme whereby special and small hospitals might combine to give a training, and it would probably be necessary for the Prison Authorities to comply with the Scheme if they intended to train their nurses for the State examination.

Item III in the Report, dealt with the question of the admission of "Bona fide" nurses to Registration, in which connection the Committee presented two letters, one from the Ministry of Health, dated February 7th, and one from the College of Nursing, Ltd., dated December 29th, 1922, referred (unread) to the Committee for consideration and report, by the Council at its meeting on February 16th last.

LETTER FROM THE MINISTRY OF HEALTH.

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

7th February, 1923.

MADAM,—With reference to your letter of the 18th December last submitting for approval draft Rule 9 C, I am directed by the Minister of Health to request that you will bring the following observations to the notice of the General Nursing Council. The Minister understands that the immediate difficulty which led the late Council to adopt this rule was that they did not feel it competent to them to approve under Rule 9 (1) (b) certain hospitals, which, though not general hospitals in the strict sense, had in fact in the opinion of the Council a sufficient range of cases to provide training adequate to justify the admission of their nurses to the general part of the Register as existing nurses. On this point the Minister is advised that there is ground for holding that the omission of the qualifying term "general" before the words "hospital" or "infirmaries" in paragraph (b) leaves the Council a discretion to approve for the purposes of this part of the rule institutions other than general hospitals in the full sense of that term. Paragraph (b) sets out the minimum qualification for the admission of an existing nurse and it would not be unreasonable to accept for this purpose a wider range of hospitals than could properly be accepted in the case of nurses who were to be entered in the Register as "certificated," and whose title to registration rested on the possession of a certificate of the full three years' training. But the construction of paragraph (b) admits of doubt, and the Minister suggests that the proper way of meeting this particular difficulty would be to adopt a proviso to paragraph (b) in the following sense:—

"Provided that the Council may approve for the purposes of this part of this rule any hospital, not

being a general hospital, which proves to their satisfaction that it provided adequate training in nursing, either separately or in conjunction with other hospitals, and such approval may be limited to such periods as the Council may determine."

The Minister anticipates that the adoption, after consultation with the other Councils, of such a proviso purely for the purpose of removing the doubt as to the construction of the paragraph would not raise any controversial issues.

The Minister recognises, however, that the Council may also have had in view the need of giving more elasticity to the existing rules, and that the adoption of the proviso above suggested by itself would not meet all the cases for which the Council desires to provide. I am, however, to point out that the Rule 9c is open to objection on grounds of drafting, since its language is so vague and so wide as to leave it uncertain what standard the Council propose to adopt in dealing with applications for admission to the Register during the remainder of the period allowed for the registration of existing nurses. The Minister feels bound to inform the Council that strong representations have been made to him by certain nursing organisations that the wording of the rule and particularly the use of the vague term "institution," has given rise to the apprehension in some quarters that the Council contemplated the admission of V.A.D.s trained during the war in Auxiliary Hospitals. The Minister understands that in fact no such intention has ever been entertained by the Council, but he feels sure that they will appreciate the unwisdom of seeking powers far in excess of any which they in fact desire to exercise. Such a course is bound to give rise to misconceptions and uneasiness in the minds of nurses who have already registered or contemplate registration.

The Minister is not unmindful that the intention of Parliament was undoubtedly that existing nurses should be admitted on the most generous terms compatible with the due protection of the public; and he entirely shares what he takes to be the feeling of the Council that the application of the existing rules may result in injustice to individuals whose right to registration would be generally admitted by the nursing profession.

At the same time, it has been represented that a very large number of nurses have now applied for registration on the basis of the existing rules and that it would be inequitable at this late stage to make any substantial alteration, unless it was clearly endorsed by the bulk of the profession. The Minister cannot but recognise the force of this contention, and for this reason he feels strongly that the draft rule should be re-considered by the newly-elected Council. The right of the new Council, whose nurse members are fresh from their constituencies, to speak on behalf of the profession cannot be seriously questioned, and the Minister will be prepared to give sympathetic consideration to any proposals which they may make, after consultation with the other Councils concerned, with the object of rendering the rules more elastic; but at the same time he would urge upon them the unwisdom of seeking wider powers than they anticipate in the light of past experience they will require to exercise.

I am, Madam,

Your obedient Servant,

(Signed) L. G. BROCK.

LETTER FROM THE COLLEGE OF NURSING, LTD.

29th December, 1922.

DEAR SIR,—The Council of this College has received numerous complaints regarding the undue stringency

with which the General Nursing Council is alleged to have carried out the provisions of the Nurses' Registration Act, 1919, concerned with "Existing Nurses" and the class of nurses now known as "Intermediate." The Council is in entire sympathy with these complaints, and begs respectfully to urge that the door of admission to the first State Register should not be closed to any "Existing Nurses" who can show that they were in *bona fide* practice as nurses of the sick for three years before November, 1919, and that they possess adequate knowledge and experience of the nursing of the sick, however such knowledge and experience may have been acquired. They believe that a result fairer and more substantially just will be attained in the compilation of the Register if individual applications are judged on their merits rather than if an attempt is made to discriminate between applicants by a rigid system of rules which, even if suitable to present conditions, cannot equitably be enforced in the case of nurses who entered on their careers in some cases many years before any uniform system of training or standard of education had been evolved in the Nursing Profession.

I remain,

Yours faithfully,

(Sd.) M. S. RUNDLE, *Secretary.*

The Committee recommended—

(a) That the following rule be approved by the Council, and if agreed to by the Scottish Council, submitted to the Minister of Health for his approval, together with a copy of this report.*

"Rule 9 I (g).—In the case of a nurse who was at 1st November, 1919, engaged in actual practice, and who was also *bona fide* engaged in nursing prior to 1st January, 1900, and who does not comply with the above requirements, such special evidence of knowledge and experience as may be accepted by the Council in each individual case."

The Report further stated:—

The Committee think it desirable to point out to the Council the fact that the rule now proposed is a rule which was included by the Scottish Council in the first draft of their rules submitted about two and a-half years ago. The English Council did not then see their way to agree with it. The Committee are of opinion that the experience of registration gained since that date, and especially the adoption of a very lenient condition (one year's training in a hospital of not less than ten beds with two years' subsequent experience of nursing), under which many nurses have been admitted to the Register as "Trained" and even "Certificated" nurses, justify them in advising the Council now to approve the rule. Moreover, as is pointed out in the Ministry's letter, the majority of the present Council have recently been elected and their right to speak on this subject, on behalf of the profession, cannot be seriously questioned.

IV.—PROPOSED NEW RULE 9.C.

Considered.—Letter from the Ministry of Health dated February 7th, 1923, referred to the Registration Committee by the Council at its meeting on

* Item III of the Report of the Registration Committee, which deals at length with the question of the admission of *bona fide* nurses to Registration.

February 16th, 1923. (This is the same letter as is referred to in Paragraph III, but as the letter dealt with two subjects, the Committee have dealt with it under two headings.)

At the meeting of the Council held on November 17th, 1922 a letter was read from Sir James Michelli, Secretary of the Seamen's Hospital, Greenwich, in which he pointed out that there were 63 nurses who had during the years 1899 to 1909 received 2½ years' training at the "Dreadnought" Hospital and six months at the Soho Hospital for Women, and that these nurses were ineligible for registration under the Council's rules, while a number of nurses had actually been registered in accordance with the rules after one year's training only, not more than six months of which would have been devoted to nursing women; and he asked that the cases of the 63 nurses should be reconsidered. This letter was referred to the Committee, who, after consultation with the Scottish Council, recommended to the Council for its approval the following rule, which is Rule 21 (3) (d) of the Scottish Rules:—

Rule 9 C.—In the case of a nurse whose training has been obtained in a hospital recognised by the Council or in a hospital or institution not recognised by the Council under this section, evidence that the applicant has been trained for at least one year in said hospital or institution, and has been for two years subsequently before the 1st day of November, 1919, *bona fide* engaged in practice as a nurse in attendance on the sick, and such evidence of adequate knowledge and experience as the Council may consider satisfactory in each individual case.

This rule was approved by the Council at its meeting on December 15th last, and submitted to the Minister of Health for his sanction. The Minister, however, for reasons given in his letter, does not see his way to approving this rule, although he sympathises with the object the Council have in view; but he suggests that that object may be met without raising any controversial issues by the adoption of a proviso to Rule 9 (1) (b), a draft of which is embodied in his letter. The Committee are of the opinion that a proviso in the sense of that drafted by the Ministry will meet not only the particular cases in question, but other similar cases and therefore *recommend*—

(b) That the following proviso to Rule 9 (1) (b), be, after consultation with the Scottish Council, submitted to the Minister of Health for his approval:—

Provided that the Council may approve for the purpose of this part of this rule any hospital which proves to their satisfaction that it provided adequate training in general nursing, either separately or in conjunction with other hospitals, and such approval may be limited to such periods as the Council may determine.

It will be noticed that this proviso is not in the same words as the Minister's draft, as the words, "not being a general hospital" have been omitted and the word "general" has been inserted before the word "nursing."

The Chairman, with the consent of the Committee, has already forwarded the draft of this Rule to the Scottish and Irish Councils and has

received from the Scottish Registrar a statement that the Scottish Council offers no objection to the draft proposed.

V.—INTERMEDIATE FEVER NURSES: METROPOLITAN ASYLUMS BOARD CERTIFICATE.

Considered.—Letter from the Clerk to the Metropolitan Asylums Board, dated January 23rd, 1923, referred to the Committee by the Council at its meeting on February 16th, 1923.

The anomaly to which the Clerk to the Board draws attention is as follows:—

By Rule 9 (6) (c) a nurse who has had not less than three years' training in a General Hospital or Poor Law Infirmary approved by the Council and has subsequently had not less than one year's training in a Hospital for Infectious Diseases approved by the Council before the 1st November, 1919, is eligible for registration as an "existing" nurse, on the Supplementary part of the Register for Fever nurses. But there is no similar rule provided for "intermediate" nurses. Consequently, no nurse who has had a three years' general training and subsequently a year's special training in a fever hospital, if such training has commenced after October 31st, 1918, is eligible for registration on the fever nurses' register. Yet nurses with two years' fever training and one year's subsequent *bona fide* practise before November 1st, 1919, or July 14th, 1925, are eligible as "existing" or "intermediate" nurses as the case may be. Moreover; it may be pointed out that the Council propose to recognise for the registration of future nurses on the supplementary fever nurses' register, three years' training in a general hospital or Poor Law Infirmary followed by one year's training in a fever hospital. In order to end this anomaly the Committee *recommend*—

(c) That, after consultation with the Scottish Council, the following rule, to be inserted after the present Rule 10 (6) (b), be submitted to the Minister of Health for his approval.

Rule 10 (6) (c).—A certificate that the applicant has had not less than three years' training in a General Hospital approved by the Council for training having one or more resident medical officers, or in a Poor-Law Infirmary approved by the Council for training which is recognised by the Minister of Health for the training of superintendent nurses, and has subsequently had not less than one year's training in a Hospital for Infectious Diseases approved by the Council, as aforesaid, before the 14th July, 1925:

Provided that a nurse who has been trained for the period aforesaid in a General Hospital approved by the Council not having any resident medical officer, or in a Poor-Law Infirmary approved by the Council not recognised by the Minister of Health for the purpose aforesaid, and has subsequently had not less than one year's training before the 14th July, 1925, in a Hospital for Infectious Diseases approved by the Council, may be admitted to the supplementary part of the Register containing the names of fever nurses if she satisfies the Council that she has adequate knowledge and experience of the nursing of the sick:

and (d) that after consultation with the Scottish Council, the approval of the Minister of Health be sought for the insertion of the following words after the words "probationer at a fever hospital" in the

definition of the Certificate of the Metropolitan Asylums Board, Rule 12 (1) :—

" or in the case of a nurse who holds a certificate of three years' training in a General Hospital that the person named thereon has worked for twelve months in a Fever Hospital."

VI.—REGISTRATION OF EXISTING NURSES TRAINED IN HOSPITALS ABROAD.

An application for registration as an existing nurse was received from a nurse who stated that she had been trained in the Hertford Hospital, Paris. The Committee, before entertaining the application, thought it advisable to ascertain the legality of the registration on the English Register of nurses trained abroad, and applied to the Ministry of Health for their ruling. The Ministry's letter on the subject, dated December 23rd, 1922, is appended, from which it appears that there is no legal objection to the registration of such nurses by the Council, provided that the Council are satisfied that the training afforded is in each case adequate. (See page 188.)

VII.—TRAINING SCHOOL FOR NURSES, COLONIAL HOSPITAL, SUVA, FIJI.

Considered.—Letter from the Colonial Office, dated January 31st, 1923, referred to the Committee by the Council at its meeting on February 16th. (This letter has been already circulated).

As the Australasian Trained Nurses' Association is a Voluntary body, it cannot, we believe, be compelled by any existing laws to recognise the Suva Hospital as a training school which qualifies its nurses for the membership of the Association. The Committee suggest that should the arrangement proposed to the Department of Health, New Zealand, not be agreed to, a legal system of the registration of nurses should be established in Fiji. Then, provided that the standard of training and examination required under any such system was not lower than the standard of training and examination required under the English Act, the nurses trained in the Suva Hospital would be eligible by reciprocity to be registered on the English Register and on the register of New Zealand and such of the Australian States as possessed State Registration with reciprocity. But even were State Registration established in Fiji, though the Committee are of opinion that the position of the nurses trained in the Suva Hospital would be improved, yet those nurses would be no nearer becoming members of the Australasian Trained Nurses' Association, should the Association decline to receive them.

The Committee *recommend*—

(e) " That an answer in the terms of this report be addressed to the Colonial Office."

VIII.—RULE FOR RECIPROCAL REGISTRATION.

Considered.—Recommendation of the Education Committee on this subject, forwarded to this Committee for their opinion.

The Committee have to report that they agree with the recommendation of the Education Com-

mittee. (See Report of Education Committee, paragraph V.)

IX.—ELIGIBILITY FOR REGISTRATION AS " EXISTING NURSES " OF NURSES TRAINED IN PRIVATE NURSING HOMES.

Considered.—Letter from two nurses dated February 10th, 1923, referred to the Committee at its meeting on February 16th.

The late Council acting on the recommendation of their Registration Committee, declined to recognise private nursing homes as approved hospitals under the Council's rules, on the grounds that since about the year 1900 it had been generally accepted that a proper nurses' training meant training in a public hospital or institution, and those nurses who since 1900 had entered private nursing homes for training had deliberately refused to accept the standard that had been universally accepted by the profession, and further, that no evidence had been brought before them that systematic training had been carried out in such homes. The Committee can find no reason for departing from this view and *recommend*—

" (f) That a letter be addressed to the two nurses informing them that the Council do not see their way to departing from the decision of their predecessor in this matter."

X.—REPORT AS TO NUMBER OF NURSES ADMITTED UNDER RULE 9 A WHO WERE ON THE ELECTORATE FOR THE RECENT ELECTION.

This report is made in pursuance of the instructions given to the Registration Committee by the Council at their last meeting.

Total number of nurses on the Electorate, 12,097.

Of these 1,243 were admitted under the declaration of the Registrar of the College of Nursing in accordance with the rule, and less than six were similarly admitted through the League of Nurses of the Royal Free Hospital.

Copies of certificates certified by Justices of the Peace, Barristers or Solicitors were produced by 824 nurses, but it is impossible now to state exactly how many of these were approved.

XI.—APPLICATIONS FOR REGISTRATION.

The following statements showing the progress of registration have been forwarded to the Minister of Health :—

Applications received during the week ending—

December 16th, 1922..	..	..	303
" 23rd " ..	..	..	166
" 30th " ..	..	..	152
January 6th, 1923 ..	..	..	344
" 13th " ..	..	..	361
" 20th " ..	..	..	360
" 27th " ..	..	..	344
February 3rd, 1923..	..	..	393
" 10th, " ..	..	..	436
" 17th, " ..	..	..	366
" 24th, " ..	..	..	313
March 3rd, 1923 ..	..	..	454

3,992

XII.—REGISTRATION TO MARCH 3RD, 1923.

Applications received	20,625
Applications approved by Council to February 16th, 1923	13,617
Applications for approval	2,223
Ineligible	693

XIII.—Lists of 2,233 applicants for registration whose applications have been found to be in conformity with the rules, are appended, as also are lists of 55 applicants whose applications are not in conformity with the rules.

The Committee recommends:—

(g) That the 2,223 applicants whose applications have been found to be in order be approved for registration, and that the Registrar be instructed to enter their names in the appropriate parts of the Register.

(h) That the appropriate certificate be granted to each of these applicants, and that authority be hereby given to affix the seal of the Council to each certificate.

In conformity with precedent consideration of Item XIII was postponed, to be taken *in camera* at the end of the meeting.

COPY OF LETTER FROM MINISTRY OF HEALTH REFERRED TO IN ITEM VI OF REPORT.

Ministry of Health,
Whitehall, S.W.
13th December, 1922.

SIR,—I am directed by the Minister of Health to refer to the Assistant Registrar's letter of the 1st December, enquiring whether in the opinion of the Ministry Rule 9 (1) (a) permits the Council to register nurses trained in such parts of the King's Dominions as do not possess a system of registration such as is described in the Nurses' Registration Act, Section 6; and further, if Rule 9 (1) (a) so permits, whether the exercise of such power is obligatory upon the Council.

In reply I am to point out that Rule 9 and Section 6 of the Act are not related. Rule 9 (1) (a) deals with the evidence which the Council require as evidence of adequate knowledge and experience in the case of applicants who fall to be dealt with under Section 3 (2) (c) of the Nurses' Registration Act. Section 6 of the Act confers on nurses registered on certain Colonial registers a right to claim admission to the British Register by virtue only of their colonial registration.

With reference to the particular case now in question, if the applicant has been trained in a Dominion which does not possess a system of registration such as is described in Section 6 (2) (a), it is clear that the applicant is not entitled to be registered under the provisions of Section 6. If the nurse is thus unable to take advantage of Section 6, it is open to her to apply for registration as an existing nurse under paragraph (c) of Section 3 (2); and it is in this connection that the provisions of Rule 9 (1) (a) are relevant. The Minister is advised that it is open to the Council to deal with the application under these provisions. It is, of course, for the Council to determine whether they know enough about the particular foreign or colonial hospital to accept proof of training in it. But there is no legal objection to the Council approving such an institution (assuming that it has a resident medical officer) for the purpose of Rule 9 (1) (a).

Alternatively it might be open to the Council to deal with the individual application under their proposed new rule, if the applicant has had exceptional experience.

This is a matter within the discretion of the Council, but I am to point out that Section 6 of the Act does not operate to prevent the Council from dealing with the application in either of the ways above mentioned.

I am, Sir, your obedient servant,
(Sd.) P. BARTER.

The Secretary,
General Nursing Council,
12, York Gate,
Regent's Park, N.W.

Discussion.

In moving that the Report be received, DR. GOODALL said that it presented no sudden change of face. On February 3rd, 1922, it was reported that it was realised the door had been shut too close, and the Council passed a Rule, subsequently approved by the Ministry of Health, which opened the door to the General Register a little more widely than before. Time went on, and the Council found there were still a number of nurses whom they ought to admit to the Register. The matter was brought to a head in a letter from Miss M. Herbert on June 16th, and the Council at its meeting in July passed, practically unanimously, a wide Rule—Rule 9B—the Scottish Council, however, declined to agree to this Rule.

The Council, however, was still pressed by nurses, and others on their behalf, to consider the question, and, at the meeting on November 17th, the Registration Committee submitted another Rule, which was approved by the Council by 16 votes to 1. This did not obtain the approval of the Ministry of Health. And the Draft Rule 9C was carried at the December meeting of the Council. The question, therefore, was not a new one. It had been before the Council since a year ago last month, and had been discussed in the nursing papers for some months.

Would the public safety be jeopardised by placing on the Register nurses who had been in practice for 20 years who had not necessarily had a year's training in hospital? The Council recognised training in a small cottage hospital of ten beds followed by two years' *bona fide* practice.

He hoped every member of the Council would speak, or at least vote on this.

As Chairman of the Committee he hoped the recommendation would be carried. But he hoped also that it would be discussed and settled.

AMENDMENT PROPOSED TO RULE 9 I (g).

MISS DU SAUTOY moved as an amendment to Rule 9 I (g) to insert after the word experience "including experience in a General Hospital or a Poor Law Infirmary."

THE CHAIRMAN said the Amendment could not be moved in that form. He suggested an alternative which was accepted by Miss du Sautoy to add to the end of the Rule the words, "provided that the nurse has spent some time in a General Hospital or a Poor Law Infirmary."

Miss Musson opposed the amendment. So many restrictions had been made. She had, as the letter from the Ministry pointed out, come fresh from the election. She was speaking for the older nurses. The Council admitted younger

nurses whose knowledge and experience were not adequate, and who were young enough to train again, and was putting a stumbling-block in the way of older nurses who could not do so.

MISS E. SMITH said that the proviso to Rule 9 (1) (b) would cut out nurses trained in cottage hospitals.

THE CHAIRMAN said that cottage hospitals were general hospitals.

MISS COWLIN said a great many cases would apply for admission to the General Register. She strongly supported Miss Musson.

On the Amendment being put to the meeting four voted for it, fifteen against it, and two did not vote.

The majority of the members of the Council thus voted against Miss du Sautoy's proposal that evidence of some experience in a General Hospital or Poor Law Infirmary should be required as a condition of admission to the General Part of the Register.

Miss Bushby asked that the names might be taken down, when there voted:—

For Miss du Sautoy's amendment.—Miss Villiers, Miss Bushby, Miss du Sautoy, Miss Wiese.

Against the amendment.—The Rev. G. B. Cronshaw, Miss Bremner, Miss Musson, Miss Sparshott, Miss Alsop, Miss Seymour-Yapp, Miss Cox-Davies, Miss Cowlin, Miss E. Smith, Miss A. S. Barratt, Dr. Bedford Pierce, Dr. Smedley, Dr. Goodall, Sir Jenner Verrall, and the Hon. Mrs. Eustace Hills.

Not voting.—Mr. Donaldson and Mr. Stratton.

DR. BEDFORD PIERCE enquired whether there was any special value in a year's training. Not being a nurse he would not like to move any resolution on the subject.

In reference to the date 1900, Miss Musson said that the Boer War brought before nurses and the public the fact that three years' training was required. So did regulations for nurses in Poor Law Infirmarys passed about that time.

MISS SEYMOUR YAPP said she was sorry the Registration Committee had made a hard and fast rule about training in Nursing Homes. She had three nurses specially in mind. They went into a hospital to train and were not strong enough to remain there. They went to a Nursing Home where they were simply invaluable. She did not think the Council was interpreting the spirit of the Act in excluding them.

MR. STRATTON said that a probationer who broke down without completing her training could not expect to register as a nurse any more than a medical student could expect to obtain admission to the Medical Register under similar circumstances.

MISS SPARSHOTT said that nurses were strongly of opinion that injustice should not be done to older nurses trained before 1900.

SIR JENNER VERRALL said that it was a nurses' question. While they were about it he would like a rule which would not only satisfy but please everybody, but the Ministry of Health were afraid of widening the scope of the Rule too much. As certain hard cases were certain still to arise, he

would have liked the Rule to be still wider, but in going to 1900 they were going as far as was likely to be accepted by the Ministry of Health, and Scotland.

MISS ELLINOR SMITH said the nurses considered the Act was not much use to them unless a certain standard were maintained.

MISS BUSHBY expressed the opinion that the letter of the College of Nursing, Ltd., should have come before, instead of after, the Election; it was too bad to send it afterwards.

THE CHAIRMAN said no one could wish that more strongly than he did.

MISS COX DAVIES said, with some heat, that the question had been ventilated at every meeting of the College of Nursing for months past.

MISS BUSHBY retorted that many nurses were not members of the College of Nursing and did not know what went on at its meetings.

MISS ALSOP said those who came on the Council as the nominees of the College were not speaking for the College, but for the profession as a whole. She had come to learn, and was learning a good deal. She herself had been trained before 1900, but without a three years' certificate she would have been nowhere. She was sorry for those who could not conform to the standard required by the Council after that date, but 1900 did not seem to her to be too far away.

DR. GOODALL advocated the date 1900 as the limit for the admission of the *bona fide* nurses. They had got to agree with Scotland. There was no time now to go squabbling with Scotland or with anyone else.

The Committee's recommendation was then put to the meeting, when eighteen members voted for it and three against it.

The Committee's recommendation was as follows:—

“Rule 9 1 (g).—In the case of a nurse who was at 1st November, 1919, engaged in actual practice, and who was also *bona fide* engaged in nursing prior to 1st January, 1900, and who does not comply with the above requirements, such special evidence of knowledge and experience as may be accepted by the Council in each individual case.”

The names for and against the Committee's recommendation to permit nurses trained before 1900 to be admitted to the General Part of the Register without giving evidence of any experience in a General Hospital were taken down at Miss Bushby's request, when there voted:—

For the recommendation.—Rev. G. B. Cronshaw, Miss Bremner, Miss Villiers, Miss Musson, Miss Sparshott, Miss Alsop, Miss Seymour-Yapp, Miss Cox-Davies, Miss Cowlin, Miss E. Smith, Mr. Stratton, Mr. Donaldson, Miss A. S. Barratt, Dr. Bedford Pierce, Dr. Smedley, Dr. Goodall, Sir Jenner Verrall, and the Hon. Mrs. Eustace Hills.

Against.—Miss Bushby, Miss du Sautoy, and Miss Wiese.

The Examination Syllabus.

THE CHAIRMAN here received a letter from the Ministry stating that the Minister would be glad

to sign the Examination Syllabus, but pointed out that on page 9 the "feeding of infants and children" should be substituted for "infant feeding," and on the Nurses' Chart, after "Feeding and Care of Infants," the words "and Children" should be added. If the Council agreed to these amendments the Minister would sign the Syllabus of Examination.

THE CHAIRMAN said he supposed it was not worth while objecting to such small amendments, but if there had been much alteration he should have advised the Council to fight it. He was very much dissatisfied with the position the Ministry was taking up with regard to the Council, neither did he mean to submit to it. He said so now.

On the question of the approval of Nursing Homes, MISS SPARSHOTT said it was not desirable. East Lancashire nurses were against it.

MISS SEYMOUR YAPP expressed herself in sympathy with the nurses who desired such recognition. She did not think it was in accordance with the spirit of the Act to say that women trained in Nursing Homes should not be registered.

DR. BEDFORD PIERCE asked whether there were not large and important Nursing Homes? Could they be of uniform size?

MISS MUSSON said she had no knowledge of any nursing home which should be recognised as a training school. The knowledge gained in them was picked up; there was no adequate training.

MISS VILLIERS said that from experience of nurses from nursing homes gained in epidemics she considered it dangerous to take the majority. There might be a few good ones.

MISS DU SAUTOY said that the public who were admitted to nursing homes paid large fees in order that they might have skilled nursing.

SIR JENNER VERRALL said that was the most extraordinary argument to advance. To say that people should have skilled nurses only if they could afford to pay for them was absurd. Whether people paid or did not pay in hospitals made no difference. They were properly nursed.

THE CHAIRMAN said the case had been presented to them before from a somewhat different aspect by MRS. BEDFORD FENWICK, who contended that when people paid the fees of trained nurses they should not be nursed by untrained probationers.

MISS DU SAUTOY said that was precisely what she intended to convey.

DR. GOODALL said the Council had no means of knowing what went on in Nursing Homes.

The Report was then approved.

(To be continued.)

ITEMS OF INTEREST.

Items of interest in the Report are the decisions to appoint two more officials: (1) an *Interviewing Officer* at the rate of £250 per annum up to July 31st of this year, the appointment to be made by the General Purposes Committee; (2) a *Special Examination Officer* at a salary of not more than £400 a year, with travelling expenses, the appointment to be advertised. This will

certainly cost the Council not less than £700 a year, and it is to be hoped this large sum will be expended on employing an expert Registered Nurse with a knowledge of organising examination work, who has held a responsible position. Nothing has been more clearly demonstrated in the life of the Council than the ignorance of general Educationists in regard to Nursing Education.

The policy in regard to the appointment of medical men as chairmen of the two most important committees, Finance and Registration, involving the control of expenditure of the nurses' money, and the signature of the certificates of registration, virtually the nurses' licence to practise, cannot be too strongly deprecated.

The tactics of the College nominees in claiming that they speak for the electorate on the subject of the admission of nurses with no hospital experience to the General Part of the Register are unworthy, considering that not one of them mentioned this burning subject in her election address, but immediately the election was over the Council of the College published a letter advocating this course.

THE EUROPEAN NURSING COUNCIL. SECOND ANNUAL CONFERENCE.

The Second Annual Conference of the European Council for the Training of Nurses, held in Paris last week, has aroused a great deal of interest. The President, Miss Marion Parsons, presided at the first Session, held on March 12th, at the Musée Social, and in the afternoon of that day the delegates visited the dispensary of the Rockefeller Foundation and other interesting points in the queen of cities. In the evening General Pau presided at a public meeting held under the auspices of the French Red Cross, when the principal speakers were Sir Claude Hill, Director of the League of Red Cross Societies, Miss Parsons, Baroness Mannerheim, President of the International Council of Nurses, and Dr. Leon Bernard, Professor of the Faculty of Medicine.

On Tuesday, 13th, Dr. Victor Pèchère, Professor at the School of Medicine of the University of Brussels, gave a survey of the origin and development of nursing, saying that America and England share the honour of establishing the modern system of nursing, paying a tribute to Anglo-Saxon women, and then discussed in detail the system as it exists in Belgium.

Miss Helen Bridge, of Dayton, Ohio, who for the past two years has been the Directrice of the School of Nurses in Warsaw, dealt, in an interesting way, with the special problems facing the American nurse in foreign countries. "Our problem," she said, "lies in first determining the needs of the community, and then in making the necessary adjustment in our educational plan. We are slowly becoming aware that the demands of the community are somewhat different to those which we have experienced before. However, as the needs are essentially the same, it is, after all, only a question of time before the consciousness of the people awakens to an understanding of what is needed in the way of a nurse."

Miss Marion Parsons, of Boston, coming from Prague, was able to report that conditions in Central Europe are steadily improving.

The consideration on Wednesday, 14th, of the adoption of a new constitution and bye-laws aroused much discussion. It was not unnaturally felt that as

the movement originated with the American Red Cross, and that most of the funds as well as the personnel are provided by the United States, that America should be represented in some way in the title of the Council, as a permanent recognition.

The object of the Council is to further the attainment of uniformly high standards in Schools of Nursing now being established in Europe, to initiate an educational campaign for the information of the public in the requisite standard for a fundamental education, and to define the position the nurse should take after her graduation.

It is proposed to establish a simple organisation which will meet the needs of the school staffs, and graduates, after the departure of the foreign staffs until, through their national organisations, they can become members of the International Council of Nurses.

APPOINTMENTS.

MATRON.

Stanhope and Weardale Joint Hospital, Stanhope.—Miss Hilda Todd has been appointed Matron. She was trained at the Crumpsall Infirmary, Manchester, and has held the position of Nurse at the London Fever Hospital, Islington, and Matron at the Isolation Hospital, Bishop Auckland.

ASSISTANT-MATRON.

General Hospital, Darlington.—Miss Florence Briggs has been appointed Assistant Matron. She was trained at the General Infirmary, Leeds, where she has held the position of Ward Sister, Night Sister, and Home Sister.

Bangour Mental Hospital, West Lothian.—Miss Wilhelmina D. Allan has been appointed Assistant Matron. She was trained at the Royal Mental Hospital, Montrose, and the Royal Infirmary, Glasgow.

ASSISTANT-MATRON AND TUTOR.

West London Hospital, Hammersmith.—Miss Joan Atkinson has been appointed Assistant Matron and Sister-Tutor. She was trained at the Royal Infirmary, Sheffield, where she has been Ward Sister and Night Sister. She has also been Sister-Tutor at the Royal Infirmary, Gloucester, and the General Hospital, Cheltenham (combined). She is also a Certified Midwife, and holds the certificate of the Royal Sanitary Institute.

SENIOR SISTER.

Municipal Hospital for Tuberculous Children, Belfast.—Miss Sara J. W. Houston has been appointed Senior Sister. She was trained at the Belfast City Infirmary and has been Sister under the Metropolitan Asylums Board, London, and saw War Service in a large Military Hospital in England.

RESIGNATIONS.

The following official announcements appear in the *London Gazette* of March 16th:—

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss G. S. Jacob, R.R.C., is placed on ret. pay, February 28th, 1923, with permission to retain the badge of the Q.A.I.M.N.S.

TERRITORIAL ARMY NURSING SERVICE.

Miss R. Cox-Davies, R.R.C., Principal Matron, 1st London General Hospital, resigns her appointment; March 31st, 1923. Miss D. Finch, R.R.C., Principal Matron, 2nd London General Hospital, resigns her appointment; March 31st, 1923. Miss H. Hannath, R.R.C., Matron, 5th Northern General Hospital, resigns her appointment; March 17th, 1923.

THE PASSING BELL.

Elfrida (Biddy) Spencer, B.A., M.R.C.S., L.R.C.P.

THE BRITISH JOURNAL OF NURSING offers heartfelt sympathy to Mr. and Mrs. Walter Spencer, of 2, Portland Place, W., on the death of their dearly beloved and only daughter Elfrida (Biddy), known to, and loved from her youth up by many nurses, who watched her very brilliant career as scholar and medical student with affectionate admiration.

Just a fortnight ago she was on duty as a medical officer at the Victoria Hospital for Children, and, attacked by influenza and pneumonia, she has now passed away, in spite of unceasing care, an irreparable loss to her devoted family, to her friends, and we believe to medical science.

"Biddy" Spencer was brought up in the happiest environment—a model home—and her bright personality added charm to its atmosphere. She was one of those rare beings endowed with great intellectual gifts, whose girlish grace entirely extinguished the pedant. Who so simple, so cheery and hospitable as "Biddy"? We see her now assisting her mother to entertain the members of the Society for the State Registration of Trained Nurses, who, year after year, enjoyed bounteous hospitality at 2, Portland Place after their strenuous annual meetings. She was generously interested in the evolution of the profession of nursing, which she realised was so closely associated with her own, and anxious that better conditions of teaching and remuneration should be available for pupil nurses.

Though an ardent student, "Biddy" was always gay, fond of her pretty frocks, bubbling with life. She was also an exquisite needlewoman, and at our last meeting she showed us with pride all the dinky, dainty silken clothes she had made for two dollies, gifts for little friends. Alas! all her activities have now ceased in this world, and in expressing sympathy with her sorrowing family, our only consolation is that her memories of little "Biddy" must be everlastingly sweet.

E. G. F.

NURSES' MISSIONARY LEAGUE.

A Quiet Day for prayer and meditation will be held on Thursday, March 22nd, 1923 (by the kind permission of Prebendary Thicknesse), at the Chapel of the Ascension, Hyde Park Place, Bayswater Road, conducted by the Rev. D. H. D. Wilkinson, M.A.

It is hoped that Nurses will make their Communion in their Hospital Chapels, distance making it almost impossible to arrange a corporate Communion.

General subject: "Christ and Personality."

Morning, 10.30-12.30.—Two Services with interval between them. 1st Address: A general Introduction. 2nd Address: "Christ and other people."

Afternoon, 3.15-4.30.—Special Intercessions. 3rd Address: "Christ and our own past."

Evening, 6-7 p.m.—Short Service and 4th Address: "Christ and our own future."

There will be periods for prayer and silent meditation after each address, and an admission of new members.

Mr. Wilkinson will be in the Church to give spiritual help or advice after each service.

WORD FOR THE WEEK.

"I shall not be ashamed to meet my dog and cat on Judgment Day.—*Bishop Welldon.*"

HOSPITAL WORLD.

At the County Hall a cheque for fifty thousand guineas was handed to the Prince of Wales from London school children, in whose name it was tendered for the hospitals.

"A truly magnificent sum," said his Royal Highness. The sixteen hundred children cheered him to the echo as he passed through an avenue of happy boys and girls, as fine specimens of humanity as can be grouped in any city in the world. Bright open faces, rosy cheeks, straight backs, lovely curls. The Prince was all smiles, and the children as happy as crickets. The hospitals should be proud of this recognition of their good work.

The London Hospital needs £200,000 to fulfil its obligations to the sick, and its Quinquennial Appeal has again been issued by Lord Knutsford, which concludes with the following question: "The London Hospital is a wonderful heritage. It has been spreading knowledge, and sending its doctors and nurses all over the world. Is it not, from its size and work, a National Trust?"

The Board of Management of the Royal Northern Hospital are opening a neurological section of the Out-Patient Department, on April 20th, and the session will be held thereafter every Friday, at 1 p.m. The new department is being inaugurated in order to cope with the large number of nerve cases applying for treatment. The appointment of an additional Out-Patient officer is also being made, so that the period of detention of patients awaiting treatment may be reduced to a minimum. Forty-two separate sessions are held in the Out-Patient Department every week, calling for eighty-one individual attendances by members of the medical staff attached to the Hospital, and the attendances of Out-Patients exceed 180,000 per annum.

The London University building, for anatomy, histology, and embryology, provided by the Rockefeller gift for medical education, will be opened in the summer and ready for occupation in October.

COMING EVENTS.

March 22nd.—Nurses' Missionary League. A Quiet Day. Chapel of the Ascension, Bayswater Road, W. 10.30 a.m., 3.15 p.m., 6 p.m.

March 23rd.—Registered Nurses' Parliamentary Council. Meeting of Executive Committee. 431, Oxford Street, London, W. 5 p.m.

March 24th.—Annual Meeting Scottish Nurses' Club. The Most Hon. the Marchioness of Ailsa in the chair. Club House, 203, Bath Street, Glasgow. 3 p.m.

March 24th.—Royal British Nurses' Association Club. Concert. Mr. Zacharewitsche (the world-famous violinist), Miss Kathleen Dawn, and Mr. Harold Horton. Tickets from the Secretary.

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 TRUE EFFECTS OF ALCOHOL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Why are not nurses in training taught modern knowledge regarding the true effects of alcohol on the human body?

Though one often meets nurses who hold an apparently fanatical objection to the use of alcohol, I have never known one able to give convincing scientific reasons against its use.

If we are to believe the statement of Sir Victor Horsley and Dr. Mary Sturge in their book, "Alcohol and the Human Body"—and there is every reason why we should do so—even a single dose of alcohol has an injurious, instead of a restorative action; and the habitual use of small "dietetic" doses accounts for, or aggravates, most of the serious diseases to which the human body is subject.

All their statements having been proved up to the hilt since the first edition in 1907, it is urgently necessary that every nurse should be acquainted with them in order not only to enlighten patients on the subject, but also that they may themselves act an example of total abstinence from what we now know to be a dangerous narcotic poison, instead of one of "the good things of life."

Too often trained nurses tacitly assent in the forming of the drink habit by patients who may be potential alcoholics; and they impair their own efficiency by taking alcohol in the erroneous belief that it is a food and a stimulant.

I am, Dear Madam,
Yours faithfully,

Cranford,
Middlesex. M. M. G. BIELBY.

SMOKING A DRUG HABIT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad to note that you point out in your admirable journal that smoking is a "drug" habit. As a patient of long standing, and no doubt a very prejudiced old party where nurses are concerned, I divide my nurses into classes—excellent, fair, and indifferent. The former never smoke; the other classes often do.

Yours truly,

M. C. T.

OUR PRIZE COMPETITION QUESTIONS.

March 31st.—What are the causes of digestive disturbances among infants, and what steps would you take in such cases?

April 7th.—How would you prepare (a) the patient and (b) the room for an emergency operation for appendicitis in a private house? Describe the subsequent nursing.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,826.

SATURDAY, MARCH 31, 1923.

Vol. LXX

EDITORIAL.

THE SPIRIT OF SERVICE.

Every age has its distinctive characteristics, its virtues, and their corresponding defects. Thus the Middle Ages were times of great self-sacrifice, self-abnegation, and uninstructed devotion to the sick, when lives were needlessly sacrificed from a mistaken sense of duty. From the dissolution of the Religious Houses in the time of Henry VIII, which, whatever their drawbacks, did care for the sick and needy, the care of the sick passed gradually into the hands of ignorant, low-class women, typified by the figure of Sarah Gamp, drawn for us by the unerring pen of Charles Dickens.

By the middle of the nineteenth century nursing in this country had reached its lowest ebb; the sick were neglected, and even robbed, by lazy and callous attendants, who cared for nothing but their own advantage. Then once more a humanitarian and religious influence was exerted by Mrs. Elizabeth Fry, by the Nursing Sisters of St. John, quickly followed by the shining example of Florence Nightingale, whose great strength lay in the fact that she was not only a humanitarian, but a scientist, who formulated the broad principles upon which the care of the sick must be based to be efficient, and also the hygienic principles which must be enforced, in order to prevent people from becoming sick. That was her supreme contribution to the uplifting of nursing: she raised it on to a new plane.

But evolution was still imperative. Once again a wealth of devotion was poured out by women who desired nothing better than to spend themselves in the service of sick humanity. But the conditions of service were such that nurses not infrequently sacrificed their own lives in the course of the restoration to health of their patients, and, short of the sacrifice of life, impaired health, physical deformities and disabilities often resulted. But the splendid spirit of service, which inspired women of the best type of all classes to enter

hospitals, under conditions unheard of at the present day, resulted in the development of a group of pioneers who not only rendered fine service to the sick, but who, observant in all that concerned their life's work, realised that something more than devoted service, however splendid, was needed. They therefore took up the difficult task of the organisation of nursing and nurses, in the same spirit of service to humanity as had animated them in their personal care of the sick.

And the struggle was even sterner than that for the efficient care of the sick. Women might expend themselves for a mere pittance, asking little but their right to serve; they might even win praise and adulation for so doing; but those who entered on the more difficult task of organisation came up against great economic conditions—a fact which at first they only partially comprehended—and the path to the promised land led through a desert infested by the forces of ignorance, prejudice, and self-interest. Now the goal has been won: the Nurses' Acts are on the Statute Book, the Rules based upon the Act are framed, the Register is published. The Profession of Nursing has been founded on a rock.

Conditions of labour have, however, altered—have altered, indeed, so considerably that the danger is that, with less strenuous conditions of work, and improved conditions of pay, the intrusion of other interests may cause the spirit of service to burn with a flame less pure than that which inspired the nurses of the latter part of the nineteenth and the beginning of the twentieth century. Let us make no mistake. In so far as the Nursing Profession is animated by the spirit of service it will fulfil its high vocation; if it loses its grasp on this fact, whatever it may gain in material things, even if it gains the whole world, that will be no compensation for losing its soul. It remains for the nurses of the present day to carry on, and hand on to future generations the traditions of devotion to the sick, and of sacrifice for the sake of their profession, of which they now enjoy the fruits.

OUR PRIZE COMPETITION.

WHAT ARE THE CAUSES OF DIGESTIVE DISTURBANCES AMONG INFANTS, AND WHAT STEPS WOULD YOU TAKE IN SUCH CASES?

We have pleasure in awarding the prize this week to Miss M. E. Thorpe, Waldene, Weydon Hill Road, Farnham.

PRIZE PAPER.

Digestive disturbances in infants are recognised by the following symptoms: vomiting, diarrhoea, unnatural stools (green, offensive, or containing curds), excessive flatulence causing pain, colic, and sometimes convulsions.

(a) In breast-fed babies these disturbances may be due to irregular feeding, feeding too quickly, unsuitable food taken by the mother; constipation, illness, or disease of the mother. Also malformation of the baby's stomach—*i.e.*, pyloric stenosis.

(b) In artificially fed babies irregular feeding, and feeding too quickly, may also be the cause, but it is more usually due to unsuitable food. If cow's milk is used, the proteids are much more difficult to digest, the casein being in excess and different in character to that in human milk, and forming a much larger curd in the infant's stomach.

Constipation of the baby may cause trouble, and any malformation of its digestive organs. Also bacteria introduced through the food, and want of cleanliness.

In dealing with these infants one must first endeavour to ascertain the cause of the disturbance. With a breast-fed infant see that the mother is perfectly quiet, and gives it all her attention when feeding. She must not take any violent exercise which will cause her blood to become overheated. If the infant appears to be getting the milk very quickly, it is a good plan to use a nipple shield for the first five minutes. Regular feeding is important: every three hours during the day is usual.

If the mother is inclined to be constipated she should take medicinal paraffin daily. Plain nourishing food must be taken. Highly seasoned foods, acids, and alcohol must be avoided. If in spite of the above precautions the child's digestion is still faulty, it is a good plan to eliminate each article of the mother's diet in rotation and watch the result. If there is still trouble a doctor must be consulted.

Among artificially fed babies digestive troubles are more common. The infant must be fed regularly, and should take at least twenty minutes over his feed. He must be nursed, and the bottle held in position. The

food must be given warm. It is a good plan to put a flannel or woollen cover on the bottle. If there is any sign of constipation, olive oil, medicinal paraffin, or a little fruit juice in warm water should be given daily. If cow's milk is being used for feeding, it must be pasteurised, or boiled *once* when it arrives, and kept in a clean covered vessel.

Also it must be diluted with boiled water and modified to suit the digestive ability of the baby, taking age, weight, and constitution into consideration.

In some cases it may be necessary to peptonise the milk, or to add sodium citrate to each feed.

With premature infants it is well to begin with a mixture of whey and cream, eight parts whey and one cream. Most babies are able to start with one part milk and two of water; lactose, ʒviii to Oi of the mixture; and cream, ʒss to each feed. If the latter is not procurable, Virol, or a few drops of cod liver oil or olive oil, may be used. The strength of the mixture may be increased gradually.

Regarding quantity, it is estimated that a baby requires 50 calories for every pound in weight in 24 hours, 20 calories being equal to ʒi of milk. Thus a baby of 7 lb. requires 350 calories in 24 hours = 17½ oz. of food. A breast-fed baby seldom overfeeds.

All babies have a certain amount of flatulence after feeding. This is usually easily dispelled by holding them up and gently patting the back. For colic a warm flannel on the abdomen will give relief, or a warm bath.

A doctor must always be consulted concerning any serious or continued digestive disturbance.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Phœbe Goddard, Miss Rachel Dodd, Miss M. James, Miss T. Goode, Miss E. Mann.

Miss Phœbe Goddard writes:—"Few people realise how small a new-born baby's stomach is, being only able at five days to hold one ounce at a time, and therefore, when more is given than it can comfortably hold, vomiting results; and if this does not occur, much pain is caused. *Remedy.*—Give only a certain amount of food at a time, in proportion to the age of the child."

QUESTION FOR NEXT WEEK.

How would you prepare (a) the patient and (b) the room for an emergency operation for appendicitis in a private house? Describe the subsequent nursing.

THE NATIONAL COUNCIL OF TRAINED NURSES.

MEMBERS TO MEET IN CONFERENCE.

The Constitution of the National Council of Trained Nurses of Great Britain and Ireland (which is affiliated to the International Council of Nurses, founded by Mrs. Bedford Fenwick in 1899) provides for the holding of Conferences of the members of all the affiliated societies, and the Hon. Officers of the National Council are of opinion that such a Conference, which has not been held for some time, would be opportune at an early date.

The National Council is governed by the Grand Council, composed of delegates appointed by the affiliated societies, and of the Hon. Officers, and consultation between these delegates and the members would appear to be necessary this year, as the Triennial Meeting of the International Council is to be held in Finland the year after next.

Membership of the National Council of Trained Nurses is strictly confined to societies of Trained Nurses, so that the basic principle of professional solidarity is secured in both National and the International Councils.

Of late years so many organisations have associated trained nurses, in which their professional opinion is submerged and out-voted, that it is imperative that trained nurses in every country should realise the vital importance to their status of having at least one National Association "all their own," through which, following the precedent of the medical and other professions, they can federate internationally, and be free to form, express, and enforce professional opinion, untrammelled by ulterior influences.

There are quite a number of vital questions for the welfare of the profession, and the public, which it is the duty of the National Council of Great Britain and Ireland to consider, in the forefront of which we place:—

(1) The present International Outlook on Nursing.

(2) Suggestions for the extended usefulness of the National Council.

(3) Suggestions for consideration at the Meeting of the International Council of Nurses in 1925.

(4) The attempt upon the part of the majority of the new General Nursing Council for England and Wales, to deprive general trained nurses of their right to a statutory "prescribed scheme of training," as granted to them by Parliament in the Nurses' Registration Acts, 1919.

It has been suggested that a whole-day Con-

ference be held. The Hon. Secretary will therefore be pleased to receive suggestions, from Secretaries of affiliated Societies, of matters the members desire discussed, and of offers of hospitality for those attending from the country or from abroad.

Address the Hon. Secretary, National Council of Trained Nurses, 431, Oxford Street, London, W.1.

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

Councillor Beatrice Kent presided at the meeting of the above Council held at 431, Oxford Street, London, W., on March 23rd.

After the minutes had been read, Mrs. Fenwick rose with a copy of the First State Register of Nurses in her hand, and with the consent of the Chair, proposed that those present should, by a rising vote, put on record their gratitude to their comrades, and to the memory of those passed away, who had toiled and paid for this great reform, and congratulation to the Nursing Profession upon the publication of the State Register of Nurses. By a rising vote this resolution was put on record, and the chairman offered to Mrs. Fenwick an expression of warm appreciation for her leadership which had gained them the victory.

The State Register handsomely bound in scarlet cloth boards, lettered in gold, printed in good bold type, as proposed by Mrs. Fenwick, when a member of the General Nursing Council, was generally admired, and those present realised that when the Register contained—as it would do at no distant date—the names of 50,000 Registered Nurses, the powers conferred by the Nurses' Registration Act on the Nursing Profession would become a practical reality.

Important business was transacted, and hearty votes of thanks unanimously agreed to be sent to Major R. W. Barnett, M.P., for his recent services in Parliament in placing before the House of Commons amendments to the autocratic "prescribed scheme" for the election of Registered Nurses on to the General Nursing Council for England and Wales, and thereby securing consideration of these amendments by agreement in the House with the Minister of Health, who undertook to have the "prescribed scheme" and amendments referred for further consideration to the General Nursing Council, when, if approved by him, it should again be laid on the table of the House. A vote of thanks was also accorded to Mr. R. Richardson, M.P., for seconding Major Barnett's motion.

Miss Stewart Bryson made a satisfactory report on the organisation of the Fever Nurses' Section of the Council.

New members were elected, and the Council approved, as a constituent society, of a Conference of the National Council of Trained Nurses being held at an early date.

MARGARET BREAY,
Hon. Secretary.

NURSING ECHOES.

The grand ball to be held at Lansdowne House in aid of Queen Victoria's Jubilee Institute for Nurses, on April 26th, the evening of the Royal Marriage, promises to be a very successful affair. The Marchioness Curzon of Kedleston, a lady of immense fortune, has the arrangements in hand, and it is hoped it will rival in brilliance a similar event held for the same good cause two years ago.

There will be dancing in two ballrooms, and special efforts will be made to engage the services of two of the most popular bands now in London. A special supper-room will be built out at the back of the house, in which a sit-down champagne supper will be served. As on the former occasion, decorations will be worn, a sure indication that Royalty is again expected to be present.

The Annual Meeting of the Paddington and St. Marylebone District Nursing Association held on Thursday, March 22nd, at the Home, 117, Sutherland Avenue, Maida Vale, was very successful and enjoyable. The Mayor of Paddington, Mr. H. V. Kenyon, occupied the chair, and the speakers were the Rev. Prebendary Sharpe, Vicar of St. James's, Paddington; the Rev. Alexander Butler, Congregational Church, Harrow Road; Dr. Charles Porter, Medical Officer of Health for St. Marylebone; and Dr. Reginald Duffield, Medical Officer of Health for Paddington. One and all testified to the excellent work done by the Superintendent, Miss S. M. Marsters, and the nurses. Attention was also drawn to the satisfactory balance-sheet presented. The Association was complimented on the co-operation that existed between it and the public bodies dealing with the health of the nation. The statistics show that 3,511 school children were treated at the Minor Ailment Centres, with an attendance of 47,805 for treatment. Three nurses are employed for the work.

There were 2,677 general cases attended, and 38,340 visits paid.

The total cases treated in the year were 6,188, and the visits paid 87,000. When one considers that the staff consists only of the Superintendent and twelve nurses, one realises how valuable is each unit in this little band of health workers.

The Report states that "life at the Minor Ailment Centre is both interesting and amusing, the former professionally, the latter in the

originality of the children, which affords an everlasting sense of humour. Their wit and observation are keen in all directions, as portrayed by the following incidents.

"The colour of the overalls worn by the two Nurses working there has given them the name of the 'White Nurse' and the 'Blue Nurse,' the Blue Nurse being notified as 'The Boss.' During the absence of the White Nurse on one occasion a temporary Nurse was installed, giving rise to many extraordinary questions, one of which was 'Where is the real Nurse?'"

Here is an instance of a life saved by good nursing.

"Mrs. H., a war widow, with one little girl, living with her father and mother, and going to daily work, was taken seriously ill with double pneumonia. She was too ill to be removed to a hospital and also refused to leave home. The doctor sent to the Superintendent asking her to send a Nurse twice a day to apply poultices, &c. The patient became dangerously ill and she was not expected to recover. On the Superintendent visiting the patient and seeing the condition she was in, she asked the doctor if he would agree to oxygen being administered by the Nurse when required. He quite agreed but did not know how it could be obtained, as it was expensive and the patient poor, but the Superintendent explained that in such a case of life or death the Association would supply the oxygen. It was obtained, and within half-an-hour it was administered to the patient. From that time she hourly improved and made a complete recovery. The whole family have never ceased to express their gratitude, and between them sent 30s. as a donation, which much more than paid for the oxygen."

The *Red Cross* reports that a small unit has been despatched from the V.A.D. Department, 19, Berkeley Street, to carry out work under the Near East Section of the British Red Cross Society in Greece. The party consisted of:—

Miss E. F. Fairbairn, R.R.C., formerly Acting Matron, T.A.N.S., who was trained at the London Hospital, and who served at the Dardanelles and in Egypt during the war.

Miss Florence George, trained at Sheffield Royal Hospital, and served during the war as Lady Superintendent of the Cedars Auxiliary Military Hospital, Battersea. She was a year or two ago asked by Queen Sophie of Greece to carry out six months' work with the Greek Army, and six months as head of the Welfare Centre of the Salonika Patriotic League. She speaks Greek.

Miss Agnes Gray, trained at the Royal Southern Hospital, Liverpool, was in charge of the Drill Hall Auxiliary Hospital, Cranbrook, during the war. She holds the C.M.B. certificate.

The V.A.D. members were: Mrs. Edith Isaac, R.R.C., Mrs. Ellen Lois Eames, and Miss Marion Compton.

It seems unjustifiable to incur the great expense of sending V.A.D.s to Greece, when hundreds of thoroughly qualified nurses would gladly have gone, and had Queen Sophie still been at Athens we feel sure she would have preferred highly efficient nurses: she has met them and realises their value. When will our Red Cross follow the example of America, and make "Red Cross Nurse" synonymous with Registered Nurse? It really is too futile that our profession has to share all the plums of foreign service with V.A.D.s.

We are still hearing from nurses who contend that they are "registered" on the State Register because they have paid a guinea to become members of the College of Nursing, Ltd., and that their Matrons urge them to join the College before making application for State Registration. Surely this advice is very unfair, and it would be well in the forthcoming issue of the official organ of the College to make it quite plain to applicants that there is only one Statutory Register, and that is under the control of the General Nursing Council. As one nurse writes: "I had to squeeze out £2 2s. instead of £1 1s., which I could very ill afford."

A meeting of the Cork Branch of the Irish Nurses' and Midwives' Union was recently held in the County Council Chamber, Courthouse. Mrs. Walsh was unanimously elected Secretary, and Miss Hartnett Assistant Secretary. A number of new members were enrolled.

Miss Gloster, Dublin, Organiser, addressed the meeting, and expressed great satisfaction at such a large attendance. Also that the nurses were seriously considering the interests of their profession showing that they realised nothing could be gained without solid organisation. The enthusiasm shown made her hope that this Cork Branch would be in a very strong position in the near future, and she wished them all success.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Continued from page 190.)

Report of Education and Examination Committee.

The Report of the Education and Examination Committee was, in the absence of Miss Lloyd Still, presented by Miss Cox-Davies, who moved that it be received. Since the last meeting of the Council the Committee has met three times.

The Committee reported (I) that it has elected Miss Lloyd Still to be Chairman.

II. SYLLABUS OF TRAINING.

Considered.—Letter from the Minister of Health, relative to Training Syllabus. (This letter was printed in our issue of February 24th.)

After considerable discussion a Resolution was passed—

"That the Council adhere to the Preface which is found on the first page of the Syllabus of Training."

The Committee further resolved to recommend—

"That this Syllabus of Training be issued on the authority of the General Nursing Council for England and Wales."

To bring the Preface up to date the Committee resolved to recommend certain changes in it as it now exists, viz. (a) that the red slip be now omitted; (b) on page 1, para. 6, to delete the words:—

"And it is also compiling a list of institutions approved by the Council in which the prescribed training shall be carried out. In due course it proposes to issue rules and dates for the holding of examinations."

And to substitute the words:—

"It has already approved a large number of institutions in which the prescribed training may be carried out, and a Syllabus of subjects for Examination will be issued."

(c) In the next paragraph to delete the words:—

"In order to inform them of the general lines of education and the standard required by the Council to be attained by candidates.

"The Council believes this syllabus will meet the needs of schools of various resources and equipment, and enable them to prepare their pupils for the examinations contemplated by the Statute. It is intended to outline a minimum standard, and the method of arrangement has been chosen to give a clear exposition of the scheme."

And substitute the following:—

"And that it may provide a scheme by which the candidates may be instructed in the subjects prescribed in detail by the Syllabus of Subjects for Examination."

(d) On page 2, after the last paragraph, to add the following:—

"The General Nursing Council has decided that the Examination shall be divided into two parts. The Preliminary Examination will be common to all probationers whether training for the General Nursing, or for some Supplementary Part of the Register. It will include Anatomy and Physiology, Hygiene, and the First Part of the Theory and Practice of Nursing

(Sections I, II, and Part 1 of Section III in the Syllabus of Subjects for Examination). It may be taken at any time after the first year's training has been completed.

"The Final Examination for General Nurses will include the remainder of the same Syllabus (with the exception of the column marked as optional in the Schedule for the 2nd and 3rd year's training), and the subjects mentioned in the Nurse's Chart attached.

"The Syllabus of Subjects for Examination may be obtained from

"THE REGISTRAR,
"General Nursing Council,
12, York Gate, London, N.W.1.

"Price 6d., post free 8d."

And to delete the following footnote:—

"N.B.—An Examination Syllabus, founded upon the Syllabus of Education and Training, will be published by the General Nursing Council in due course."

Recommended.—That the above amendments to the Preface be approved, and that the Syllabus as amended be issued on the authority of the General Nursing Council.

III.—TRAINING FOR SUPPLEMENTARY FEVER REGISTER.—*Considered.*—The question of Fever Training had been deferred for a Report from Dr. Goodall, after consultation with the Scotch authorities.

Dr. Goodall reported that Scotland required three years' training for a Fever Nurse and would not be likely to consent to two years' training; but that in England the original term of three years had been reduced to two years with the approval of all the authorities concerned.

Recommended.—(1) That the Scheme of Training for Future Nurses be amended by the following additions:—(a) To insert at the end of Paragraph II,

(4) Fever Nurses.—Two years' training in accordance with the prescribed Syllabus in a Fever Hospital approved by the Council.

(b) To insert after III (2),

(3) *General and Fever.*—Four years' training will be necessary. Either two years' training in an approved Fever Hospital and two years subsequently in a General or Poor Law Hospital; *or three years' training in a General or Poor Law Hospital, *and one year subsequently in a Fever Hospital.

* As in I (1).

(2) That the following Rules be approved by Council and forwarded to the Minister for his approval along with the Report of the Committee relating thereto.

RULES—FEVER TRAINING.

12 A (5).—Every person desirous of obtaining admission to the Supplementary part of the Register for Fever Nurses after June, 1925, shall

1. Furnish evidence that she is not less than 21 years of age.

2. Furnish evidence on the forms prescribed that she has completed a course of two years' training in a training school for Fever Nurses approved by the Council, and has undergone systematic instruction in the subjects prescribed.

3. Furnish a certificate of good moral conduct from the Matron or Superintendent of the said Training School.

4. Pass the prescribed examinations of the General Nursing Council.

12 A (6).—Every nurse who, having been registered after June, 1925, on the General Part of the Register, desires to obtain admission to the Supplementary Part of the Register for Fever Nurses shall

1. Furnish evidence on the form prescribed that she has subsequently to Registration completed a course of one year's training in a Training School for Fever Nurses approved by the Council and has undergone systematic instruction in the subjects prescribed.

2. Furnish a certificate of good moral conduct from the Matron or Superintendent of the said Training School.

3. Pass the prescribed examination of the General Nursing Council.

IV.—SYLLABUSES OF TRAINING.

Considered.—Syllabus for Male Nurses; Syllabus for Sick Children's Nurses; Syllabus for Fever Nurses. In all of these, amendments were required in order to make them conform with the Council's decision to divide the Examination into two parts.

Recommended.—"That the above Syllabuses be approved as amended, and forwarded to the Minister of Health, and that the date be added on the cover of each Syllabus issued, and that on the last page of each be printed a list of the publications issued by the Council."

V.—RECIPROCAL REGISTRATION.—*Considered.*—Letter from the Registrar of the General Nursing Council for Scotland asking if the Council would consider the question of Reciprocal Registration. He stated, however, that the Scottish Council would not agree to any reciprocal registration unless the principle was allowed that only half fees should be charged at the time of the second registration.

After discussion it was decided to agree to the principle. A form of words was suggested by the Registrar of the Scottish Council as likely to meet with general agreement and with some alterations was considered suitable.

Recommended.—That the following resolution be provisionally passed and forwarded to Scotland for consultation:—

RULE FOR RECIPROCAL REGISTRATION.

Any person whose name is included in the General Part of the Register kept by the General Nursing Council for Scotland, or by the General Nursing Council for Ireland, or by the Joint Nursing & Midwives' Council (Northern Ireland), or in any Supplementary Part of the same except the Supplementary Part containing the names of Fever Nurses, shall on making application to the Registrar in the prescribed form, and paying the prescribed fee, and on production of a certificate by the Council on whose Register the said person is registered, to the effect that her name is included in such Register, be entitled to be admitted to the corresponding part or parts of the Register of this Council.

That the fee for registration in the Register of this Council under the above Rule shall in each case be one-half of the fee charged by this Council for a first registration.

By Rule 42, formal notice of this motion will, provided the recommendation be approved, be sent out to members, ten clear days before next

meeting of Council, since it rescinds a previous resolution.

VI. EAST HAM ISOLATION HOSPITAL.—Referred from the Council of December 15th, 1922. The Committee has received a satisfactory report from the Medical Officer of Health of the Borough of East Ham, giving full details of the training there carried out and assurances that it is now in full working order.

Recommended.—

"That the East Ham Isolation Hospital be approved as a Training School for Fever Nurses."

VII.—WESTMINSTER HOSPITAL.—*Considered.*—Letter from the authorities of the Westminster Hospital asking that if the Hospital be closed for six months for rebuilding, permission be given for the nurses to be sent to other General Hospitals in London without interruption of their training.

Recommended.—That this be permitted, subject to the clause that the General Hospital selected for these nurses, is one of those approved by the General Nursing Council.

VIII.—APPLICATION FOR APPROVAL OF HOSPITALS AS TRAINING SCHOOLS UNDER SCHEME OF TRAINING OF NURSES.

1. *Considered.*—Letter from the authorities of the Homœopathic Hospital, Tunbridge Wells, applying for permission to affiliate with the Homœopathic Hospital, London (an approved Hospital for the purposes of training).

This Hospital is a small Hospital of 21 beds and has no Resident Medical Officer. The Committee considers that it is one of the class for which Section I (2) of the Scheme was framed, but wishes to draw the Council's attention to the fact that no decision has yet been given whether a Resident Medical Officer is necessary in these smaller Hospitals.

Recommended.—That the Scheme proposed by the Homœopathic Hospital, Tunbridge Wells, be approved.

2. *Considered.*—Further list of General Hospitals and Poor Law Hospitals whose authorities have replied to enquiries instituted by the Council.

Recommended.—(a) That the following Hospitals be recognised as Complete Training Schools:—

General.—London Jewish Hospital, Stepney; Cossham Memorial Hospital, Bristol; Royal Isle of Wight County Hospital, Ryde, Isle of Wight; General Hospital, Burton-on-Trent; General Infirmary, Southport.

Poor Law.—Union Infirmary, Bromley; Holbeck Infirmary, West Hartlepool; Battle Infirmary, Reading.

(b) That the following Hospital for men only be recognised as a Hospital for General Training in conjunction with a General Hospital (King Edward VII Hospital, Cardiff), The Royal Hamadryad Seamen's Hospital.

(c) That the following Hospital be recognised as a Training School which in combination with another Public Hospital gives complete training: Chester Union Infirmary.

IX.—Considered: Further list of Sick Children's

Hospitals whose authorities have replied to enquiries instituted by the Council.

Recommended: That the following be recognised as Training Schools for Sick Children's Nurses:—Bradford, Children's Hospital; Brighton, Royal Alexandra Hospital for Children; Bristol, Royal Hospital for Sick Children and Women; Sheffield, Children's Hospital, Western Bank.

X.—Considered: Further list of Fever Hospitals whose authorities have replied to enquiries instituted by the Council.

Recommended: That the following Fever Hospitals be approved as Training Schools for Fever Nurses: Bolton, Borough Hospital for Infectious Diseases; Bootle, Infectious Diseases Hospital; Middlesborough, West Lane Fever Hospital; Newport (Mon.), Allt-yr-yn Hospital.

XI.—EXAMINATIONS.

Considered.—Memorandum (circulated) drawn up by the Chairman of Council. After considerable discussion of the general subject, it was resolved to recommend:—

(1) That the written examination be conducted at any centre where there are as many as twenty-five candidates, provided that a room and an invigilator can be provided to the satisfaction of the Council.

(2) That a special Examination Officer be appointed; that a salary of £400 a year be offered, together with travelling expenses; and that the Committee be empowered to advertise to obtain candidates.

Questions to be Considered by Education Committee in Connection with Examinations.

I.—EXAMINATIONS.

1. The centres at which the Examination shall be held.

2. The number of Examinations to be held yearly.

3. The approximate dates of the Examinations, Preliminary, Final.

4. The buildings in which the Examinations shall be held. With this is involved the form of the Examinations (see 7). Written, Practical, and what will be necessary for the practical part.

5. The negotiations for housing and conducting the Examinations will necessitate a considerable amount of personal interviews with local authorities, and the arrangements for the Examinations cannot be conducted by the present staff. The question of a special officer will have to be considered and whether it will be as well to appoint such officer at once and make him or her responsible from the first.

II.—EXAMINERS.

6. Formation of panels of Examiners, General and Special.

7. Rules for form of Examination. Written, Practical, number and character of papers, character of Practical. Time to be occupied by each.

8. Rules for appointment of Examiners.

9. Rules for setting of questions.

10. Approval of questions by General Nursing Council.

11. Rules for conduct of Examinations (instruction to Examiners).

III.—CANDIDATES.

12. Application form.

13. Certificate of age.

14. Detailed certificate of instruction in the several subjects (will differ for Preliminary and Final, and for General and Special Finals).

15. Good conduct.

16. Pass certificates.

17. Referred Candidates.

IV.—FINANCE.

18. Expenses of buildings and sundries connected with Examinations.

19. Fees to Examiners.

20. Candidates' Fees.

21. Salary of Examination Officer and Staff, if appointed.

Discussion.

MISS COX-DAVIES moved Item II.

DR. BEDFORD PIERCE enquired whether this meant that the Syllabus was compulsory.

The answer was in the negative.

MR. DONALDSON thereupon moved an Amendment—

"That the Syllabus of Training be returned to the Minister with the request that he will sign it."

This was seconded by MISS WIESE.

MISS DU SAUTOY said the late Minister of Health had mentioned possible modifications in his letter to the Council.

MISS MUSSON said the Syllabus of Examination was compulsory, was it worth while to stand out about the Syllabus of Training?

SIR JENNER VERRALL explained why he was not going to stand to his guns any longer. He had voted before to make the Syllabus compulsory, but the preface issued with it said that the General Nursing Council had compiled it "in the hope that it may aid the training schools in arriving at a general standard of nursing education, and in order to inform them of the general lines of nursing education and the standard required by the Council to be attained by candidates." That was not the language one used when one wished to make a thing compulsory. Therefore, though he had voted last time that it should be compulsory, he did not intend to do so now, though it was possible that he might on another occasion. The Minister was within his right to say that he would not sign it in its present form.

MISS BUSHBY said the Children's Syllabus had been signed by the Minister, or, if not, he would be asked to sign it, as well as the Syllabus of Training in connection with each of the Supplementary Registers, including the Supplementary Part of the Register for Fever Nurses.

REV. G. B. CRONSHAW said he had examined the so-called Examination regulations on which nurses had to be examined. He thought it would be found that in order to comply with these they

would have to know what was contained in the Syllabus of Training.

MISS DU SAUTOY said: "Mr. Chairman, does not the fact that under the Act candidates for admission to the Register are required to have undergone the 'prescribed training' carried out in an institution approved by the Council, necessitate a compulsory Syllabus of Training?"

THE CHAIRMAN: "If you ask me I say 'No,' but that is a question which can only be decided by the High Courts."

MISS SEYMOUR YAPP considered that the Chairman has not given a correct interpretation of the Act to the deputation from the Association of Poor Law Unions.

THE CHAIRMAN said he had quoted the Preface to the Syllabus of General Training and had given his interpretation in all good faith. He took the Preface, and he did not see that it was possible to interpret it in the sense that the Syllabus would be compulsory.

MISS COWLIN considered it illogical for the Syllabus of Training to be signed for children's training and not for general training.

MISS BUSHBY asked, though the last Minister was not willing to sign what about the present one?

On MR. DONALDSON'S amendment being put to the meeting there voted:—

For the Amendment.—Miss Bushby, Miss du Sautoy, Mr. Stratton, Miss Wiese, Mr. Donaldson.

Against the Amendment.—Miss Villiers, Rev. G. B. Cronshaw, Miss Bremner, Miss Musson, Miss Sparshott, Miss Alsop, Miss Seymour-Yapp, Miss Cox-Davies, Miss E. Smith, Miss A. S. Barratt, Dr. Bedford Pierce, Dr. Smedley, Dr. Goodall, Sir Jenner Verrall, and the Hon. Mrs. Eustace Hills.

Not Voting.—Miss Cowlin.

The amendment was therefore lost.

MISS VILLIERS then moved:—

"That the Minister be asked to point out what modifications he thinks it is desirable to make in the Syllabus of Training."

In moving her amendment, MISS VILLIERS expressed the opinion that judging from the amendments made by the Minister to the Children's Syllabus, the modifications would not be serious.

THE CHAIRMAN said he felt inclined to say a word, which he had intended to write, on the general position of the Council. He thought the Council should remember it is in exactly the same position with regard to the nursing profession as the General Medical Council is in regard to the medical profession. Speaking under correction by Sir Jenner Verrall, the General Medical Council was charged precisely with the same duties—to see that the standard of education and training is maintained and raised, and to see that the Register is kept pure. If he was not mistaken, the General Medical Council had absolutely no compulsory powers whatever, except in regard to a licensing body whose examinations are not satisfactory to that Council. It had no other compulsory powers

whatsoever. The General Medical Council thirty or forty years ago did not hold an important position. There was no question about it now. It was the most important body in the profession, and everybody paid attention to what it wished. Licensing bodies, which had had things entirely in their own hands, now listened to what the General Medical Council said, and almost invariably made alterations without opposition.

The General Medical Council had proceeded entirely without compulsory powers, entirely by consulting people concerned and educational bodies, and entirely by gradually getting them to accept its views, that examinations and training ought to be raised. It produced reports to that effect, specified what it thought ought to be done, and then sent round to all the licensing bodies to ask for their consideration and opinion. Gradually it got its way and so had completely altered the examination and curriculum and years of training. They had completely changed the whole face of medical education, and done it without trying to make anything compulsory at all.

Now what was the Council doing? It was trying to make things compulsory,* and it was putting itself under the heel of the Ministry. It would not rely on itself or its own authority, and said it must have legal force behind it or it was no use. His own personal feeling was that the Council was losing not gaining in position. He would like it to be recognised as the head of the profession by consent, and gradually get its views accepted as the General Medical Council had done, as a representative body entitled to be heard. But he did not believe in going to the Ministry to get everything made compulsory. His own feeling was this was a wrong thing, and would weaken the position of the Council. They could not make it depend on the Ministry. Unfortunately they were tied to Parliament and the Government more than was consistent with their dignity, and far more than the General Medical Council, which was able to get its views accepted from time to time because it had not lost power. He appealed to them to recognise that their real title to power was the consent of the profession. In that way they would hold a position infinitely higher than by getting compulsory powers from the Ministry. He had long felt he should deliver himself in this sense and he had now taken the opportunity of doing so. As Chairman he would be prepared to dispute the authority of the Minister.

MISS BUSHBY seconded MISS VILLIERS' amendment.

MISS COX-DAVIES expressed the view that it would be absolutely wrong to go to the Minister to ask him to deal with the Syllabus.

DR. SMEDLEY enquired whether it was not proposed to make the Syllabus of Training for the General Part of the Register compulsory?

THE CHAIRMAN said it was proposed to issue it under the authority of the Council.

DR. SMEDLEY said he was asking for a ruling.

THE CHAIRMAN said it was decided to recommend to the Council that the Syllabus should not be returned to the Minister, but should be issued under the authority of the Council.

On MISS VILLIERS' amendment being put to the meeting there voted—

For the Amendment.—Miss Villiers, Miss Bushby, Miss du Sautoy, Mr. Stratton, Miss Wiese, and Mr. Donaldson.

Against the Amendment.—Rev. G. B. Cronshaw, Miss Bremner, Miss Musson, Miss Sparshott, Miss Alsop, Miss Seymour-Yapp, Miss Cox-Davies, Miss Cowlin, Miss E. Smith, Miss A. S. Barratt, Dr. Smedley, Dr. Goodall, and Sir Jenner Verrall.

Not Voting.—Dr. Bedford Pierce.

The Amendment was therefore lost.

DR. BEDFORD PIERCE said he would like to see the Syllabus of Training bound up with the Syllabus of Examination. Not in any deceptive way.

MISS COWLIN moved to add to the recommendation the words:—

“And that on the cover of the Examination Syllabus be added the words, ‘based on the Syllabus of Lectures and Demonstrations for Education in General Nursing.’”

This was seconded by MISS SPARSHOTT and lost on being put to the meeting, only three voting for it.

MISS SEYMOUR YAPP said that DR. BEDFORD PIERCE'S proposal was not in keeping with the decisions of the chair, to now add this, and take away freedom for training.

SIR JENNER VERRALL thought it was trying to get by a side wind, in part, what they could not get from the Minister, as a whole. An ingenious way of getting what one wanted. He hoped it would not be carried.

MISS BUSHBY enquired how the Council knew that the present Minister was not going to sign the Syllabus of General Training.

THE CHAIRMAN said there was continuity of policy in the Ministry.

MISS E. SMITH expressed the view that the Syllabus of Training was intended for the use of teachers, and MISS MUSSON that the proposal if adopted would confuse probationers.

DR. BEDFORD PIERCE'S motion, seconded by MISS COWLIN, was lost to add to the Committee's recommendation the words—

“And that the Syllabus of Training and that of Examination be issued under one cover.”

The original recommendation was then approved.

“That the above amendments to the Preface be approved and that the Syllabus as amended be issued on the authority of the General Nursing Council.”

The voting on this recommendation was as follows:—

For the Recommendation.—Rev. G. B. Cronshaw, Miss Bremner, Miss Musson, Miss Sparshott, Miss Alsop, Miss Seymour-Yapp, Miss Cox-Davies, Miss Cowlin, Miss E. Smith, Miss A. S. Barratt, Dr. Bedford Pierce, Dr. Smedley, Dr. Goodall, Sir Jenner Verrall.

Against the Recommendation.—Miss Villiers, Miss

* According to the Act.—ED.

Bushby, Miss du Sautoy, Miss Wiese, Mr. Donaldson.

Not Voting.—Mr. Stratton.

On Item III, DR. GOODALL said that the changes proposed in connection with the Scheme of Training for future fever nurses were mostly consequential, but drew attention to certain principles involved in retaining the two years' training for fever nurses, which was what the late Council originally proposed. When the proposal was referred to Scotland and members of the English Council met representatives of the Scottish Council, the latter explained that included in their three years' course was the nursing of tuberculosis and experience in Child Welfare. The Metropolitan Asylums Board would find it quite impossible to work the Scottish plan. At present, therefore, there could not be any reciprocity of fever training with Scotland.

On Item IV, DR. BEDFORD PIERCE enquired whether the Council would not be departing from the principle of one examination. Surely it would be unwise to get this passed for children and—

THE CHAIRMAN here interposed to ask DR. BEDFORD PIERCE to put what he meant in writing. He hadn't the wildest idea.

FEE FOR SCOTTISH NURSES UNDER RECIPROCAL AGREEMENT.

On Item V, THE CHAIRMAN asked whether the Council was prepared to stand by the original Resolution of the Council.

MISS BUSHBY, in doing so, said that many Scottish nurses would come down and enlarge the English Register, causing expense in regard to clerical work in keeping it up, and in additional printing and paper. It was proposed that Scottish Nurses should be charged half fees, but those in the South of Ireland—now a Free State—would have to pay the same fee as the English and Welsh nurses. Was it just?

MISS COWLIN supported Miss Bushby.

MR. DONALDSON said the Nurses would already be on the Scottish Register.

On being put to the meeting, eleven voted in favour of the Committee's recommendation, and three—Miss Bushby, Miss Cowlin, and Mr. Stratton—against it.

On Item VII it was agreed to add to the last paragraph, "and that the temporary arrangements of the General Hospital be approved by the General Nursing Council."

On Item XI (2), MISS COX-DAVIES moved that the salary offered should be reduced to £375. DR. SMEDLEY suggested "not more than £400," and this was agreed.

MISS MUSSON pointed out that special experience would be needed.

SIR JENNER VERRALL said that the new officer on paper, and in fact, would be under the Registrar and Assistant Registrar.

It was agreed that the Education Committee should select and send a list of six to the Council.

The report was adopted.

(To be concluded.)

PROTECTED UNIFORM AND BADGE.

The question of the Uniform and Badge for State Registered Nurses was considered on March 16th by the Committee appointed by the Council. The following suggestions were put forward, and Nurses are invited to send their criticisms to the Registrar, at the Offices of the Council, 12, York Gate, Regent's Park, N.W. 1, before *Friday, April 13th*. Communications must be marked "*Uniform*" on the envelope:—

UNIFORM.—To consist of—

COAT.—Long coat, tailor-made; colour, indigo blue; material, serge; buttons, round button with rose in centre and lettering round (England and Wales).

OPTIONAL.—Coat and skirt of same material; coat frock of same material.

HAT.—Velours for winter; straw for summer; storm cap.

SHOES AND STOCKINGS.—Black.

GLOVES.—White.

BADGE.—A badge is to be worn, but *only* on the registered uniform. The pattern will be decided later.

LETTERING.—It was decided that there should be no letters on the shoulder straps of the uniform.

PROFESSIONAL UNION OF TRAINED NURSES.

MEMBERS PLEASE NOTE.

The annual general meeting will be held at the "Plane Tree," 106, Great Russell Street, W.C.1 (near Y.M.C.A. Central Building, Tottenham Court Road), on Friday, April 6th, 1923, at 5.30 p.m. Admission by 1923 Membership Card, paid up to date.

Owing to the fact that only 40 members have been nominated for election to the Council, a ballot has been rendered unnecessary.

INTERNATIONAL NEWS.

NATIONAL ASSOCIATION OF ITALIAN NURSES APPROVE THREE YEARS' COURSE OF TRAINING AND ASK FOR STATE DIPLOMAS FOR NURSES.

The National Association of Italian Nurses held a National Convention for Nursing at Milan on March 8th and 9th.

A very large number of doctors and nurses attended the Convention and many papers were read, after which a Resolution was passed to ask the Government to establish Training Schools with a three years' course in large hospitals, and to establish a State Diploma for Nurses.

This Resolution was voted unanimously. All the Matrons of the Training Schools in Italy attended the Convention (except one), as well as the Directors of several hospitals, and the Directresses of the Courses in Public Health.

THE MAUDSLEY HOSPITAL. PREVENTION OF INSANITY.

There is no more urgent problem in the hospital world at the present time than the prevention of insanity. The words are used advisedly, for hitherto the prevention of insanity is not a question which has entered largely into the spheres of practical medicine or nursing, the reason being the antiquated regulations in regard to admission to asylums, so that sufferers from mental disease must be certified as insane before they can have access to the treatment obtainable in asylums under mental specialists. By that time the disease is well established, and the prognosis as to permanent recovery seriously lessened.

Matters of vital importance in regard to those suffering from mental disease are: (1) That they shall be brought under treatment by experts in mental diseases at the earliest possible moment; (2) that the stigma associated with admission to an asylum shall be removed, and that certification as insane shall not be a necessary qualification for treatment in an asylum or mental hospital; (3) that opportunities shall be readily accessible to the medical profession for investigation and research into the causes, with a view to the prevention of mental disease.

The late Dr. Henry Maudsley, who was an earnest student, from a scientific standpoint, of the causes of insanity, and an enthusiast as to the treatment and care of sufferers from mental disease, gave £30,000 during his lifetime, and bequeathed another £10,000, to found a hospital where such disease can be studied and its causes investigated. The Maudsley Hospital, Denmark Hill, which was opened at the beginning of February, under the control of the London County Council, and where 150 patients are received, who are in the early and uncertified stages of insanity, is the result, nor can any one be certified while in the hospital.

The Hospital, which is close to King's College Hospital, on Denmark Hill, has accommodation for 150 patients. Some are received in ordinary wards, to which large and cheerful dayrooms are attached, and from which there is ready access to verandahs overlooking the gardens, where patients are wheeled in their beds so that they get a maximum amount of fresh air and sunlight. There are also a number of single wards. The charges made are, in the case of patients from the County of London, by arrangement as to what they can afford. In the case of other patients the charge is £5 a week. Whether they are placed in a general or a single ward is determined not by the payment made, but by the necessities of the case.

The Medical Superintendent is Dr. Mapother; and the Matron is Miss Walker—trained at the Royal Infirmary, Hull, and at the Royal Edinburgh Asylum, in Mental Nursing. She, of course, holds the certificate of the Medico-Psychological Association. It was good to notice, when accompanying her round the hospital, how the faces of the patients lit up with pleasure when

she stopped and spoke to them. The soft colouring and harmonious tones of the wards must be soothing to the mind diseased.

There are two very important features of the Maudsley Hospital. One, the pathological department, where research work for all the Mental Hospitals in London is carried on, and the other, the practice of the medical officers of spending much time in the wards with the patients. "The proper study of mankind is man," and while study of disease must be based on investigations made in the laboratory, nothing can take the place of clinical study of the patients.

The nursing staff of the hospital consists of the Matron, Assistant Matron, seven Sisters, all of whom have received general training; 50 female nurses and three resident male nurses, as well as others non-resident. It will be remembered that, at this hospital, the experiment of a nursing staff which, for the most part lives out, is being tried. Only ten of the female nurses live in, the rest living at home or in rooms in the neighbourhood.

The salaries paid are: Probationers, £118 14s. 8d.; Staff Nurses, £141 9s. 8d.; and Sisters, £154 1s. In the case of those living in, there is a deduction of 28s. per week for board and lodging, but an allowance at a fixed rate is made for meals taken out of the hospital. Those who live out can also have meals in the hospital at this fixed charge, *i.e.*, breakfast, 8d.; dinner, 1s. 1d.; tea, 4d.; and supper, 6d.

The hours on duty of the nursing staff are 96 per fortnight, with a six-day week, arranged as follows: *Day Nurses*—On duty, first week, from 7 a.m. to 2 p.m.; second week, from 1.45 p.m. to 10 p.m., and one day on from 7 a.m. to 8.30 p.m., with one hour off for dinner and half-an-hour for tea. *Night Nurses*—On duty, from 9.45 p.m. to 7.15 a.m.; the Night Nurses' dinner is at 7.30 a.m., but none of the night staff are resident in the hospital, and few stay to have dinner there.

The evident content and happiness of the patients and the knowledge that everything possible is being done, not only to alleviate but to cure their disease, the pleasant surroundings, the atmosphere of kindness, make the Maudsley Hospital a pleasant place to visit. One left it with a feeling of great gratitude to the distinguished scientist whose picture hangs in the entrance hall, feeling assured that his benefaction to science in the service of humanity will earn compound interest many times over. M. B.

TO PRESERVE CHILDREN.

AN AMERICAN RECIPE.

"Take one large grassy field, one half-dozen children, two or three small dogs, a pinch of brook and some pebbles. Mix the children and dogs well together and put them in the field, stirring constantly. Pour the brook over the pebbles. Sprinkle the field with flowers. Spread over all a deep, blue sky, and bake in the hot sun. When brown, remove and set aside to cool in a bath tub."—From *Public Health*.

HOSPITAL WORLD.

In view of the international character of the munificent gift of the Rockefeller Foundation of £1,200,000, and the importance of its object—namely, to improve medical education in the capital of the Empire—the King and Queen have consented to lay the foundation-stones of the new University College Hospital buildings at a date to be fixed at the end of May. The foundation-stone of the new Obstetric Hospital will be laid by the King and that of the new Nurses' Home by the Queen.

There appears to be some misapprehension in the minds of the public that the charitable side of the hospital will benefit by this gift, but so far from this being the case, an increased burden of £20,000 per annum will be imposed on the hospital finances for the upkeep of the new buildings and the maintenance of the additional beds required for teaching purposes.

Out of this magnificent sum of money let us hope a good slice will be earmarked for nursing education. Medicine cannot progress very far without the aid of its practical handmaiden, Nursing.

The Princess Royal, with the Princess Maud, opened the Pound Day proceedings at the Belgrave Hospital for Children, Clapham-Road, S.W., on Wednesday, the 14th inst., when it was announced that the sum of £6,000 had been allotted to the building fund from the estate of the late Mr. W. Shepherd for the erection of the south wing. The sum of £1,160 was realised.

The Queen visited the Hostel of St. Luke, 14, Fitzroy Square, the very popular medical and surgical nursing home for the clergy, last week and opened an extension, by which further accommodation is secured. Her Majesty was received by the Bishop of London, who gave a brief description of the work of the Hostel, which he described as splendid. He had been chaplain for twenty-two years and knew that it had saved the lives and cured the diseases of many clergy and their families. They had a perfect medical and nursing staff, but in addition there was something about the place—a Christian atmosphere—that helped the work of healing.

The Queen declared the extension open, and the Matron (Miss Philipps), the nursing and medical staffs, and representatives of the Executive Committee and the Ladies' Guild were presented to her by the Bishop. The Queen then went over the Hostel, spoke to the patients, and saw the new wards (which now accommodate thirty patients), expressing her approval of their cheerful aspect. The enlargement provides greater space for the chapel (where a further dedication service took place), and an enlargement of the roof-garden.

The Voluntary Hospitals' Commission have now dealt with all the applications for grants in respect of 1921, except for a limited number of areas in Scotland in which Local Voluntary Hospital Com-

mittees were late in being established. The total deficits reported to the Commission amounted to £295,170 for London, £425,727 for the rest of England and Wales, and £15,340 for Scotland. The total deficits reported for the whole of Great Britain amounted to £736,237, as compared with the estimate of £1,000,000 by Lord Cave's Committee on which the Government grant of £500,000 was based.

Fourteen London hospitals have received sums varying from £50,000 to £1,000 as a result of the distribution by the executors of a portion of the estate of the late Mr. William Shepherd. The largest sum, £35,000 goes to Guy's Hospital, £25,000 to Bolingbroke Hospital, £20,000 to St. Thomas's, and £6,000 to the Belgrave Hospital for Children.

Saving life by 'plane has evidently come to stay in Australia, where "succour for the out-back" depends on time:—

The story of Pilot W. B. Cochrane's race against time for the life of a sick settler in the interior of West Australia is by no means an isolated one of a commercial aeroplane taking up the rôle of a flying ambulance.

Many thrilling stories of succour rendered by aeroplanes in flood, fire and sickness, have filtered through, from time to time, to the Civil Aviation authorities at Victoria Barracks, from the aerial mail services which cover the far north-west of West Australia, the remote parts of Queensland, and the New South Wales border.

In February, last year, Pilot C. K. Kingsford-Smith, of the West Australian mail service, carried Dr. Trethowan from Perth to Carnarvon—574 miles—to perform an urgent operation on a girl. The doctor performed the operation successfully, and returned to Perth the same day. The outward flight was covered in a little over six hours.

Another life and death flight was performed by Flight-Lieutenant Hepburn, of the same service. In answer to a telephone message, he flew against time from Port Headland to the De Grey station on the De Grey River, and returned with a man who had had his arm blown off by a charge of gelignite. The airman's promptness was instrumental in saving the man's life.

During the heavy flood in the Mungindi district in northern New South Wales, a man named Carter and his son were cut off from help. Both were very ill, the boy's condition being serious. An aeroplane located them camping on a ridge. Taking the boy with him, the pilot flew sixty miles to the nearest hospital, and then returned with medicine supplies for the father.

From Queensland comes the story of the saving of the life of the infant daughter of the manager of a sheep station, thirty-two miles from Longreach. The child was seriously ill and needed hospital attention, but it was impossible to have her removed, owing to the fact that heavy rains had made the roads impassable. Lieutenant W. J. M'Ginness left by aeroplane for the station and brought in the child and her mother to Longreach Hospital, none the worse for their fast journey.

APPOINTMENTS.

MATRON.

General Hospital, Birmingham.—Miss C. E. Bailey has been appointed Matron. She was trained at the General Hospital, Birmingham, and took first place in the Final Examination of her year. After completing her training she went to Guernsey as Ward Sister, and returned to Birmingham in 1912. She was later appointed Night Superintendent and then Assistant Matron. For two years she held the post of Matron of the Jaffray Branch Hospital in Erdington. Since 1920 she has been Matron of the North Riding Infirmary, Middlesborough.

We feel sure this will be a very popular appointment at the General Hospital, Birmingham, where in the past Miss C. E. Bailey's organising ability and personal characteristics were warmly appreciated by her colleagues. The Nurse Training School attached to the General Hospital, Birmingham, is the leading school in the Midlands, and the selection by the Board of Management of a lady trained there proves the efficiency of its system.

Worthing Hospital.—Miss I. M. Docherty has been appointed Matron. She was trained at the Dumfries Royal Infirmary, and has been Matron of the County Infirmary, Brecon, and Assistant Matron at the Metropolitan Hospital, Kingsland Road, London.

ASSISTANT-MATRON.

Highbury War Pensions Hospital, Birmingham.—Miss G. B. Pepler has been appointed Assistant Matron. She was trained at the Royal South Hants Hospital, Southampton, and at present holds the position of Assistant Matron at the Ministry of Pensions Hospital, Sunderland.

ASSISTANT TUTOR SISTER.

Whipps Cross Hospital, Leytonstone, E. 11.—Miss Kathleen Hare has been appointed Assistant Tutor-Sister. She was trained at the Whipps Cross Hospital, where she was Silver Medallist of her year, and was subsequently promoted to be Theatre Staff Nurse. She holds the Certificate of the Central Midwives' Board.

HOME SISTER.

Victoria Hospital for Children, Tite Street, Chelsea.—Miss L. Johnstone has been appointed Home Sister. She was trained at the Queen's Hospital for Children, and at University College Hospital, and has been Ward Sister at the East London Hospital, Sister in Queen Alexandra's Imperial Military Nursing Service (Reserve), and Sister-in-Charge of St. Marylebone Babies' Home.

Royal Infirmary, Preston.—Miss Constance Lees has been appointed Home Sister. She was trained at the Coventry and Warwickshire Hospital, and has been Staff Nurse at the Hospital for Women, Soho, Sister, Birmingham & Midland Hospital, Night Superintendent, Samaritan Free Hospital for Women, London, Sister, Royal United Hospital, Bath, and Assistant House-keeper, University College Hospital, London.

NIGHT SISTER.

Seacroft Hospital, Leeds.—Miss Margaret Macpherson has been appointed Night Sister. She received training in infectious nursing at the Isolation Hospital, Wharfedale, and worked as Staff Nurse at the City Hospital, Sheffield. She received General training at the Royal Halifax Infirmary, has held the position of Ward Sister at the General Hospital, Walsall, and served in the T.F.N.S. from 1914-1920.

SISTER.

Isolation Hospital, Norwich.—Miss Bessie Irvine, Registered Nurse, has been appointed Sister. She was trained at the East Sussex Hospital, Hastings, and has been Staff Nurse at Plaistow Fever Hospital.

TUBERCULOSIS HEALTH VISITOR.

Lancashire County Council.—Miss A. M. Clegg has been appointed Tuberculosis Health Visitor. She was trained at the Fulwood Union Hospital, Preston.

HEALTH VISITOR AND SCHOOL NURSE.

Rhondda Urban District Council.—Miss Edith V. Gibson has been appointed Health Visitor and School Nurse. She studied at the Cardiff University and Battersea Polytechnic, and holds the Health Visitors' Diploma of the Board of Education.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Nelly Beardwell is appointed to Heckmondwike, as Senior Nurse; Miss Amy F. Baker, to Oxford; Miss Sophie Jones, to Heckmondwike; Miss Lilian Neal, to Lumley; Miss Ethel M. Lambe, to Douglas, Isle of Man; Miss Josephine P. Salmon, to Stafford; Miss Florence Titterton, to Barrow-in-Furness.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.

1. In visiting the homes of working people as a District Nurse what defects have you observed in their dwellings which you would like to see remedied (a) in the structural arrangement of the rooms and (b) in the water supply? What do you consider the least amount of accommodation required for a family of six persons—father, mother and four children?

2. A patient in the district is suffering from appendicitis. The doctor in attendance decides an immediate operation in the house is necessary and asks for your assistance. What preparations would you make?

3. What are your routine methods in nursing a case after confinement for a doctor; what special points would you observe and in what circumstances would you communicate with him at once in regard to the mother or the child?

4. What do you understand by the word "rigor"; what illnesses are ushered in by rigors; what would be your treatment; why should you be careful to note the exact date and how would you ascertain from the patient the history of a rigor?

5. A mother wishes to give up breast-feeding her child, owing to insufficiency and poorness of milk; what should you advise and what should you do before acquiescing in her taking this serious step?

6a. Do you consider it advisable that patients should be asked to pay what they can afford towards the services of a nurse? Give reasons for and against. What suggestions can you make for obtaining payment (1) in a large town and (2) in a country district?

OR

6b. What are the broad principles on which all District Nursing Associations affiliated to the Queen's Institute carry on their work?

TO QUEEN'S NURSES.

Owing to financial difficulties the Holiday Home for Queen's Nurses at Bangor has been closed for some months, but will be opened again about April 9th. Miss Goodwin will be glad if any Queen's Nurses wishing to come for convalescence after illness or for a holiday, will write to her at Bryn-y-Menai, Bangor, North Wales.

THE HOSPITAL, NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE.

The Thirteenth Annual Hospital, Nursing and Midwifery Exhibition and Conference will be held at the Central Hall, Westminster, from April 3rd to April 7th inclusive. (See our back cover.)

For the benefit of those who have only limited time to spare we draw attention to some of the exhibits which should not be missed.

BENDUBLE SHOE CO., 72, Oxford Street, W.—The value and comfort of the popular shoes supplied by this Company are fully realised by thousands of nurses. At their Stand (No. 100) experts will demonstrate the special advantages of Benduble shoes. Moreover, shoes can be purchased at the stand, when a pair of Spring Shoe Trees will be given free of charge to every purchaser of a pair of shoes.

J. C. ENO, LTD. (Eno's "Fruit Salt"), Lever House, Victoria Embankment, London, E.C. 4.—At the Eno Stand (No. 116) will be found Eno's Fruit Salt, a pleasant, effervescent, saline laxative, which bases its claim on its uniform standard of purity, on its agreeableness, and on its long record of popularity. Part of the therapeutic efficacy of Eno's Fruit Salt is due to its method of preparation. Its most active chemical ingredients are combination of alkalis with fruit acids, and the utmost care is taken to maintain a high standard of purity. The best obtainable raw materials alone are used, and these are all subjected to careful analyses in the "Fruit Salt" laboratory. Moreover, the product is analysed at every stage of manufacture; snapchecks being applied even to the finished bottles.

GARROULD'S NURSES' OUTFITTERS, 150-162, Edgware Road, Hyde Park, W. 2.—To H.M. War Office, H.M. Colonial Office, H.M. India Office, London County Council, St. John Ambulance Association, the British Red Cross Society, the principal London Hospitals, &c (Stands Nos. 103, 104, 109 and 110.) There will be found amongst the many items of this attractive exhibit:—*Section 1*: Nurses' cloaks, bonnets, dresses, aprons, collars and cuffs, caps, shoes, &c. *Section 2*: Surgical instruments and nursing requisites, midwifery cases and bags, rubber hot-water bottles, beds, cushions and sheets, charts, report and account receipt books, &c., instrument and milk sterilizers, abdominal belts, children's rubber trusses and umbilical belts, wools, gauzes, lint, bandages, &c., baby balances and personal weighing machines. Garrould's guaranteed clinical thermometers, N.P.L. tested.

BOVRIL, LTD., 144-166, Old Street, E.C. (Stand 86).—Bovril is largely used in hospitals and kindred institutions, and many private nurses regard it as a valuable stand-by which they would not be without, both for their own and their patients' use. This is sure to be a popular stand.

HORLICK'S MALTED MILK CO., Slough, Bucks. (Stand 87).—Many visitors to the Exhibition will be glad to know that this delicious, as well as

nutritious, beverage will be found there. It is a prime favourite with nurses who realise its dietetic value.

COLEMAN & Co., Wincarnis Works, Norwich (Stand 57).—Wincarnis is supplied to the Houses of Parliament, as well as ordered by many medical practitioners, as a wine incorporating a standardised amount of nutriment.

THE WEST SURREY CENTRAL DAIRY CO., Guildford, Surrey (Stands 29 and 30).—At this Stand may be seen Cow and Gate Milk Food, beloved of babies, and which is also a valuable article of diet for their mothers, both in the pre-natal and post-natal period.

MESSRS. J. G. INGRAM & SONS, London Rubber Works, Hackney Wick (Stands 93 and 94), are exhibiting Ingram's Eclipse Hot-water Bottle. Those who use this bottle, and they are many, realize its value. Not only is it made of the best quality rubber, but it is fitted with a patent washer that cannot become detached.

F. S. CLEAVER & SONS, LTD., Twickenham, Middlesex (Stands 18 and 19).—The many excellencies of Talcum Cleaver will commend it to the attention of visitors. We refer further to this on page 210.

MESSRS. CADBURY BROS., Bournville, Birmingham (Stands 20 and 21). are, as usual, arranging an attractive stand for the exhibition of their many preparations.

GLAXO, LTD., 56, Osnaurgh Street, N.W. (J. Nathan & Co.), (Stands 59, 60, 61, 62).—Without Glaxo we should feel a great sense of loss, for its exhibit is always a most popular feature of this Exhibition. We are glad to know that we shall find it represented as usual.

THE SURGICAL MANUFACTURING CO., Mortimer Street, W., are arranging an exhibit (Stands 91 and 92), which is sure to be of considerable interest.

JOHN BELL & CROYDEN, LTD., 50, Wigmore Street, W. 1, will show their many specialities attractive to nurses and midwives. They should not fail to note the Marylebone Sterilized Accouchment Outfits.

MESSRS. ALLEN & HANBURY'S, Bethnal Green (Stands 78, 79, 83), will have an extensive exhibit, which is sure to be of much interest.

THE BRITISH JOURNAL OF NURSING.—Do not forget to call at the Stand of **The British Journal of Nursing** (Stand 117).

NURSING LITERATURE.

The firm of **H. K. LEWIS & CO., LTD.**, 136, Gower Street, W.C., make a special study of the needs of nurses, and at the present time, when libraries are being overhauled, and new books added, librarians and others should not fail to possess themselves of Messrs. Lewis's catalogue, or, better still, pay a visit to their establishment. On page v of our advertisement pages will be found a list of some of their literature of interest to nurses.

MESSRS. G. P. PUTNAM'S, 24, Bedford Street, Strand, W.C., publish a number of valuable nursing books.

BOOK OF THE WEEK.

AN HONEST MAN.*

The appropriate title of this graceful tale of Jacobean times aptly describes the simple character of its central figure, John Feast, a wealthy merchant of the City of London.

Not that he had accumulated wealth, for his own share of the business had been modest, though sufficient.

But Elias Tudway had been of the sort with whom money bred, and when he died, being unable to take it with him, he left it to his partner, John Feast.

After having made ample provision for those dependent upon himself and his deceased partner, and having provided in perpetuity for the feeding of twelve poor at the church of All Hallows, where he himself weekly worshipped, there seemed no more for him to spend upon, unless time showed him somewhat.

John's romance—it should be noted that he was a bachelor little short of forty—started by the reception of a note addressed to his late partner, requesting the return of a valuable jewelled fan left with him as a security for money lent. A mysterious letter it was, the mystery which took him some pains to unravel.

The ownership was at last traced to the wife of Sir Charles Otterby, and he set out to seek her, and to return her property. His first meeting with her after his perilous quest in the Lake Country was under romantic circumstances.

It was an old house with walls of prodigious thickness and windows set far back on account of the storms of winter. A silent house! From without came the sound of falling water and the sound of wind and rain, but faintly, by reason of the walls' thickness, within was no sound at all. More than anything John noticed the silence and the feeling of great remoteness.

The woman who dwelt here awhile alone, with a serving maid, was no girl, but in her maturity. Tall, deep-chested, supple as a willow, yet with a strength rare in women. I do not think it ever came to John to think her beautiful; she was she, as the sun is the sun, and the moon the moon.

It was Aurelia, Lady Otterby, whom he had all unwittingly stumbled upon in her retreat from her fashionable gay, and from all accounts, flighty life. John was John, and he accepted her hospitality from the storm without in simple faith.

Though meeting under such strange and isolated conditions they were neither of them constrained and self-conscious. The lady's manner, like herself, was not like any other. She was neither bold nor bashful, but free; it was as if she had known John always, as if they were friends of old standing. He felt it, though as yet he did not so much as know her name.

The next morning he bade her farewell, still unknowing that it was the lady whom he was seeking. He had found his princess; of that he was alone conscious.

"You mount here," she said; "here is the end of the fairy tale."

He stopped abruptly; she met his eyes, then for some reason her own dropped (one thinks they were not wont to drop before a man's regard); a faint colour crept under her skin.

"The end," she repeated. "It is good-bye and thank you."

"Till we meet again," he said.

"We shall not meet," she said. "Never again—not in time, or in your eternity."

"I understand there will be waiting," he said. "I can wait—to eternity if need be."

Notwithstanding, it was no great while before he met her again, and this time it was in the intimacy of my lady's tiring room, amid her frivolous and fashionable circle.

Having stated that he wished to see her ladyship on a matter of business, he was ushered into the room where she was still making her toilet. She in *deshabille*, two gallants fencing with articles from her toilet table, one of whom undexterously overset a pomade pot at her elbow. She called him a name more apt than delicate, and turned to throw a comfit at him.

John stopped in the doorway; she who had turned was she from whom he had parted under the larch trees.

She meets John that same evening and explains what she meant in her farewell for eternity at the house Drysike. She tells him that the name of Aurelia, lady of Sir Charles Otterby, is plenty spoken of. "If you rode northward, seeking Lady Otterby, there's no doubt you heard of her, both before and after you stayed at the house Drysike. What d'ye think of it?"

"Of the house Drysike and the time there?" John said. "A belated spring granted for a little while to one whose year is growing old."

"Is it that to you?" she said, her voice low with remorse.

"A very perfect memory," he said.

There are two Aurelia Otterbys. She tells him that the woman of Drysike is the one. "I said when I bade you farewell there it was for eternity—now you perceive it. Go your ways. Mine are not of them, and never can be."

But John, being of a steadfast nature, constituted himself her devoted knight, and in the end his devotion is rewarded. Worthless Sir Charles meets his death by the hand of a Jacobite who had a grudge against him.

John and Aurelia were married in the February of that year, when it snowed, after the Feast of St. Valentine, and the apple-trees did not blossom till oak-apple day; yet a summer of exceptional beauty and an autumn of abundant fruit.

With this charming little allegory the story closes. We can heartily commend it—a simple chronicle, told with rare delicacy.

H. H.

* By Una L. Silberrad. (London: Hutchinson).

SCOTTISH NURSES' CLUB.

PRINCESS LOUISE ACCEPTS HONORARY
PRESIDENCY.

The Marchioness of Ailsa presided at the Annual Meeting of the Scottish Nurses' Club, held in the Clubhouse, 203, Bath Street, Glasgow, on Saturday.

Miss M. R. Stewart, Secretary, submitted the report, which stated that the year had been an eventful one inasmuch as that the alterations in the new premises at the Club had been completed in the early autumn. The increased accommodation added greatly to the comfort and wellbeing of the Club, and also eased and simplified the working arrangements for the staff. The social life of the Club had been well maintained and more fully developed during the session. The report dealt in detail with the work of the Club, and showed that the finances were in a satisfactory condition.

In the course of an address the Marchioness of Ailsa, who is President of the Club, commented upon the progress of the Club during the year, and intimated that the Princess Louise, Duchess of Argyll, had graciously yielded to her request and consented to become Honorary President of the Club. Referring to the extended premises, she stated that they would be formally opened by the Honorary President. The formal opening would, however, be delayed until it was convenient for the Princess Louise to be present. The Marchioness of Ailsa further stated that she would have much pleasure in sending a telegram to the Honorary President in the following terms:—"The Annual Meeting of the Scottish Nurses' Club has heard with the greatest pleasure of the acceptance by your Royal Highness of the Honorary Presidency of the Club."

◆◆◆
THE MONTHS.

APRIL.

Question—

Capricious Lady of the gold and green
Whose many moods change places hour by hour
From sweeping showers to sunshine in between
Tell us the secret that ensures your power?

Answer—

Would you who question laud me if you knew
When, in due order, came or tears or mirth?
Whereas I make it manifest to you
There's naught so *dull* as *certainty* on earth!
C. B. M.

◆◆◆
COMING EVENTS.

April 3rd to 7th.—Annual Hospital, Nursing and Midwifery Exhibition and Conference, Central Hall, Westminster.

April 6th.—Professional Union of Trained Nurses. Annual Meeting, "Plane Tree," 106, Great Russell Street, W.C.1. 5.30 p.m.

April 11th.—Royal British Nurses' Association: The Ramblers' Club. Lunch at the "Cheshire Cheese," Fleet Street, E.C. Write to the Secretary for further particulars, 194, Queen's Gate, S.W.

LETTERS TO THE EDITOR.

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

KERNELS FROM CORRESPONDENCE.

FUTILE AND UNJUST.

Trained and Certificated School Nurse.—"Already I find State Registration of Nurses is beginning to tell in. Up to now, in these parts, the M.O.H. has appeared quite satisfied that 'School Nurses' should not be nurses at all, and young women who have paid high fees for instruction in Hygiene, Sanitary Work and Midwifery, have been appointed 'School Nurses' and called by the title, and are highly indignant if one suggests that they have absolutely no right either to undertake nursing responsibility or assume the name. Can you tell me if the new Rule inspired by the College Council (College nurses down here know nothing about it) to place women without hospital training on the General Part of the Register—will entitle a sanitary inspector earning her living as a nurse to use our Statutory title of 'Registered Nurse'?"

[Every woman who before 1900 refused to train, or after proving a failure in hospital, undertook nursing in a home, district, or cottage, or on her own, who has deluded the public that she is a "trained nurse," may apply for registration under the proposed new Rule 9 1 (g). Such workers are eligible. Why the College has agitated for a special Rule to admit untrained middle-aged and old persons to the Register is best known to that lay-controlled Company. It is a grotesque Rule, and a danger to the public. A Rule providing for the admission of "hard cases" as Existing Nurses under the strictest scrutiny of the Council, and not by the Registrar, would have met the few cases of hardship which may have arisen. The new Rule as drafted is as futile as it is unjust.—ED.]

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WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

◆◆◆
OUR PRIZE COMPETITION QUESTIONS.

April 14th.—Give an account of (a) the complications, (b) the nursing, of a case of tuberculosis of the spine.



The
INDEPENDENT NURSERY

THE health and comfort of her children is the first thought of every mother.

That these should depend upon the idiosyncracies of the cook or the kitchen range, or be matters for negotiation between the various members of the household staff, is intolerable. An effective solution of the nursery problem is illustrated above. On either side of the fireplace will be seen cupboards; the one contains a small gas cooker and sink, the other a tip-up bath and geyser.

The bath is very light and, when not in use, can be easily turned on end and the cupboard doors shut. By this simple arrangement the nursery can be made, without loss of space, entirely self-contained; hot water and food are available just when they are required with a minimum of trouble for the nurse. Friction between nurse and cook is avoided; and the comfort and welfare of the children are not liable to suffer through domestic troubles in other parts of the house.

THE ALL-GAS NURSERY
 IS THE
 HAPPY, HEALTHY NURSERY

Write for illustrated brochure: "Woman in her Home"



THE GAS LIGHT &
 COKE COMPANY HORSEFERRY RD.
 S.W. 1



The Midwife.

THE MIDWIFE: HER BOOK.

"The Midwife: Her Book," edited by Miss Alice Gregory, and written by the three founders of the British Hospital for Mothers and Babies, Woolwich—Mrs. Leila Parnell (Matron), Miss Alice Gregory (Hon. Secretary), and Miss Maud Cashmore (Sister Superintendent)—is a book which is out of the common. It is, as the preface tells us, in no sense a text-book of midwifery, but it is the outcome of the experience of three people who have spent many long years in the practice of district midwifery, and of preparing others to do the same, and it includes articles by one or two of their pupils. From its human interest it will appeal to a much wider circle of readers than midwives and nurses only.

In the first chapter is published a record drawn from the archives of St. Paul's Cathedral, for, of old, all London midwives had to take an oath before either the Dean of St. Paul's or the Bishop of London, pledging themselves to obey certain instructions contained in an old manuscript—so old, indeed, that in some places the words cannot be deciphered. Nevertheless, this licence, issued by the Commissary-General to the Worshipful the Dean and Chapter of the Cathedral Church of St. Paul, London, to one Sarah Keymer, within the jurisdiction of the Church of St. Paul, is full of wise instruction and advice. Thus:—

"To Sarah Keymer . . . Greeting. Whereas by due examination of divers honest and discreet women we have found you, the said Sarah Keymer, apt, able and expert to use and exercise your office, business, and function of a midwife, we therefore by our authority aforesaid, do admit you thereunto and give unto you full power and licence to occupy and exercise the said office, business, and function of a midwife within the peculiar jurisdiction aforesaid, with the best judgment, care, and diligence that you may or can in that behalf both to poor and rich . . . according to your oath therefrom made and given, as following, viz: First you shall be diligent, faithful, and ready to help every woman travailing with child, as well the poor as the rich, and shall not then forsake the poor woman and babe for to go to the rich. Item, you shall neither cause, nor suffer (as far as in you lies) any woman to name or put any other father to the child, but only him who is the true father thereof indeed. Item, you shall not suffer any woman to pretend, feign, or surmise herself to be delivered of child who is not so indeed. Item, you shall not suffer any child to be murdered, maimed, or otherwise hurt, as much as you may; and so often as you shall (? perceive) any anger or jeopardy likely to be or ensue either in the woman or the child, in each case, as you shall doubt what may happen thereon, you shall then forthwith in due time send for other midwives and women expert in that faculty, and use their advice and counsel in that

behalf. Item, you shall not in any wise use or exercise any manner of witchcraft, charm or crazy, invocation, or other prayers than such as may stand with God's Laws and the King's."

There are ten other such items which the midwife was enjoined to obey.

The book, which is both grave and gay, is published by Henry Frowde and Hodder & Stoughton, 1, Bedford Street, London, W.C. 2, price 7s. 6d.

TALCUM CLEAVER.

No pains can be too great to secure a safe dusting powder for a baby's skin, and this is to be found in Talcum Cleaver, which is sterilized as part of the process of producing it. This is extremely important, as cases have been recorded in which a baby's skin has been infected with disease owing to a contaminated dusting powder. The germ-proofed patent refillable tin is also attractive and practical. Cleaver's Original Terebene Soap is renowned for its antiseptic and deodorizing properties, and has the further advantage of a very agreeable odour.

THE LEICESTER AND LEICESTERSHIRE MIDWIVES' ASSOCIATION.

The Annual Meeting of the Leicester and Leicestershire Midwives' Association, of which Miss Pell Smith is Chairman, was held on March 22nd, when Dr. Millard was in the Chair, and Mrs. Rudd, junr., gave a most interesting address, urging that the people who get the best out of others are those who look for the best and expect the best. Another speaker who gave helpful advice was Dr. Braithwaite.

BABY CLOTHES.

Just a little bundle of baby clothes, such as many a mother makes, as she sits and smiles to herself as she envisages the babe, so close to her heart, clad in the dainty garments; yet what a poignant interest is theirs. They were designed for a prince of the House of Tudor, for the signs gave ground to the hope that Marv I of England would bear to her husband, Philip of Spain, a child who would in due time ascend the throne of these Realms. Had this been the case, would he, we wonder, have held their honour as high as did Queen Elizabeth, who succeeded in his default, by whom, when a princess, these little garments were fashioned.

It was not life, but death, which called to Queen Marv I, and the signs she mistook for it were, in reality, signs of the mortal illness to which she succumbed. Now the little garments, tokens of a Queen's hopes and a Queen's disappointment, are to come under the hammer at Christie's on May 3rd, in the sale of Earl Brownlow's collection. They are of pathetic interest as well as of historical importance.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,827.

SATURDAY, APRIL 7, 1923.

Vol. LXX

EDITORIAL.

DIGNITY IS CENTRED IN DUTY.

THE BRITISH JOURNAL OF NURSING, from its foundation as the *Nursing Record* in 1888, has kept before its readers the necessity for the organisation of the Nursing Profession under State authority, and has worked strenuously to obtain it, and to gain for nurses the privileges of a prescribed and standardised training, a one-portal examination, followed by registration, and the protected title of Registered Nurse. We have had the happiness of seeing the Nursing Acts placed upon the Statute Book, and all these privileges granted by Parliament under the Royal Sign Manual.

But we must warn nurses that it is necessary they should firmly insist upon the provision of the Nurses' Registration Act (Section 3 (2) (a)), under which they are granted the hardly contested, and hardly won, right to a "prescribed training," otherwise they may be deprived of it by the action of the General Nursing Council for England and Wales. The extraordinary aspect of the situation is that it is proposed that the schemes of prescribed training for male, mental, fever, and sick children's nurses shall be submitted to the Minister of Health for his approval, and thus have the force of a Statutory Rule in conformity with the Act.

The reason for denying the same privilege to general nurses is plainly that the strong opposition to the organisation of nurses, and to "State Interference" with the education the hospital and poor law authorities choose to give, or not to give, to their pupils has not wholly died down, and the General Nursing Council has not sufficient conscience or courage to stick to its guns, but, in a most invertebrate manner, proposes that the Syllabus of Education and Training which it has framed for the General Part of the Register shall be merely advisory.

The matter, of course, does not end with a ukase of the General Nursing Council. Parliament has given the Nursing Profession the right to a prescribed training, and will, no doubt, see that its decisions are not flouted.

The special pleading of Sir Wilmot Herringham, the Chairman of the Council, at its last meeting, when he compared the position of the General Nursing Council to that of the General Medical Council, and said that the Council, by trying to make things compulsory, was putting itself under the heel of the Ministry of Health, and losing, not gaining, in position, was most misleading.

In the first place, the General Medical Council is not the examining body for the medical profession, a position conferred upon the General Nursing Councils under the Nurses' Registration Acts; and, in the second place, it is not the dignity of the Council which is of primary importance, but that it should do justice to nurses, and secure for them the "prescribed training" for which the Act makes provision. The only way that the General Nursing Council can maintain its dignity is by doing its duty.

In the present case the Council is placing itself in a most undignified position. It has no right and no power to publish and issue a Curriculum of Training without the approval of the Minister of Health and of Parliament. It is merely trying to evade the Act, and nurses are not going to submit to it.

We should quite sympathise with the General Nursing Council if it were an entirely professional body, which it is not, if it promulgated its expert decisions and then had them overridden in the Ministry of Health, but considering the manner in which the opinions of nurses are flouted on their own Governing Body by the ignorant laity, dictatorial doctors, and the College group, it is well that Parliament has retained the ultimate control.

Sir Wilmot Herringham talks of the General Nursing Council being the Governing Body of the Nursing Profession by consent. We presume he means by consent of the laity. What he must realise is that it must govern by consent of the nurses. It is easy to browbeat timorous nurses and flout their opinion, but medical autocrats must learn that it is not feasible to browbeat Parliament.

NURSING ECHOES.

We hear of quite a number of nurses who hope to come up from the country to see the Royal Wedding procession on April 26th. Only invited guests will have a chance of seeing the marriage ceremony in the Abbey.

Princess Mary Viscountess Lascelles has contributed £50 to the fund being raised in support of the women's scheme for restoring the Five Sisters window in York Minster as a memorial to all the women who lost their lives in the war.

It was announced at the Annual Meeting of the Leeds General Infirmary that Princess Mary's Infants Ward was proving a great success.

The nurses of the Cathedral Nursing Society, Newcastle-on-Tyne, come in contact largely with the dark side of life, but they are able to find many little gleams of humour in the tragedy of poverty and sickness in which they play their kindly part. Miss Abraham, their chief, speaking recently at the annual meeting of the Society, told of one of her patients, an old woman who lived with her daughter in one room in a particularly rough and dirty street. This room was spotlessly clean, and so much in contrast with the rest of the street that the nurse had made some remark upon it. "Oh, yes," said the old woman, "we keep ourselves to ourselves, and we're the only folk in this street that haven't done time."

This valuable Society—started by Bishop Lloyd forty years ago—is over £800 in debt, in spite of the reduction in the number of nurses and curtailment of expense wherever possible; so that unless some immediate and very substantial relief can be forthcoming, the Society is in great danger of collapse.

More than 2,000 visits a month are paid by seven fully trained nurses to patients of all religious denominations, in their own homes, all over the city.

Reporting on the system of nursing insane males by female nurses to the Cardiff Mental Hospitals Committee, Dr. Goodall, the medical superintendent at Whitchurch, recently said there seemed to be an idea that, if not unique, the Cardiff hospital was very exceptional in working this system. That was not the case. Even in 1920 there were 24 institutions nursing male wards by female nurses to a greater or lesser extent, and at

the present time there were over 34. The system necessitated modern buildings, and many of the asylums were very old.

The question of nurses "living out" is one which has been raised from time to time, and for the most part turned down. Now we learn that, at the Maudsley Hospital, Denmark Hill, the London County Council is making arrangements for a large number of the nurses to live out, and the experiment will be watched with interest. The adoption of an eight-hours' shift makes the plan more feasible than formerly. The system can only prove a success if the nurses realise that work comes before play.

We are glad to note Mr. J. Maitland Wilson's remarks on the duties and salaries of nurses at the West Suffolk Hospital, Bury St. Edmunds, in reply to the criticism of the President, Lord Bristol, on the rise of officials' salaries from £1,315 in 1918 to £3,300 in 1922. Mr. Maitland Wilson said, referring to the criticism from the chair, he thought that if one was more closely connected with the working of the Hospital, as some of them were, he would see the reason why, perhaps, they were doing and acting as they were. The principal work of a hospital, and which they had carried out, was always the treatment of the patients. That fact was often lost sight of, and was not always kept clearly before everybody's mind, especially in dealing with the question of £ s. d. Patients must feel that everything that possibly could be done was being done for them. (Hear, hear.) Passing on to the staff, Mr. Wilson said they could not have done their work without the help of the doctors or without the help of the Matron and nursing staff. A result of the raising of the salaries of the nursing staff was that they were now able to have a proper number of nurses, which obviated having to get temporary nurses down. He was perfectly certain that even if the cost of living did go down, the salaries of the nurses should not do so. (Hear, hear.) Because the nurses were abominably paid before the war, that was no reason why they should be abominably paid in 1922. (Hear, hear.) They had an excellent Matron and an excellent staff, who, with the help of Mr. Gough, the vice-chairman, had done a tremendous lot in looking after the expenditure in the Hospital. If it had not been for the care paid to every detail this year, their expenses would have been higher than they were at the present time.

Mr. E. L. D. Lake pointed out that a fair comparison could not be made between 1918

and 1922 in the salaries of the Hospital staff, He maintained that a nurse receiving £80 a year was not being paid excessively when she had to keep herself in dress and other necessities, and at the same time provide for old age.

Kai Tiaki, the official organ of New Zealand's Nurses, reports:—

"Miss P. M. Boissier, R.R.C., J.P., has recently been appointed a Justice of the Peace. *Prince Alfred Hospital Gazette* says: 'This is a most suitable appointment, for not only is Miss Boissier a woman of experience and affairs, but she occupies a position in the hospital in which in her magisterial capacity she can frequently be of service to the patients and staff.'"

To quote the *South African Nursing Record*:

"St. Bartholomew's Hospital will celebrate its 800th anniversary next June. There are many daughters of this glorious old hospital in South Africa, and it is the intention of the Editor of the *Nursing Record* to send a message of congratulation on the event. We have thought it would be a nice idea if all the old Bart.'s nurses were to join in a combined message of congratulation, and those who care to do so are invited to send their names to this office before the 12th March, so that all the names may be incorporated in one message. The messages are to be framed under the heading of the different Continents, and it would be particularly apt if we in South Africa who love the old place were to send, so to speak, a national message."

We quote the following paragraph which recently appeared in *Time and Tide*. As the general press boycott of the nurses' point of view on their own affairs is still severe, we have to thank the Editor of *Time and Tide* for the fair publicity he gives to our affairs:—

"The Nursing Profession, many members of which are profoundly dissatisfied with the regulations governing registration and the elections to the General Nursing Council, are to have another opportunity of getting their case reconsidered by the House of Commons. The new Minister of Health has undertaken to ask the Nursing Council to consider amendments which bear on election procedure, put forward by Major Barnett on behalf of registered nurses, and to draw up for his inspection such alterations as they are prepared to make; these amended draft regulations will then be

laid upon the Table of the House. Technical administrative details are not easy for the outsider to follow, and it is sometimes difficult to see the wood for the trees in a search for underlying principles. But in this case it is clear that if the Nursing Profession is to be self-governing in fact and not merely in theory, there should be real freedom in the choice of representatives for the Governing Body; and if any large organisations of nurses feel that their representation as rank-and-file members of the profession is inadequate, that alone is sufficient reason for a reconsideration of the whole matter."

The Air Ministry announces that a few temporary Staff nurses are required for the Royal Air Force Nursing Service. Applications should be addressed to the Matron-in-Chief. For particulars see our advertising columns.

The Annual Meeting of the Nurses' Missionary League will be held on Thursday, May 3rd, in University Hall, Gordon Square, W.C. Full particulars will be sent out later, but many of our readers will wish to reserve the day amongst their engagements.

Camp will this year be held at Sandsend from June 9th to 23rd. Bathing, picnics, walks, excursions, as well as comradeship and spiritual help at morning and evening meetings, are to be enjoyed there.

A correspondent writes: "Dear Editor,—Are you or are you not a little intolerant of the nurse smoker? Anyway, I send you a Melville Verse, the 'Pipe Song.' Please publish."

THE PIPE SONG.

Care is all stuff:—
Puff! puff!
To puff is enough:—
Puff! puff!
More musky than snuff
And warm is a puff:—
Puff! puff!
Here we sit mid our puffs,
Like old lords in their ruffs,
Snug as bears in their muffs:—
Puff! puff!
Then puff, puff, puff,
For care is all stuff,
Puffed off in a puff—
Puff! puff!

It is because some of us want to feel that "care is all stuff" that we crave for a "puff puff." Now you know.

NURSING IN THE HOUSE OF COMMONS.

The following questions were addressed by members of the House of Commons to the Minister of Health, before the rising of Parliament on March 29th:—

TUESDAY, MARCH 27TH, 1923.

General Nursing Council (Staff).

MR. T. GRIFFITHS asked the Minister of Health whether, as all the nurses who are heads of the General Nursing Council office staff are members of the College of Nursing, Limited, he can state if it is intended that all the highly paid posts shall, with his approval, be kept exclusively for members of that limited liability company, or whether other registered nurses who do not belong to it are to be allowed to participate in the work of the council in some of the remunerative posts created from time to time?

MR. CHAMBERLAIN: Except as regards the appointment of Registrar and as regards numbers of staff and scales of salary, I have no jurisdiction over appointments to the staff of the General Nursing Council and no information as to the intentions of the Council in the matter.

Remarks.—Nepotism is now rampant in the nursing appointments for the highly paid posts in the General Nursing Council Office, and we refer in another column to the latest job. At the last meeting of the Council it agreed that a sinecure post carrying a salary at the rate of £250, should not be advertised, and should be made by the General Purposes Committee without reference to the Council. This post has been filled, we hear, by the appointment of a close personal friend of the Chairman of that Committee and the Registrar, who not only holds a pension of £250 per annum, but has substantial private means. We hope Mr. Chamberlain will enquire into this appointment, as it is a very serious scandal.

MR. A. HAYDAY asked the Minister of Health whether, in consideration of the fact that in October, 1922, the registered nurses of England and Wales were paying the salaries of a staff of 30 persons in the General Nursing Council offices, including a Registrar at £550, an assistant registrar at £300, a registration clerk at £260, and a registrar's secretary at £250 per annum, and this although less than 7,000 names are included in the first register, he will state what necessity there was for calling in an expert to set the General Nursing Council office in order after it had been running nearly one and a half years; how long did this gentleman take for this work; and what was the cost to the nurses?

MR. C. AMBERLAIN: I am informed that the expert was called in as the result of a unanimous decision of the Council at the end of last September. The report was received on November 24th. The cost was £83. The matter was wholly within the powers of the Council and it is not for me to express any views as to the necessity of the step taken.

Remarks.—The lack of efficient organisation in the office of the General Nursing Council has been apparent from its inception, and any suggestions for reform bitterly resented by the Registrar. Indeed, it was this intolerance of expert help and advice upon the part of members of the Council which projected the strike in 1921, and

which has brought our Council into the well-deserved contempt of a large section of the nursing profession. Nurses wait months and months for registration by the Registrar, who, under the Cox-Davies Instruction, has absolute power of recommending applications to the Council—the Registration Committee having no practical power, being compelled to send forward applications approved by the Registrar. Moreover, after months of delay the registered nurses have to again wait more months for their certificates, which are held up for the signature of two medical men, the Chairman of the Council and the Chairman of the Registration Committee. As for investigation by a so-called expert, £83 pounds is a mere flea-bite for his ten days' work and report, and when all is said and done, under the present administration the same lack of "system" is inevitable. Always the nurse pays, as the nurses' money is largely administered by nominated members of the Council who have no financial responsibility in supplying funds. We cannot agree that the Minister of Health has no responsibility for the conduct of business, especially where finance is concerned, of this Statutory Council, which is largely under the control of his Department.

WEDNESDAY, MARCH 28TH, 1923.

Nurses' Register.

MR. ROBERT RICHARDSON asked the Minister of Health why the General Nursing Council for England and Wales has only printed and published in the middle of March, 1923, its first Register, in view of the fact that No. 7 of the rules sanctioned by Parliament explicitly states that this shall be issued as soon as possible after the 1st July, 1922, and as soon as possible after the 1st January of the year 1923, and of each subsequent year, and, as this rule gives no sanction for the publication of two Registers in the year 1923, on what date will the second register appear; whether, in view of the fact that the first published Register has only been issued this month, he will state what authority the General Nursing Council for England and Wales has in sending out notices to registered nurses demanding a retention fee, when, by No. 5 of the rules sanctioned by Parliament, it is only required from a nurse who desires her name to be retained on the Register for any year subsequent to the first year in which it is included in the published register; and whether, as this notice was sent from the General Nursing Council offices as far back as August, 1922, and as many nurses have paid whose names are not on first Register, and who, therefore, according to the present rules, are only required to pay this fee on or before the 30th September, 1924, he will, to avoid confusion, direct that all retention fees illegally obtained before the middle of March, 1923, be returned to the registered nurses, especially in view of the fact that the General Nursing Council for Scotland, in the parallel case, has given notice that it does not require a retention fee for 1922, and has, it is understood, returned to its nurses those already paid?

MR. CHAMBERLAIN: I am informed that the first Register has been printed and published as soon after 1st July, 1922, as was possible. It is the Register for 1922. The second Register, which will be that dating from 1st January, 1923, is now in the printer's hands. I am informed that no nurses have been requested to pay the retention fee whose names are not on the first

Register. I have no power to give any direction as to the return of any fees.

Remarks.—In our opinion there was no reason—considering the enormous clerical staff employed by the General Nursing Council—why the First Register, which only contains about 7,000 names, should have been held up for eight months, or issued in March, 1923, instead of in July, 1922; and having postponed its publication so long it would have saved the nurses at least £700 if the names registered from July to December, 1922, had been looped into the proof sheets and one issue of the Register for 1922 published. This economy would, of course, not appeal to our lavish administrators!

Mr. Chamberlain, we believe, has not been fully informed as to G.N.C. methods *re* the retention fee. As the Register did not appear in 1922, naturally nurses resented having to pay for the retention of their names upon it. Be this as it may, many nurses who had already paid were bombarded by the Registrar for this fee a second time—and apologies for mistakes in this connection tardily offered to them when they objected to paying twice. The truth is that drastic reorganization of the work at Headquarters is absolutely necessary if further dissatisfaction is to be avoided; and with absolute power in the hands of the Registrar and her little ring of partisan supporters (some of whom apparently are not averse to a *quid pro quo*), we fear there is little hope of reform under existing circumstances.

NEPOTISM IN THE GENERAL NURSING COUNCIL.

Having been elected Chairman of the General Purposes Committee upon the proposal of Miss Cox-Davies, the Hon. Mrs. Eustace Hills sent up a recommendation to the General Nursing Council on July 21st, 1922, that a new office "urgently necessary" (that of Secretary to the Registrar) should be created, with a salary at the rate of £250 per annum, although a highly-skilled stenographer was already available and employed for that purpose, and the name of Miss Ruth Darbyshire—a close personal friend of the Registrar's—was put forward as qualified for the post, Mrs. Eustace Hills was invited to inform the Council what training and experience this lady possessed for a well-paid secretarial post, and she was compelled to acknowledge, and did it with a very ill-grace, that Miss Darbyshire's experience was nil! In spite of the fact that this "urgent" work could not be undertaken by Miss Darbyshire for another six weeks, she was, of course, approved by the majority of the Council.

On the first of September, Miss Darbyshire entered upon her "secretarial" duties, which apparently resolved themselves into sitting in state in the Assistant Registrar's Office to interview candidates, who called about filling in papers and other trivial matters. Incidentally, the "Secre-

tary to the Registrar" was able to expound new Rule 9 (A), which provides preferential treatment by which members of the College of Nursing, Ltd., can quickly and easily be placed on the State Register as second-hand entrants, without presenting credentials direct to the Council's responsible officials. In December last Miss Darbyshire was appointed to succeed Miss Dora Finch as Matron of University College Hospital, and the "urgent" duties of "Secretary to the Registrar" have been in abeyance for several months, greatly to the advantage of the monthly salary sheet and the Registered Nurses' pockets! It will be noted, however, that at the last meeting of the General Nursing Council on March 16, a recommendation was put forward, and agreed to, to fill the vacant post, and that this should be done—without advertising it—by the General Purposes Committee, Miss Cox-Davies having, in the meantime, succeeded Mrs. Eustace Hills as Chairman of that Committee.

We now learn on good authority that Miss Dora Finch, the recently retired Matron of University College Hospital—*fides Achatas* of the Chairman of the G.P. Committee and of Miss Riddell, the Registrar, has been inducted into this sinecure at a salary of £5 a week!

Here we find a lady recently retired on a pension of £250 a year, and who is reported to have ample private means, taking a post which could be filled by many retired sisters or nurses at half the cost, and to whom the salary would be of the utmost help and comfort, after long terms of ill-paid service, who have very limited pensions if any, and no private means. We could name a dozen such. Women, moreover, who loyally worked for the uplift of their beloved profession through State Registration, the while Miss Ruth Darbyshire, Miss Dora Finch, and other highly placed Matrons, ranged themselves for years with their employers in opposition to the aspirations of their professional colleagues; who signed "Anti-Registration" manifestoes, and by every means in their power opposed the passing of the Nurses' Registration Acts, despicable and self-interested conduct for which they should feel and express some measure of remorse, rather than thrust themselves into office at high salaries, paid by their erstwhile—now victorious—victims.

If every time a bosom friend of the Registrar is retired, or invalided, from office, a well-paid sinecure post has to be created at Headquarters for her benefit, it is high time the registered nurses, who pay the cost, should demand that such appointments should be advertised, and not made behind closed doors by a small Committee.

We have no hesitation in exposing this, the latest evidence of nepotism at G.N.C. Headquarters. Such unblushing jobs need wide publicity, and we hope our remarks may meet the eye of Mr. T. Griffiths, M.P., and add to the information forthcoming in the reply to his question in the House of Commons on March 27th.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

LECTURE BY DR. SLOAN CHESSER.

VENEREAL DISEASE.

Lecturing at the Royal British Nurses' Association Club, 194, Queen's Gate, S.W., on March 3rd, Dr. Sloan Chesser said, in connection with venereal disease, that this might be described as a group of sexual diseases, and not so many years ago it was thought little of; in fact, it was regarded as being merely the result of an inevitable sowing of wild oats. She explained the main features of the disease and the development of newer methods of treatment, giving some very interesting information in connection with the skulls of children born of parents infected by venereal disease and of conditions affecting the growth of such children. Many interesting points were touched upon regarding the psychology of childhood, with special reference to the atmosphere of the home and the harmful psychological results to the children in the homes of people whose marriages were not happy; too many people were apt to forget their own childhood and the effect of early experiences. Education on sex matters should be given to the children by their parents and teachers, and this could be done best by teaching them something of the growth of cell life and the various developments which we find in plant life.

A study of psychology was excellent as regards developing balance in life and in understanding the nature of children at different ages. During the first seven years of life the child was essentially the mother's; then came a time, later in girls than in boys, when the child drew more under the influence of the father. Later would come a period when the child would, so to speak, outgrow both parents, and the latter should understand that these various stages were inevitable, should accept them, and, in each case, make the most of the opportunities they offered.

Speaking of psychology, Dr. Chesser said that there was far too great a tendency to meet old age half-way. Actually, people ought to be at their best at seventy. It might be said that they had the best physical health at thirty, the mental powers would be at their best at the age of fifty, and at seventy the individual ought to reach the period of his greatest power from a spiritual point of view. But the accumulation of all that had been gathered in life ought to make one look forward to the age of seventy rather than fear it

as a period at which abilities would be on the wane. Then it was important that no one should confine himself to one branch of work; he should take up new studies from time to time, but what these studies should be would depend upon his ordinary occupation. Of course, a brain worker should not choose such studies as would induce great mental strain. It might be said that there were two kinds of individuals—extroverts and introverts. The former were interested in practically everything that came under their notice; they approached every new scheme from the point of view of its effect upon humanity and the world in general; they were full of energy, bright, capable, and ready for every fresh undertaking. The introverts, on the other hand, were concerned only with themselves, and each new problem appealed to them only from the point of view of how far it would affect them. They were usually lacking in initiative and apt to be afraid of everything. This latter state was a dangerous one to get into; people ought to teach themselves to go up to the barriers even when they felt that defeat was inevitable. They should never run away, for what mattered was not whether or no they conquered, but whether, to use a vulgar expression, they had had the "guts" to try.

In concluding, Dr. Chesser urged those present to make a wider study of psychology and their powers of observation. No large number of books was required, indeed, provided people would study them in the proper way; all hygiene and all psychology were incorporated in two books—the New Testament and Shakespeare.

LECTURE ON SIR CHRISTOPHER WREN.

Mr. Graham Bennet occupied the Chair when Major Richard Rigg, O.B.E., gave a most wonderful lecture on Sir Christopher Wren. Mr. Graham Bennet said that he was conscious of three distinct sensations when opening the Meeting that afternoon. The first was one of happiness, for it always gave to him a great sense of pleasure to visit the Club of the Royal British Nurses' Association at Queen's Gate. The second sensation was one of pride in being associated, in any capacity, with Major Rigg, a man who was versatile, learned, a great patriot, and a most eloquent speaker. His third sensation that afternoon was one of diffidence, for he felt that he had only studied the fringe of the subject upon which the Major was to

speak, while the latter knew practically everything that could be known about the great Sir Christopher Wren and his City Churches.

It is impossible to give any adequate report of Major Rigg's lecture in the space at our disposal, and we can only touch upon a few of the points which he placed before us in connection with the life of one of our greatest Englishmen. Information was given as to Wren's parentage, of his singular opportunities as a child, and how he developed those. At the age of eighteen he was a Bachelor of Arts of Oxford, at twenty a Master of Arts, and at twenty-one he was made a Fellow of All Souls', Oxford. Soon after he met his lifelong friend, John Evelyn, the diarist, to whom he was particularly indebted in connection with many Royal favours. Then the lecturer gave an account of Wren's connection with the foundation of the Royal Society. At the age of twenty-four Wren was made Professor of Geometry, and at twenty-five, Civilian Professor of Astronomy at Oxford and Doctor of Civil Law. In 1661 he made his model of the moon, which brought him to the notice of Charles II. In the next year, after refusing a very important appointment at Tangier, he was appointed Surveyor-General of the King's Works.

Next Major Rigg spoke of various of Wren's plans for the re-building of London, which were described as two or three hundred years ahead of his time; emphasis was laid on the extraordinary versatility he displayed. No two of the churches, and other buildings which owe their origin to his genius, are alike; partly also his success was due to a wonderful power to gather about him men who were masters in their particular arts and crafts. Major Rigg then gave a wonderful series of word-pictures on the building of St. Paul's, of which it had been said that the masons built the dome but Wren hung it in the air.

Major Rigg then touched upon Wren's later days, and we seemed to live in sad but beautiful memories, to walk as it were in a garden of these "Roses in December" of the great Sir Christopher Wren, of whom it is said "in a corrupt age all tests leave him spotless. His very integrity is attested by the vehemence of the attacks made upon him." In a difficult time he stood as the foremost among philosophers.

Major Rigg then spoke of the destruction now threatening the City Churches, spoke of how, when London had to be rebuilt after the Great Fire, all foundations of the buildings were destroyed except those of the City Churches, so that it was only by measurements from their foundations that the former location of other buildings could be ascertained. The Wren Churches were reared above their original foundations, and if no worshippers were to enter these churches from one year's end to another, it was good that they should stand there (where the men of London are striving and toiling year by year) like grand monuments pointing ever to heaven.

The vote of thanks was proposed by the Rev. J. J. Teague, Vicar of St. Stephen, Coleman Street,

well known as the novelist writing under the name of Morice Gerard. Miss Forbes, M.R.B.N.A., in the name of the nurses, thanked Mr. Graham Bennet for having honoured the Association by taking the Chair.

CONCERT.

"A perfectly heavenly two hours" was the verdict of a group of nurses as they bade us good-bye on the afternoon of Saturday, March 24th. Mr. Zacharewitsche with his violin held us spell-bound. Words are simply inadequate altogether when we try to describe the feast of music which he, and that most gifted pianist, Miss Dorothy Cooper, gave us. We were thrilled with selections from Mozart, Schubert, Beethoven, Rimsky Korsakoff, Hauser, and not the least of our enjoyment was in their rendering of "Imagination," a composition of Mr. Zacharewitsche's own, which seemed to lift us into some other world with its soft, lovely trills and cadences. Later Miss Cooper played us solos by Poldini and Liszt, which were indeed a delight to us. Miss Kathleen Dawne sang several songs in her fine contralto, and we heard members of the audience agree that her rendering of "Annie Laurie" was the most beautiful they had ever heard. Last, but not least, we have to thank Mr. Harold Horton for his recitations. We had been told that his "Lyrics" (several of them his own composition) were exquisite, and it is only some such word that can describe his rendering of them. Later in the programme he gave us "Henry V and Kate," and we felt that Mr. Horton was leading us to fresh discoveries in the genius of that greatest figure in English literature, William Shakespeare.

THE RAMBLERS' CLUB.

It has been arranged that the Ramblers' Club will, on Wednesday, April 11th, lunch at the Cheshire Cheese, and afterwards visit one or more of the old City Churches. The Cheshire Cheese is famous as the haunt of many illustrious Englishmen—Dr. Johnson, Sir Joshua Reynolds, David Garrick, Charles Dickens, Oliver Goldsmith, and others have there, many a time, eaten beefsteak pie and drunk good English ale; there has been almost no alteration in the arrangements at the old restaurant since their time. We shall see Dr. Johnson's chair where it stood of old, and finger the first copy of his dictionary, explore the cellars which were at one time part of a monastery, in the fourteenth century, and see many other things that link up bygone days with the present. Members who wish to join the expedition should write to the Secretary for further particulars.

GENERAL COUNCIL.

The time is drawing near when the nominations for the General Council of the Association have to be made, and Members should forward to the Secretary the names of any Members whom they wish to have placed upon the balloting lists.

ISABEL MACDONALD,
Secretary to the Corporation.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Concluded from page 202.)

Report of Mental Nursing Committee.

DR. BEDFORD PIERCE (Chairman of the Mental Nursing Committee) presented the Report, and moved that it be received.

The Report stated (I) that Dr. Bedford Pierce was elected Chairman; (II) that a letter had been received from Mr. Keene (Chief Officer, Mental Hospitals Department of the London County Council), dated February 20th, in reference to the suggested shortening of the period of training in general hospitals of mental hospital nurses who hold the certificate of nursing proficiency granted by the Medico-Psychological Association of Great Britain and Ireland, referred to in a former letter, dated November 1st, 1921, and stating that the Mental Hospitals Committee of the L.C.C. are considering as to improved methods of training of the nursing staff at mental hospitals, and the possibility of the interchange of staff between these hospitals and the general hospitals, and asking the favourable consideration of the General Nursing Council for their Chief Officer's communication.

The Committee recommended:—

"That the General Nursing Council gives effect to the resolution of May 19th, 1922, by drafting a rule in that sense, and taking the usual steps to obtain the Minister's sanction."

The Resolution is as follows:—

"That for a period of three years after the first examination held by the General Nursing Council for registration on the Supplementary Register for Mental Nurses, holders of the Medico-Psychological Association certificate of proficiency in Mental Nursing obtained prior to the first State Examination, be eligible for the General Nursing Council Examination, for admission to the General Register, if they have had two years' additional training in a General Hospital or Poor Law Infirmary approved by the Council."

Rule 12A (7): "Every nurse who, having been registered on the Supplementary Part of the Register for Mental Nurses under the provisions of Rule 9, 3 (b) for Existing Nurses, or Rule 10 (b) for Intermediate Nurses, desires to obtain admission to the General Part of the Register shall:—

"(1) furnish evidence on the forms prescribed that she has subsequently to registration completed a course of two years' training in a Complete Training School approved by the Council, and has undergone systematic instruction in the subjects prescribed; (2) furnish a certificate of good moral conduct from the Matron or Superintendent Nurse or person occupying a similar position in the said Training School; (3) pass the prescribed examination of the General Nursing Council."

(III) The Committee reported that Miss Wiese was appointed to represent the Committee on the Special Committee on "Report on System."

(IV) It was decided to revise the Syllabus of Mental Training so that the subjects required for the Preliminary Examination should be separately set forth in identical language with that used in

the Syllabus for General Training, and that the subject of the law in relation to the control of patients be inserted. This in due course will be submitted to the Council.

(V) Other subjects affecting Mental Nurses were discussed.

The Report was then approved.

Report of the General Purposes Committee.

The Report of the General Purposes Committee was presented by the Chairman, Miss Cox-Davies, who moved that it be received.

Item I.—Miss Cox-Davies' appointment as Chairman was reported. Item II reported the resignation of four temporary members of the staff who have been replaced. Item III was a recommendation for increases of salary to Miss Harriet Smith, Accountant, permanent official, from £208 to £260; Miss F. M. Harvey, Shorthand-Typist, from £104 to £130; and Miss D. Sullings, Accountant's Clerk, from £104 to £117. Item IV reported the resignation in December of the two housekeepers, who had been replaced on the same terms by Mr. and Mrs. Haines. Item V recommended the employment of an extra charwoman four hours weekly at a cost of 5s.

Under Item VI the Committee reported that extra equipment, table, chairs, files, &c., had been purchased for the offices in January, and under Item VII it was recommended that the following be sanctioned:—Two tables, one for the Accountant's Room, at £1 19s. 6d., one for the Registration Room, at £1 7s. 6d., 6 Steel Filing Cabinets at £9 12s. 9d. each, 1 Oak Filing Cabinet at £12 17s. 6d., 1 Typewriter, £25 10s., 3 Card Index Cabinets for the Accountant's Room at £4 10s. each, 1 dozen towels at 12s. 9d. per dozen.

Under Item VIII it was recommended that 10,000 Registration Certificates for the General Part of the Register should be ordered at a cost of £57 10s.

Under Item IX it was recommended that a Gestetner Duplicator be purchased for the Registration Room at a cost of £25.

It was recommended that the offices should be closed from Friday, March 30th, to Monday, April 2nd, inclusive.

The Report was approved.

Report of Special Committee to Consider Messrs. Peat & Co.'s Report on System.

This was presented on behalf of the Chairman of the Council by Sir Jenner Verrall, the chief item being the recommendation that an Interviewing Officer be again appointed, at the rate of £250 per annum, who should hold office until July 31st of this year, and that in order to avoid delay the General Purposes Committee be empowered to interview candidates and appoint a suitable person.

Discussion.

THE CHAIRMAN reported that since Miss Darbyshire had left they had been trying to do without an Interviewing Officer, but it was found that interviews took up all the time of the Assistant-

Registrar and there was no time for her to assist the Registrar.

Uniform Committee.

THE CHAIRMAN of the Council reported that the Uniform Committee had met that morning and had elected MISS VILLIERS as their Chairman. It was further agreed:

That permission be given for the publication in the Nursing Papers of the proposals for the Uniform and Badge.

The Report was agreed.

Disciplinary Committee.

THE CHAIRMAN further reported that the Disciplinary Committee had met once and had elected MISS BUSHBY as their Chairman.

The Report was agreed.

Resolution.

The next item on the Agenda was a motion of which MISS SEYMOUR YAPP had given notice. As she had to leave before this was reached, it was moved by MISS ALSOP as follows:—

That members of the Council be permitted to attend any Committee meetings that they may wish, provided that it is understood they have no right to speak or vote.

This was seconded by MISS VILLIERS.

DR. GOODALL considered the proviso should be made that such members should come at their own expense.

This was agreed.

DR. SMEDLEY thought the Committee Room might be unduly crowded and that it should be understood that members of the Committee must have precedence.

MISS COWLIN enquired whether it would be possible to refer to a member present for an expert opinion. For instance, there was no representative of Sick Children's Nurses on the Registration Committee. If MISS BUSHBY were present her advice might be of great assistance.

THE CHAIRMAN said that under the Rules all Committees had the right to obtain expert advice.

The Resolution was carried with the proviso that nothing in it should prevent the Committees from obtaining expert advice, and that the expenses of members of the Council attending a Committee who were not on it should not be chargeable to the Council.

The meeting then terminated.

GENERAL NURSING COUNCIL FOR SCOTLAND.

Report of Proceedings at Meeting of General Nursing Council for Scotland, held at 13, Melville Street, Edinburgh, March 28th, 1923.

The Council considered the new Rule No. 9 (1) (g) proposed by the General Nursing Council for England and Wales. After some discussion this Rule was approved, and the Council decided to insert a similar Rule under their Rules for Existing Nurses to read as follows:—

"Or (f) In the case of a Nurse who was at 1st November 1919 engaged in actual practice,

and who was also *bona fide* engaged in nursing prior to 1st January 1900, and who does not comply with the above requirements, such special evidence of knowledge and experience as may be accepted by the Council in each individual case."

The Council also approved a Draft Rule adjusted with the General Nursing Council for England and Wales providing for the re-registration in one country of a Nurse already on the Register of another country on production of a Certificate by the Council on whose Register the Nurse is first registered at a fee of one half the original registration fee.

GENERAL NURSING COUNCIL FOR IRELAND.

Miss M. C. Poole, Acting Registrar of the General Nursing Council for Ireland, has been appointed Registrar.

The period for receiving applications for admission to the Register of Nurses from Existing Nurses in the Irish Free State closed on March 31st.

PRACTICAL POINTS.

STERILIZING DRINKING GLASSES.

With the great improvement in dish and glass washing methods and equipment, hospital administrators have, says *The Modern Hospital*, come to regard the proper cleansing and even the sterilization of both dishes and glasses as an essential in the food service of their institution. Much of the equipment, however, has to do primarily with the washing of utensils, with the addition, perhaps, of steam sterilization.

Recently there has been introduced a new machine designed solely for the proper cleansing and the sterilization of drinking glasses. Such equipment should have a place not only in public eating and refreshment places but in institutions. Particular value attaches to the suggested method for use in contagious disease wards or pavilions.

This new electric sterilizer, recently marketed, provides an automatic means of washing, rinsing and sterilizing glasses and other small utensils. The glasses are conveyed in a circular motion, first to a spray of cold water to remove all surplus refuse, then to a hot alkali wash which accomplishes the cleansing, from there to another cold rinse to wash away the excess alkali, then through a sterilizing solution which instantly kills all bacteria; this is followed by a hot water rinse which assists the drying.

The machine is automatic in every detail; the hot water is heated by electricity; no additional equipment is required and it has a capacity of 700 glasses per hour. Glasses are rarely broken during the cleansing and sterilizing process, it is said. Dirty rinse water is automatically carried away after the glasses pass through and is not used a second time.

Manufacturers of this equipment after considerable experimentation found that the best sterilizing solution was sodium hypochlorite containing 0.05 per cent. chlorine, the alkalinity of which has been

reduced to a certain definite point by the addition of hydrochloric acid. This solution is cheap, easily made, non-poisonous and works effectively at a temperature of 80 deg. to 95 deg. F.

It is to be noted that the sterilizing solution follows an alkaline wash, this being a special solution of great cleansing value. Under ordinary conditions the ordinary washing process is sufficient, but for institutional use the sterilizing feature is added, giving complete assurance, according to the



NEW ELECTRIC STERILIZER.

manufacturers, that all bacteria have been destroyed.

Drinking glasses have long been recognized as dangerous infection carriers, and this simple but practical method of washing and sterilizing should prove important for hospital use.

At the 40th annual meeting of the Governors of the Royal Hospital for Sick Children, Yorkhill, Glasgow, it was pointed out in the report that the formation of the public park or recreation ground, extending to about ten acres, which, by arrangement with the directors, the Corporation are laying off to the south and south-west of the hospital is proceeding. Extension of the Nurses' Home is most urgently required. The expenditure of the hospital for the year was £36,634 as compared with £31,052 in 1921. There is a deficiency of £14,408. This should not be in this very wealthy city.

HOSPITAL WORLD.

On April 16th the "Margaret Lyle" Maternity Wing of Queen Mary's Hospital for the East End, Stratford, presented by Mr. Charles Lyle, will be opened by the Countess of Pembroke and Montgomery, C.B.E. The building will accommodate forty maternity patients, and will add to the training for maternity nurses and midwives.

On the same day the Foundation Stone of the New Out-patient Wing, which is the War Memorial of the Borough of West Ham, will be laid by Alderman W. Thorne, M.P., J.P., who was Mayor of the Borough from 1917 to 1918, and was instrumental in raising the sum of £40,000 for the building of this addition to the Hospital.

In June it is probable that the Nurses' Home, which is nearing completion, will be opened. It will provide single bed-rooms for all the nurses, and tasteful recreation rooms.

The Annual Meeting of the Poplar Hospital reports progress. The erection of the new buildings has been uninterrupted. The contract price was £26,469. This contract comprises the construction of a new entrance, waiting hall, examining rooms, out-patients' operating theatre, massage room, X-ray room and laboratory, as well as extensive alterations to the west wing of the hospital. By the end of the year £10,722 11s. had been spent. The housing shortage is holding up the scheme for the new Children's Ward—as some of the nurses' bed-rooms are wanted for the purpose. Before, however, the nurses can be removed a new home must be built for them, and the site required is covered by five houses which are occupied—and homes must be found for the tenants.

The 143rd Annual Report of the General Hospital, Birmingham, just published, states that the Board are much gratified that Her Royal Highness the Princess Beatrice has graciously consented to act as President of the Hospital for a second year, and that they may look forward to another visit to the Hospital by the Princess.

In the report of the Nursing School the late Matron, Miss E. M. Musson, states that although the shortage of suitable applicants for training is somewhat less acute it still causes much anxiety.

Much good work is done in the class-rooms under the direction of the Tutor-Sister, whose assistance is most valuable, but more equipment in the way of models is required. A very good model of the heart has recently been purchased out of money raised by the Sisters, who also presented a long mirror to the Sisters' sitting-room, and it is hoped to procure some lantern slides with the balance of the Nurses' Christmas Fund.

A new extra Midwifery Department, which is to be started, and which will enable a few nurses to obtain midwifery training during or after their fourth year, will, no doubt, be an attraction to candidates.

The Gold Medal for 1922 was won by Nurse D. A. Jackson, who also gained Mr. Beckwith Whitehouse's Prize for Gynæcology. Twenty certificates have been awarded during the year. This small number is due to the very great shortage of probationers entering in 1918-1919. Ten Staff Nurses trained in other hospitals have been accepted during the year, usually for six months' experience in a special department.

Commenting on the primitive way of conveying patients to the Belper Hospital, Dr. Barwise (County Medical Officer for Derbyshire) says a pony and trap is kept at the hospital for the matron to do her shopping, whereas if a motor-van was kept, it could have the body for conveying patients detachable and another body which could be used for other purposes. At the present time there is a two-horsed ambulance kept at the hospital. The horses have to be fetched up from Belper, and then, when the patient is in the hospital, the horses are unharnessed and taken back to Belper. During last year it cost £403 to convey patients, in addition to £65 for horse and fodder. The salaries were much higher than at any other hospital.

Who says we are not up to date?

Another step in the campaign to eradicate consumption in Wales was reached when a new tuberculosis hospital was opened at Sealyham, Wolf's Castle, in Pembrokeshire, in connection with the King Edward VII Welsh National Memorial Association. Charmingly situated amidst beautiful rural scenery, the hospital, an imposing building standing on an elevation of 500 feet, has been converted from a mansion and provides accommodation for thirty beds—fifteen for men and fifteen for women. The total cost of the structural alterations came to £5,500, exclusive of the drainage works and water supply.

The late Mrs. Constance Armstrong left the greater part of her fortune for hospitals and institutions directly or indirectly assisting sufferers from cancer.

The trustees of her estate have allocated the following amounts:—£1,600 each to the Cancer Hospital, London, the Cancer Charity Middlesex Hospital, Liverpool Hospital for Cancer and Skin Diseases, Caird Cancer Wards, Dundee, and the Imperial Cancer Research Fund.

Other bequests include £1,040 for cancer cases at the Royal South Hants and Southampton Hospital, £1,500 for cancer cases at the Royal Victoria, and West Hants Hospital, Boscombe, and £1,200 to the Royal National Lifeboat Institution.

THE HOSPITAL, NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE

THE EXHIBITION.

The annual Hospital, Nursing and Midwifery Exhibition and Conference, which opened on Tuesday last at the Central Hall, Westminster, is the thirteenth of its kind, though it has not before included a hospital section. This marks its removal from the Royal Horticultural Hall, Westminster, to the more conveniently situated and larger building—the Central Hall.

On Tuesday afternoon the Exhibition was inaugurated by a Private View of the Professional Exhibits. The invited guests were received in the Hospital Section, where, to those interested in the equipment of a Matron's and a secretary's office, there is much of interest to be noted in convenient furniture and fitting systems. The modern operating theatre, equipped by MESSRS. ALLEN & HANBURYS, LTD., should be inspected by visitors to the Exhibition.

Like the famous basilica of the Sacré Cœur at Montmartre, the Central Hall, Westminster, is in duplicate below the ground level, and many interesting exhibits are to be found here, as well as in the main hall.

In the Lower Hall, of special interest are the stands of MESSRS. JOHN BELL & CROYDEN, LTD., who have a unique display of everything for the sick room, including their sterilized accouchement outfits.

The MORLEY AIR MATTRESS, supplied by the Self-Controlled Air Cushion Co., Ltd., is sure to attract a good deal of attention, as it serves the same purpose, while being easy to handle, and more hygienic than the cumbersome and heavy water bed.

The TALCUM CLEAVER stand is very attractive, and the preparations of the firm of F. S. CLEAVER & SONS, LTD., the Honey Soap Works, Twickenham, are well deserving of attention. So long ago as the Great International Exhibition in 1851, this firm won the only gold medal awarded for soap, and the reputation it then gained is maintained, and indeed enhanced at the present day. TALCUM CLEAVER, the sterilized dusting powder in the patent refillable tin, is invaluable, and their Terebene and other soaps, toilet preparations and perfumery are delicious, as well as hygienic in use.

THE WEST SURREY CENTRAL DAIRY CO., LTD., Guildford, Surrey, do not hesitate to invite visitors to the Exhibition to examine closely the merits of COW AND GATE MILK FOOD, to taste it, ask questions, demand evidence, and satisfy themselves thoroughly as to its three predominant qualities of perfect purity, ease of assimilation, and maximum nourishment, and having done so to adopt it in their actual practice.

MESSRS. CADBURY BROS., LTD., of Bournville fame, are kept busy dispensing delicious cups of cocoa, and small wonder when the price asked for this delicious and invigorating beverage is only

one penny per cup, accompanied by a dainty biscuit. Value indeed!

HARRINGTON'S, LTD., 14, Cheapside, E.C., are showing their squares and specialities for infants, and YOMF, a new cleansing cream for the hands, is attracting notice.

The excellencies of Gospo (33, Waterloo Road, London, S.E.1) are well known to the readers of this Journal, who find this cleansing powder ideal for many household purposes. A new preparation just put on the market by this firm is GAP, a paste for cleaning aluminium, for which no thoroughly efficient cleanser has so far been found. As this new paste serves the purpose perfectly, the name of Gap has been given to it, because it fills a gap so far unfilled. It is also useful for cleaning brass, pewter, and copper, paint, enamel, varnish, and gas ovens.

As usual, the GLAXO Stall (56, Osnaburgh Street, London, N.W.), is very attractively arranged, and is an inviting resting place for nurses, who can also inspect the process of the manufacture of GLAXO. There is also a Mother's Help Exhibition on view, and demonstrations, at intervals, in the use of GLAXO in invalid cookery.

THE EVER-HOT BAG (Modern Inventions, 54, Sussex Place, South Kensington) is another ingenious novelty which should be noted.

MESSRS. ALLEN & HANBURYS, LTD. (37, Lombard Street, E.C.), are presenting their many specialities most attractively, including the "Allenburys" Food, "Allenburys" Diet, "Byno" Preparations, and their well-known and excellent pastilles. Samples of cakes, bread and biscuits prepared with "Allenburys" Diabetic Flour are also offered for tasting.

BOVRIL, LTD., 148, Old Street, E.C., so well known as Food Specialists, should certainly be visited, the fact that they are Purveyors, by Special Appointment, to His Majesty the King is testimony to the high standing of the preparations supplied by this firm, including Bovril, Invalid Bovril, and Bovril Chocolate.

VIROL, another valuable aid in the diet of invalids, as a flesh-former, is also on view. Recent feeding experiments have emphasised (1) the necessity of vitamins in the diet of the expectant and nursing mother and of the child, (2) the importance of a properly balanced diet. VIROL supplies the necessary vitamins. VIROLAX is an emulsion of chemically pure Liquid Paraffin combined with VIROL, thus supplying an easily digested food together with a bowel lubricant.

HORLICK'S MALTED MILK (Slough, Bucks) is, as usual, a prime favourite. The Company claims that it is "the Ideal Food from Infancy to Age," and the fact that it is not only of value in the diet of infants and old people, but is very popular with athletes certainly seems to endorse this claim. We heard recently of a baby which was being weaned and steadfastly refused all other food, but eagerly took and thrived on Horlick's Malted Milk.

THE SURGICAL MANUFACTURING CO., LTD., 83-85, Mortimer Street, W., have a very compre-

hensive exhibit, including their "Servic" High-Pressure Steam Sterilizer, Invalid Furniture, and Nurses' Bags. A special feature of this firm is its Operating Outfit, which is loaned on hire.

MESSRS. J. G. INGRAM & SON, LTD., Hackney Wick, have a well-arranged and extensive exhibit. Their "Eclipse" Hot-water Bottles, fitted with Patent Constructed Neck and Washer, are widely known and appreciated by Nurses, as well as their large variety of India Rubber Goods.

BENDUBLE SHOES (Commerce House, 72, Oxford Street, W.1) must be worn for their many excellencies to be fully appreciated, but certainly no one visiting the Exhibition should omit to pay a visit to this Stand, where they will receive the most courteous attention, and will probably become possessed of shoes which cannot fail to be a comfort to them. The firm also supply stockings of various qualities.

MESSRS. GARROULD, Nurses' Outfitters, 150, Edgware Road, outfitters to a number of Government Departments and public bodies, have a stand of two sections, Section 1 being concerned with Cloaks, Bonnets, Dresses, and Aprons, &c., and Section 2 a very complete exhibit of Surgical Instruments, and Nursing and Midwifery Requisites.

The picturesquely-arranged Stall of J. G. ENO, LTD. (Eno's Fruit Salt) is attracting much attention, the decoration of purple grapes and vine leaves is both very effective—and suggestive.

Every reader of this paper visiting the Exhibition will, of course, call at **The British Journal of Nursing** (Stand No. 117). They will find on view there in addition to the current issue of the JOURNAL and various publications of interest, a specimen copy of the State Register of Nurses, for the establishment of which the paper worked for so many long years. We hope they will find their own names in it, or, if not, that they will speedily take steps to secure that it shall be in the 1923 issue.

Near by they will find the Stand of the NATIONAL UNION OF TRAINED NURSES (38, Parliament Street, S.W.), which is showing literature relative to the Society, and Educational Posters suitable for Child Welfare Centres, in which it specialises.

THE EVOLUTION OF THE VOLUNTARY HOSPITAL.

At 3.30 Mr. Godfrey H. Hamilton, Secretary of the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, gave an interesting lecture in the Conference Hall on the Evolution of the Voluntary Hospital, Mr. Blizard, of Gloucester, presiding.

Mr. Hamilton said that the history of hospitals was the history of the organised treatment of the sick. He traced back the history of the care of the sick at least 4,000 years, and showed some excellent films and slides of hospitals, emphasising the fact that simplicity is the keynote of hospital management.

The Exhibition continues throughout the week, opening at 11 a.m. daily.

APPOINTMENTS.

MATRON.

Convalescent Home for Children, Blackwell.—Miss F. M. C. Baker has been appointed Matron. She was trained at the Royal Infirmary, Bristol, and the Poor Children's Convalescent Home, St. Leonards. She has been Assistant Matron at the Princess Louise Convalescent Home, Kingston, and had experience in private nursing both at home and abroad.

NIGHT SISTER.

City of Cardiff Mental Hospital, Whitchurch, near Cardiff.—Miss Laura Nicholas has been appointed Night Sister. She was trained at St. Bartholomew's Hospital, Rochester, and has since had experience at the Park Hospital, Lewisham, and as a Queen's Nurse in Gloucester.

DISTRICT SISTER TO THE MATERNITY DEPT.

Queen Mary's Hospital for the East End, Stratford.—Miss Annie Pavy has been appointed District Sister to the Maternity Department, where she received midwifery training. Miss Pavy has recently been Sister for nearly two years at the Aberdeen Maternity Hospital.

PRESENTATION.

For something like two and a half years Miss N. Gregson has been officially known at the Town Hospital, Guernsey, as the Sister-in-Charge of the Infirmary. She has now resigned and is soon to be married. A concert and dance was organised to bid her farewell, and this was attended by members of the House Committee, staff and their friends.

Staff-Nurse McCarthy, in a well-chosen speech, presented Sister Gregson with a gift of a case of fish-knives and forks, suitably inscribed, from the staff, for which she expressed warm gratitude.

Staff-Nurse McCarthy has been appointed to the position of Sister-in-Charge.

BEQUESTS TO THREE NURSES.

Miss Emily Maude Embleton, of Methley, near Leeds, who left £372,649, made a number of bequests to employees and others, including:—

£1,500 and her clothing to Nurse Annie Robinson; £100 to Nurse Mary McLeod; and £200 to Nurse Janet Garrett.

HOW THE REGISTRATION ACTS WERE WON.

IT COULDN'T BE DONE.

Somebody said that it couldn't be done,
But he with a chuckle replied
That maybe it couldn't, but he would be one,
Who wouldn't say so till he tried.
So he buckled right in, with the trace of a grin
On his face—if he suffered, he hid it;
He started to sing as he tackled the thing
That couldn't be done—and he did it!

There are thousands to tell you it cannot be done,
Thousands to prophecy failure,
Thousands to name for you one by one
The dangers that wait to assail you!
But just buckle in, with the trace of a grin,
Then take off your coat and go to it,
And start in to sing as you tackle the thing
That cannot be done—and you'll do it!

—San Francisco Bulletin.

THE ANÆSTHETIST'S DUTY.

It was explained at an inquest at Watford, Hertfordshire, on Monday, according to the *Daily Mail*, that a mistake in putting together an anæsthetising apparatus had led to the death of a patient in the Watford District Hospital.

The patient, Annie Eliza Fishburn, 25, was to have undergone an operation to the nose. In such cases a special apparatus was used, which should deliver a spray of chloroform vapour into the mouth.

A woman doctor who administered the chloroform said that she thought the apparatus was in order when it was handed to her by a member of the hospital staff, but when she began using it she was horrified to find that it had been wrongly put together, and instead of chloroform vapour was sending pure chloroform into the girl's mouth. Artificial respiration was tried for an hour, but without success.

The jury returned a verdict of death from misadventure, adding a rider that in future the theatre sister should be responsible for all apparatus and instruments used in the operating theatre.

We do not agree with this rider of the jury. In our opinion the anæsthetist is the person who should be made responsible that any apparatus to be used is in perfect order before applying it to the patient. It is the duty of a theatre sister to cleanse and sterilise instruments and apparatus, but the surgeons' and the anæsthetists' duty to inspect them before use. In the case reported above we hold that had the medical women carefully inspected the anæsthetising apparatus and seen that it was in order, "death from misadventure" would not have occurred.

"Bishop Taylor, Canon of Windsor, preaching recently in connection with the 800th anniversary of St. Bartholomew's Priory Church, E.C., said as reported under Ecclesiastical News in the *Times*, that the monks who founded that church in 1123 were employers—agriculturists—and their houses and schools found medicine for the sick and food for the needy. They had no fewer than 175 houses at the time of the Dissolution. St. Mary Overy, like St. Bartholomew's, had its hospital, named after Thomas à Becket; and it stood at the Surrey end of Westminster Bridge. These two great hospitals—St. Bartholomew and St. Thomas—were witnesses of the zeal which coupled the preaching of the Gospel with the healing of the sick. The work of restoring every portion of that ancient fabric was now being done by wise and reverent hands; and it might be that one day the door through which they passed from the street into the church would again be the south aisle door of the nave. Anyone who had seen the rising again of St. Saviour's, Southwark, out of its degradation to a life of service would be ready to say that a like restoration was not impossible at that priory church."

COMITÉ AMÉRICAIN POUR LES RÉGIONS DEVASTÉES DE LA FRANCE.

SERVICE D'HYGIÈNE ET DES NURSES VISITEUSES.

It seems that no sooner is the bulletin of one month finished than it is time to begin another, but although we always have the daily round, the common task, yet we have each month something new, some signs of development, some proof of accomplishment, and in this respect the month of February is no different to the preceding months.

The question of nursing in France is so near to the heart of the members of the Nursing Department that they are inclined to think that their readers are just as interested and perhaps they have reasons to do so; for whether it be the peasants in the Aisne, the doctors at Soissons, the people in the office in Paris, the members of the Committee in New York, or even the business magnates of that great city, they one and all put aside what they may be doing and listen with a sympathetic interest to an account of what is being done for the health of the nation, no matter which side of the ocean is being talked about.

It has been Miss Walker's privilege recently to talk to all sorts of people in America, to address groups of ordinary individuals, and to pass hours in the company of the heads of the nursing profession in America and from them to draw courage and inspiration, and it has been her privilege also to return to France and to present to the various groups and individuals interested one of America's foremost women in the Nursing Profession, Major Julia Stimson, who is to be the link between America and France in the development of a school for Nurses in Paris, which will be the contribution of the American Committee to the raising of nursing standards in France. Whatever differences of opinion may exist between the Governments of France and America, there is nothing but sympathy and understanding where the Nursing question is concerned, and we can make no mistake in helping France to improve the health conditions throughout the country.

On Saturday, February 24th, the regular monthly meeting of the nurses was held at Soissons, and after the usual business had been discussed, Mlle. Monod, in a few well-chosen remarks, welcomed Mlle. de Joannis back from America and assured her of the support and loyalty of the Nurses of the American Committee in the accomplishment of her task as future directrice of the school in Paris. Mlle. Gally, the youngest member of the group, welcomed Major Stimson to France, and by the little speech that she made showed how our Nurses realise their responsibility to the future of their profession and appreciate the help offered to them by Americans.

Mlle. Guibaud, on behalf of the French Nurses, expressed their gratitude to the President of the American Committee, Mrs. Dike, for the initiative taken by our Comité on the Nursing question and

for continuing its support long enough to really accomplish something.

Meetings such as these make up for all the many little worries we meet along the way, and we are now looking forward to the glorious day when the school in Paris will be an accomplished fact and when we shall have made a real contribution to the future of the French nation.

We have not neglected the said daily round. Our Swiss party this month consisted of 40 children from Reims. The division of the town of Soissons into sections is an accomplished fact. One of our Vic Nurses is installed in a little barrack at St. Pierre-Aigle, and the medical school examinations are in full swing. There is talk of several new "consultations de nourrissons," and all the centres are asking for "bains-douches."

The life in the Nursing Department is a hard one, but no one can say that it is monotonous.

A CURIOUS FACT.

It is interesting to note that from no Training School in the Metropolis have nurses availed themselves of State Registration in greater numbers than from the London Hospital, although they were not encouraged to help their colleagues to obtain legal status before the Act was won. St. Bartholomew's Hospital nurses, on the other hand, who worked so ardently for many years for the reform, have shown a lamentable lack of support since the Act has been in force.

COMING EVENTS.

April 5th to 7th.—Annual Hospital, Nursing and Midwifery Exhibition and Conference, Central Hall, Westminster. 11 a.m. to 9 p.m.

April 6th.—Professional Union of Trained Nurses. Annual Meeting, "Plane Tree," 106, Great Russell Street, W.C.1. 5.30 p.m.

April 9th.—Royal British Nurses' Association Club. Debate: "That in the Opinion of this Meeting the Plays were written by William Shakespeare." *For:* Miss Birch. *Against:* Miss I. Macdonald. 8 p.m.

April 11th.—Royal British Nurses' Association: The Ramblers' Club. Lunch at the "Cheshire Cheese," Fleet Street, E.C. Write to the Secretary for further particulars, 194, Queen's Gate, S.W.

April 14th.—Registered Nurses' Parliamentary Council: Meeting to consider action in support of the Probationer's right to a "prescribed scheme of training" preparatory to the State Examination. 431, Oxford Street, London, W. 1. 5 p.m.

WORD FOR THE WEEK.

'Tis friends who make this desert world
To blossom as the rose,
Strew flowers o'er our rugged path,
Pour sunshine o'er our woes.

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.

ENCEPHALITIS LETHARGICA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I point out to the writer of last week's Prize Article that Encephalitis Lethargica is absolutely distinct from the Sleeping Sickness caused by infection with the parasite *trypanosoma Gambiense*, and is not in fact Sleeping Sickness at all! True Sleeping Sickness is a tropical disease, characterised by a progressive lethargy and enlargement of all the lymphatic glands. It is conveyed by the Tse-tse fly.

What the modern lay journals are calling Sleeping Sickness is actually more nearly allied to Hydrophobia in its clinical manifestations. And the one certain thing about Encephalitis Lethargica is that the specific micro-organism has *not* yet been discovered. It is also quite often the cause of most intractable insomnia.

Yours truly,
G. F. S.

(Late Demonstrator in Bacteriology at
King's College for Women.)

[We quite agree with our correspondent. We do not, however, think that the writer of the article on Sleeping Sickness last week intended to convey that *Encephalitis Lethargica*, popularly known as Sleeping Sickness, which she described as an acute specific fever characterised by acute febrile disturbance, is the same as the Sleeping Sickness chiefly confined to tropical Africa, and conveyed to man by the bite of the *Glossina Palpalis*. The fact that she mentions that the channel of infection of *Encephalitis Lethargica* is thought to be the respiratory tract in most cases, seems to make this point clear.—ED.]

THE GRADING OF HEALTH VISITORS AND SANITARY INSPECTORS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—At last it would seem Nurses were beginning to take an interest in their own affairs. That this is very necessary is proved by the case of the grading of Health Visitors and Sanitary Inspectors.

It having come to the knowledge of the Professional Union of Trained Nurses that it was proposed to grade Health Visitors lower than Sanitary Inspectors, the Union immediately sent the following letter to the Minister of Health and to the London District Council of the Whitley Committee, protesting against such grading:—

"DEAR SIR,—My Union has been informed that the Scale of Salaries recommended by the London District Council of the Whitley Committee as a minimum for negotiations are:—

Sanitary Inspectors .. £190 by £10 to £300.
Health Visitors .. £150 by £10 to £25c.

"I am instructed to enter a protest, on behalf of the Professional Union of Trained Nurses, against the grading of Health Visitors lower than Sanitary Inspectors. Many trained nurses who are acting as Health Visitors have the C.M.B. Certificate and that of the Sanitary Institute as well, and yet it is proposed to grade them lower than Sanitary Inspectors, who have only that one qualification.

"I enclose the Scale of Salaries of this Union, to which we hope you will give consideration.

"Yours faithfully."

MAUD MACCULLUM.

Until Nurses organise properly and manage their own business, they will be continually treated in this way.

MAUD MACCULLUM,
Hon. Secretary.

REPLIES TO CORRESPONDENTS.

To Miss Julia Morgan.—We regret we cannot put you in touch with anyone likely to be of use to you for the purpose you name.

To Miss Amy Gordon.—We sympathise with you, but fear the timorous policy you have adopted hitherto has cut the ground from under your feet so far as any chance of redress is concerned.

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

NOTICE TO "EXISTING" NURSES.

Under the Nurses' Registration Acts it is provided that within two years after the date on which the Rules made under the provisions of the Act come into operation, nurses engaged in practice before November 1st, 1919, who produce the evidence required under the Rules, may register without examination.

The last dates on which applications from Existing Nurses can be received are:—

England and Wales—July 14th, 1923.

Scotland—July 29th, 1923.

OUR PRIZE COMPETITION QUESTIONS.

April 14th.—Give an account of (a) the complications, (b) the nursing, of a case of tuberculosis of the spine.

April 21st.—Describe (a) the symptoms, (b) the nursing management of a case of concussion.

The Midwife.

THE PAIN AND PERIL OF CHILDBIRTH.

We are now accustomed to the alleviation of the pain of childbirth through the merciful administration of chloroform, and to the minimising of its peril where careful and skilful midwifery is practised. Still, the national death rate in England and Wales is much higher than it should be, and occasionally one hears even of several deaths in quick succession in the practise of a midwife. Such cases make us feel thankful that there is a Central Midwives' Board which has power to summon a midwife to appear before it to give account of herself, and if they find she is blameworthy, have authority to strike her off the Roll, and further can prohibit her from attending on women in labour in any capacity. While this will not bring back the dead, or give back to little children a mother's care, it will prevent like disasters occurring in other families.

The appointment of Inspectors is also a safeguard, for they should be able to detect and report midwives whose work is done so inefficiently that it is a danger to the public safety, and thus materially assist in purging the Midwives' Roll of culpably ignorant or unworthy midwives.

There is another side to the picture. The fact that flagrant cases are considerably decreasing and very many fewer midwives are cited to appear before the Central Midwives' Board than in the first years of its existence, show that it is successfully carrying on the work for which it was established. We may hope that the time will come when not one unnecessary death occurs in childbirth in England and Wales, and that till such time the Central Midwives Board will be a terror to evil doers and a praise to them that do well.

CENTRAL MIDWIVES' BOARD.

At the Monthly Meeting of the Central Midwives' Board, held on Thursday, March 22nd, applications were considered from the following women to be certified by the Board under Section 10 of the Midwives' Act, 1918, by reason of holding 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 by that Hospital:—

Name.	Hospital.
Anna Marie Carmody.	Coombe Hospital, Dublin.
Annie McCormick.	National Maternity Hospital, Dublin.

It was agreed that the standard of training undergone by the above women at their respective Hospitals and the Examinations at those Hospitals passed by them and accepted by the Central Midwives' Board for Ireland, being equivalent to the standard adopted by the Board, their names

be entered on the Midwives' Roll and a Certificate granted to each of them on payment of the fee of one guinea, in accordance with the terms of the Midwives' Act, 1918, Section 10.

The Secretary reported that in conformity with the Board's Resolution of July 25th, 1918, he had placed on the Roll the names of the following women holding a Certificate of having passed the Examination of the Central Midwives' Board for Scotland:—

Nora Peart	No. 59,695
Mary Mackenzie	No. 59,696
Mary Ann Tufts	No. 59,697

APPLICATIONS FOR VOLUNTARY REMOVAL OF NAME FROM THE ROLL.

Applications were received from four women for the removal of their names from the Roll on the grounds specified:—

Elizabeth Dymond ..	14,035 ..	Old age.
Ann Mee	3,828 ..	Old age.
Alice Morpus	2,666 ..	Ill health.
Eliza Robey	15,513 ..	Ill health.

It was agreed that the applications be granted, and that the Secretary be directed to remove their names from the Roll of Midwives, and to cancel their Certificates.

REVISION OF LIST OF EXAMINERS.

It was agreed that the List of Examiners submitted by the Secretary be approved for the year ensuing April 1st, 1923.

BRITISH HOSPITAL FOR MOTHERS AND BABIES, SAMUEL STREET, WOOLWICH, S.E.18.

The British Hospital for Mothers and Babies, Woolwich, desires to correct a mis-statement which has recently appeared in the Nursing Press.

The Hospital is a recognised Training School on exactly the same basis as similar Maternity Hospitals, approved by the Central Midwives' Board as centres for the preparation of pupils for the C.M.B. examination.

ALICE S. GREGORY, *Hon. Sec.*

CLAPHAM MATERNITY HOSPITAL.

The Annual Meeting will take place on April 10th at 3.30 at the Hospital, Jeffreys Road, Clapham. Dr. Helen Webb will be in the chair and the speaker will be Dr. Louisa McIlroy.

GOOD NEWS FOR LONDON BABIES.

From now and until October the price of milk in London will be 6d. a quart.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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Vol. LXX

EDITORIAL.

"THE WORLD'S HEALTH."

CALLING A HALT IN THE DRUG TRAFFIC.

The World's Health, a monthly review, is published by the Secretariat of the League of Red Cross Societies, and there are three editions—in English, French, and Spanish. The review is now in its fourth volume, and those of us whose sympathies are international from a human viewpoint cannot fail to find its contents of interest.

In a recent issue "The Drug Problem" is dealt with by Miss Ellen N. La Motte, on the basis of the excellent address given by her before the Matrons' Council at the London Temperance Hospital last year, when she gave a fillip to the conscience of the Council on this all-important question.

Miss La Motte repeats that a new activity in the field of preventable diseases is the fight which must now be made by public health workers in all countries against the habit of drug addiction: the taking of habit-forming drugs, such as morphia, opium, heroin, and cocaine. This drug habit is no new thing, but what is new is the realisation of its extent and ramifications. It is making rapid inroads upon the peoples of all countries, and is a menace to the well-being, and to the mental, physical, and economic efficiency of individuals of all races. The United States has had a sharp awakening to the danger, and is becoming fully aware of the magnitude and seriousness of the problem. America has always been keenly alert on all matters relating to public health and national welfare, so it is not surprising that the agitation for the suppression of dangerous drugs should find its chief support in that country. No nation in the

world, however, is exempt from this drug danger, but, so far, no other country has made such a study of the evil. Should they do so, they will find the same facts before them, and will receive the same uncomfortable shock and surprise upon learning how prevalent is the habit, and how difficult, if not impossible, is its prevention.

Where do all these drugs come from, in the first place? Why is there always an immense output—to be sold, legally or illegally? Opium, from which morphia and heroin are obtained, comes from the opium-producing countries—India, Persia, Turkey, and China. In China, however, opium-growing is illegal, and is done in defiance of the law. In India, the largest opium-producing country, every step of cultivation, manufacture, and sale is conducted by Government monopoly. In India alone the output for 1919-20 amounted to about 971 tons.

The amount of opium required for the proper medical needs of the world is small, indeed infinitesimal, as compared with the immense output used for drugging. Therefore this gigantic over-production must be stopped before the drug evil can be abolished.

The Opium Commission of the League of Nations is attempting to weld the world together by a system of restrictive legislation, similar in all countries, the object of which is the final suppression of the traffic. But the opium trade dies hard. Its end can be accelerated by an aroused public opinion that will no longer tolerate this immense over-production, part of which finds its way through the world by legal and illegal channels, which make temptation easy and revenue certain. The time has come when on this issue the moral forces of the world must call a halt.

NURSING ECHOES.

If the Nursing Profession only knew it, just the one person it cannot spare at the present crisis is Margaret Breay, much of whose splendid life's service upon its behalf is recorded in the *B.J.N.* for future nurses to appreciate.

Thus when a message on the "phone" came through last Thursday that Miss Breay had met with a motor accident, and had been taken in an ambulance to University College Hospital, the shock was great.

A few minutes later we found her in the Casualty Department of that hospital, receiving skilled attention to head injuries, which mercifully were not of a dangerous nature, although half a dozen stitches were necessary. After a few hours' kind attention and close watching, the patient, of course, maintaining her usual calm, she was permitted to leave the hospital, and was soon in her own bed, recovering from the shock, having escaped most mercifully from fatal injury.

Two days quiet, and she was able to make the journey by car to her family in Surrey, where she is now making a good recovery in lovely surroundings.

Hundreds of nurse friends will rejoice that "Braikie," who has placed her splendid literary talents, literally her whole life and fortune, at the disposal of her profession, has been spared to them, and will pray for her speedy and complete recovery.

The Octocentenary Celebrations to be held in connection with St. Bartholomew's Hospital will soon be here, and the reports of the sub-committees will make all loyal Bart.'s nurses long to take part in them. There will be a service to commence the celebrations at the Priory Church of St. Bartholomew's the Great at 10.30 a.m. on Tuesday, June 5th. The Solemnity in the Hospital Square will be at 11.30 on the 5th, and is to be of a very elaborate nature:—

Five processions will be formed:—

- (a) A procession of Augustinian Canons chanting the ancient hymn used at the foundation of an Augustinian Priory.
- (b) A procession illustrating the departure of Rahere on his pilgrimage to Rome.
- (c) A procession of King Henry VIII with the Lord Mayor, commonalty and citizens of London. Mr. Arthur Bouchier has promised to enact the part of Henry VIII.

(d) A procession of R.A.M.C., with ambulance, &c., as used in the Great War.

(e) A procession of the President, Treasurer and Chief Officers of the Hospital.

Each procession will be preceded by a fanfare of silver trumpets.

Appropriate music will be played by the band of the Coldstream Guards.

The Augustinian Canons will march round the Square and then leave the Hospital.

The other processions will be arranged in the centre of the Square facing the Entrance Gateway.

It is hoped that members of the Heralds' College may be present in uniform, and that one of them may be authorised by the President to read a Proclamation announcing the opening of the celebrations.

The National Anthem will then be played, and the processions will retire in reverse order to their entrance.

Colonel Mackenzie Rogan, C.V.O., has kindly promised to organise the musical part of this pageant.

Visitors will be seated on all sides of the Square, leaving sufficient room for the service of the Hospital.

We are pleased to note that Councillor Beatrice Kent's arresting article on Communist Sunday Schools, "A Memorable Sunday Afternoon," has been reprinted in full, from our pages, in the March issue of the *Canadian Nurse*.

Nurses Near and Far remarks of the Nurses' Associations in China and Korea:—

"We are glad to know that a member of the Nurses' Missionary League is this year serving as Secretary of the Nurses' Association of China, but it is sad to hear from her that there is a danger of some of the Registered Training Schools having to be closed for lack of qualified Sisters to carry on the work. She writes: 'Surely Great Britain, with all her nurses, could spare us a few dozens and never miss them, and they would mean so much to us.'

"Members will also be interested in the following paragraph:—

"At the last meeting of the Occidental Graduate Nurses' Association of Korea, which is composed of all the Missionary Nurses in the country, held in Seoul, the question of text-books was discussed at length, and united action was taken to supply funds to finance the printing of a text-book on nursing which is being translated by one of the Missionary Nurses, nine of the nurses making themselves responsible for 100 yen (\$50) for this fund.

Also steps were taken to organise a Graduate Nurses' Association among the Koreans.' "

Let us hope the latter organisation will be ready to affiliate (as the Nurses of China have done) with the International Council of Nurses at Helsingfors in 1925.

There is still a great shortage of suitable candidates for training in many hospitals and infirmaries, although we are glad to hear that the prospect of a defined curriculum and a State Examination is beginning to have a good effect. One Matron writes us:—"I note a distinct improvement in the standard of education amongst candidates for training, and all seem to look forward to the State Examination and one portal to the Register. What a blessing the term of grace will soon terminate, and the ignorant folly of this polyglot Nursing Council will cease to have the power to play ducks and drakes with our professional Register. My Board is most anxious to adopt the Syllabus, and many of the Guardians resent the accusation that they are responsible for the reactionary conduct of our affairs by the Ministry of Health, and what Miss Nightingale used to term the 'fashionable asses'!"

In adopting a report of the Special Expenditure Committee the Paddington Guardians state under heading "Nursing Staff":—

"The amount expended on salaries of the Hospital staff during the period we have had under review appeared to be high, but this was due to the fact that difficulty had been experienced in obtaining the full number of Probationer Nurses, which necessitated the engagement of temporary Nurses, Male Nurses, and Ward Attendants at considerably higher remuneration. It was contemplated that this temporary staff would be dispensed with when sufficient Probationers were available. It is now, however, suggested that it will be necessary to retain some portion of this staff as part of the regular establishment. This must receive careful attention, as the financial position was based on the supposition of these officers not being required, and any alteration in this respect will involve considerably increased expenditure with regard to the Hospital staff."

In a report to the Steyning Guardians, says the *Poor Law Officers' Journal*, the Special

Committee appointed to consider the question of making arrangements for Probationer Nurses to receive training in surgical work in order that they might be enabled to qualify for State registration by the General Nursing Council for England and Wales, stated that arrangements had been made for the Probationers (not exceeding six per year) to receive training in surgical work during their third year of training at the Kensington Poor Law Infirmary. The salary of Probationers in future, it was recommended, should be £25 (first year), £30 (second year), £35 (third year), £40 (fourth year). Under the foregoing arrangement the General Nursing Council for England and Wales will be prepared to recognise the Steyning Poor Law Infirmary as an affiliated training school for Nurses. The Board approved the report.

At the Annual Court of Governors of the Royal Victoria Infirmary, Newcastle-on-Tyne, Mr. R. Redhead made a statement on the proposal that the nursing staff's working day should be reduced to one of eight hours. Such a proposal, he said, would involve a total additional expenditure of £2,988, and whilst the Nursing Committee were in sympathy with the proposal, they could not see how the project could be carried out in view of the additional cost entailed, and the present and immediate future of the infirmary's financial resources.

Mr. Redhead emphasised that the Committee appreciated the hazardous and difficult nature of the nurses' vocation, were sympathetic towards the desire for shorter working hours, and would meet the need to the best of their ability.

In reply to criticism from the body of the hall, Mr. A. Lawson, vice-chairman of the Nursing Committee, said if those present would pledge themselves to raise the additional £3,000 required there would be no difficulties in putting an eight-hour day into operation.

A workman Governor, declaring that they were believers in a seven-hour day for a pit pony, moved for the sending back the report for further consideration of the eight-hour day.

In reply to an inquiry by Mr. John Cairns, Mr. Redhead said the nurses' hours had been reduced from an average of 70 hours per week to an average of 62.

Mr. S. Coulthard said the nurses agreed to accept the position.

Ultimately the Nursing Committee's decision on the matter was approved.

REGISTERED NURSES' PARLIAMENTARY COUNCIL.

The President of the Registered Nurses' Parliamentary Council reminds members that there will be a Meeting, held at 431, Oxford Street, London, W., on Saturday, April 14th, at 5 p.m., "To consider action in support of the Probationers' right to a 'prescribed scheme of training' in preparation for the State Examination to qualify for admission to the General Part of the State Register."

The majority of the new General Nursing Council for England and Wales, with the consent of the Ministry of Health, refuse to conform to Rule 3 (2) (A) of the Nurses' Registration Act, thus depriving Probationers in training in General Hospitals and Poor Law Infirmaries of their right to a Syllabus of general training and prescribed teaching before examination.

This policy supports the "anti"-registration hospitals and infirmaries (now a negligible quantity) in their opposition to State Control of Nursing Education, and deprives the profession of the one portal to the Register. Probationers in training, especially in Poor Law Infirmaries, would be wise to ascertain from the authorities their position in relation to "prescribed training," as after giving three years' service, should they fail in their State Examination, they will not be eligible for registration, and their professional careers will be ruined.

It will then be too late to take action. Now is the time.

Before entering a general or special hospital or infirmary for training each candidate should be provided with a printed statement that a Statutory Syllabus of Training is in force in the institution. If this is not forthcoming, let the candidate decide to train where such a Syllabus is in force. Training School Boards of Management would then soon compel the Minister of Health to enforce Rule 3 (2) (A), and the General Nursing Council to conform to the provisions of the Nurses' Registration Act.

ONLY THREE MONTHS' GRACE.

The General Nursing Council for England and Wales reminds Nurses that every person who desires to be Registered as an Existing Nurse must apply before July 14th, 1923, after which date no application can be entertained.

OUR PRIZE COMPETITION.

We regret that we received no Competition Paper for the Prize this week of sufficient length for publication. Please see Rules.

OUTSTANDING ACTIVITIES AND DEVELOPMENTS IN THE NURSING FIELD.

INTERESTING TO SISTER TUTORS.

Miss Laura B. Logan, President of the Nursing League of Nursing Education, Cincinnati, Ohio, contributes to the January issue of the *Modern Hospital* an extremely interesting review of outstanding events in the field of nursing for the year 1922, which should be specially interesting to Sister Tutors.

REPORT OF THE COMMITTEE FOR THE STUDY OF NURSING EDUCATION.

First she comments on the completion and publication of the Report of the Committee for the Study of Nursing Education, financed by the Rockefeller Foundation.

"This work," Miss Logan says, "constitutes a most important event in the history of nursing. It marks an era of progress in the profession of nursing comparable with a like event in the progress of the profession of medicine, for which a similar study was made under the support of the Carnegie Foundation more than a decade ago."

"The publication of the Report of Miss Goldmark, the Secretary of the Committee, is awaited with much eagerness, since it contains the detailed studies upon which the conclusions of the Committee were based. Detailed recommendations for bettering conditions are expected in the Report. The much wider attention which has been focussed on nursing education by the Report of this authoritative Committee should stimulate and bring about a greater co-operation of all (and this co-operation is particularly desirable on the part of the public) responsible for the preparation of the nurse, who is found by this Committee so necessary a factor to the future progress of human health."

Miss Amy L. Hilliard, in a review of the Report, "reminds us that a similar diagnosis (if such the Committee's Report may be called) has been made by nursing leaders for some years back. She says: "Many of us are very much heartened to be assured that we have not been on the wrong tack these last ten years, and that the conclusions reached by this impartial high tribunal are the same as those reached by the most far-seeing members of our own profession."

Perhaps it is because of the deep-rooted notion in the medical world that no diagnosis should come from the nurse that so little attention has been paid to these voices crying in the wilderness. In 1916, in her paper "A Sounder Economic Basis for Training Schools for Nurses," Miss Adelaide Nutting showed the main source of the trouble to be in the insecure economic status of the schools of nursing in the hospitals. And Dr. Beard points out that perhaps the greatest of the constructive values of this Committee's Report is to be found in its tenth conclusion. He says: "Nursing education cannot become all that the future of the nursing profession promises, all

that the public service demands, without adequate financial support. It has been too long sustained by the grace of the hospital the pupil serves. The hospital has profited by the arrangement in too many instances; the schools have starved under it."

A REAL GLIMPSE INTO THE SOUL OF THE REFORM MOVEMENT.

"A real glimpse into the soul of this reform movement can only be had by an examination into the hospital schools and nursing departments, and into the professional and personal ideals which are being fostered in the individual student. These will vary directly with the character and preparation of the heads selected for these schools. This is only another way of emphasising the urgent need for the stimulation of the education of nurses as administrators, teachers and leaders. . . .

"Few attempts are recorded as yet this year to place the nursing schools of hospitals on a sound financial basis. . . . With the exception of the university schools, from no part of the country has appeared any satisfactory account of the separation of the budget of the school of nursing from that of the hospital. It may be that the first step in this direction is the proper monetary evolution of the so-called laboratory work of the student nurse in hospital and the giving of the student actual cash for her services, as is done in the shops where co-operative students from engineering colleges work, the student in turn to be charged for room, board, laundry and tuition. Perhaps this is the shortest road to nursing education reform. Perhaps hospital trustees will thus come to see the problem more rapidly and clearly. The plan of alternating periods of study with periods of practice, similar to that followed in the co-operative engineering courses, has stood severe tests for six years in the School of Nursing and Health of the University of Cincinnati.

CENTRALISED TRAINING SCHOOLS.

"There is unquestionably in our midst a strong movement towards centralisation in nursing education. . . . This is the natural outcome of experiments and expedients of the war period, and marks a stage of development which has its counterpart in other professions. . . . The nursing services of four of the leading hospitals in Minneapolis are now controlled for educational purposes by the University of Minnesota, and this year this University School of Nursing boasts the largest registration of any school of nursing in America.

"Two years ago in Cleveland a plan of centralisation was projected which this year shows signs of rapidly going into effect. This plan provides for having all the classes in science and as many other classes as possible in the various hospital schools of nursing taught in a central place under the supervision of the University; and to have the work of such grade that the University shall recognise it by giving a definite amount of credit for it. The department of nursing education founded in the

College of Women in Western Reserve University represents the beginning of what Cleveland hopes will develop into a University School of Nursing.

PRELIMINARY COURSES.

"One outstanding activity of the year has been the experiment carried out in Philadelphia in centralising the teaching of the preliminary courses in its schools of nursing. It was sponsored by a number of important nursing organisations, and the Course given was as outlined by the National League of Nursing Education. The experiment opened in February, 1922, with sixty-six students, and was considered so satisfactory that it was continued for the entering classes in the autumn with changes and additions, such as a budget of approximately 10,000 dollars and a director. Twelve of Philadelphia's forty-five training schools participated, and 126 students were enrolled.

"Philadelphia gives as one of its strongest reasons for this experiment in centralisation the impossibility of its forty-five nursing schools all securing trained teachers.

"Several announcements of affiliations of nursing schools with colleges and universities have been made during the year.

"The University Schools of Nursing in Minnesota and Cincinnati, because of their excellent facilities, have found it possible to offer courses for the advanced preparation of administrators and teachers of nursing.

"There is abundant evidence on every hand that hospitals maintaining schools of nursing are awakening to their educational responsibilities to the student nurse.

"That there is an increasing recognition of the need for training for every nurse in contagious diseases, mental and nervous diseases, and in tuberculosis, is evident. An encouraging number of schools report affiliations arranged for their students in these long neglected services."

Mention is made of the progress which the new nursing schools in Europe have made. These schools in Prague (Czecho-Slovakia), Constantinople (Turkey), Posen and Warsaw (Poland) were established after the war with the assistance of the American Red Cross, and are now under the supervision of the American Red Cross Nursing Service.

SIGNIFICANT HONOUR FOR MISS NUTTING.

The happiest event of the year in nursing, significant of its place and progress, was the granting by Yale University of the honorary degree of Master of Arts to Miss Mary Adelaide Nutting, Professor of Nursing at Columbia University. In conferring the degree upon Miss Nutting, the great University, through its spokesman, declared her to be "One of the most useful women in the world." A great honour, fittingly bestowed. To Miss Nutting's far-seeing leadership and her undaunted perseverance, may be credited the initiation of many of the reforms in nursing which promise to be most far-reaching.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 165.)

The Inquiry into the Petition for a Royal Charter by the Royal British Nurses' Association by the Committee of the Privy Council, held on November 21st and 28th, 1892, was reported *verbatim* in this Journal at the time, and is now of unusual importance in the History of Nursing in England, and when that history comes to be compiled, as it should be, now that the Nurses' Registration Acts are on the Statute Book, it will prove one of its most thrilling pages.

The case in Opposition to the Petition opens with the timeworn paragraph:—

1. A Petition has been presented to the Queen's Most Excellent Majesty in Council by the Council of the Nightingale Fund, praying that Her Majesty may be pleased not to grant a Charter for the incorporation of the Association.

In paragraphs 2, 3, and 4 a long list of opposing hospitals and Nursing Institutions is set forth. The "anti" Petition runs to 54 "pars.," of which the following will prove the biassed futility of the employers' point of view in attempting to maintain their autocratic economic control over a body of women, for thousands of whom they were not financially responsible. After setting forth the work to date of the training schools, par. 12 ends: "The Nurses trained in the said schools find employment either in the service of the hospitals or as private or district Nurses." No mention is made of the 14-hour day, the starvation diet, the penurious emoluments offered, and the gross sweating of the private nurses even during their years' probationship, who were contributing thousands of pounds annually to hospitals exploiting their work. From par. 13 we may quote: "In the efforts thus made for the improvement of Nursing the primary aim has been to raise the character of the Nurses, and to cultivate and protect their moral qualities, and then to provide such means of practical and scientific teaching as might enable them intelligently to obey the orders of the medical men."

The special pleading of the "anti" Petition is all in support of the continued servitude of the probationer and nurse. She is never to escape the clutches of her employer, in or out of hospital. Private registers are advocated, and the statement made that "It is the practice of most, if not all, of the training schools

to grant a certificate to each Nurse who satisfactorily completes the prescribed course."

The Nightingale Training School opposed strenuously the granting of certificates to its nurses, thus providing them with some degree of independence, and it was not until twelve years after the presentation of this Petition that this reform took place at St. Thomas's Hospital, just twenty years after we had recommended and been granted this modicum of justice for nurses at St. Bartholomew's Hospital! How nearly this lack of certificates at St. Thomas's Hospital in those days cost the whole nursing profession the record of their certificates on the State Register thirty years later will be told in due course.

Par. 52 submits that, "having regard to the facts stated in paragraphs 14, 15, and 16 (in support of private registers kept by hospitals), the establishment of a general register of nurses is unnecessary, and that it is to the more general establishment and further development of institutions for the supply of private nurses attached to hospitals that the public should look for a supply of such nurses and for the protection of incompetent nurses."

The human being, the nurse, is handled throughout in this document (as she is being handled thirty years later by "anti's" on the G.N.C.) as a machine, without either body, soul, or spirit.

This instructive employers' "anti" Petition in opposition to a Charter of emancipation for the trained nurse summarises its ten Reasons against registration as follows:—

REASONS.

1. That a general register is not adapted to the calling of nurses for the sick, and that any possible register of Nurses would be misleading to the public and detrimental to the interests of nursing.

2. That the proposed register of Nurses is in no way analogous to the existing register of medical men, and that the arguments in support of the latter do not apply to the former.

3. That the register of Nurses could not be effectively carried on except under statutory powers. (We agree; and that was the objective of the R.B.N.A., as announced in 1893. Yet we find the "anti" Schools, and Sir Arthur Stanley, offering trained nurses a *voluntary* System of Registration twenty-three years later in 1915!)

4. That any attempt to maintain such a register under the authority of a Charter would lead to mischievous results. (Yet we find the College of Nursing, Ltd., using every blan-

dishment in 1917 to secure the Royal Charter for this purpose.)

5. That the grant of a Charter would enable the Royal British Nurses' Association to acquire a real if indirect power of controlling the education of the nursing profession. (Why not?)

6. That the Royal British Nurses' Association is not a sufficiently representative body, and that it has not secured sufficient support or achieved sufficient success to enable it to be entrusted with such powers. (The most determined undue influence was used by the managers, and, of course, their matrons of the training schools, to intimidate nurses from joining the Association, a policy which has continued to this day.)

7. That it has not the means of discharging the duties and responsibilities which the Charter would impose upon it.

8. That the establishment at the present time of any register of Nurses would be premature and injurious.

9. That a general register of Nurses is unnecessary.

10. That the other objects for which incorporation is sought can be accomplished without the grant of a Royal Charter.

Comment is superfluous.

The Committee of Inquiry took some time to consider the matter, and finally, on May 16th, 1893, recommended Her Majesty in Council to grant a Royal Charter according to the Draft which they submitted. Her Majesty acceded to the advice of Her Privy Council, and ordered the Charter to be passed under the Great Seal of the United Kingdom. This was done on June 6th, 1893, and the historical document constitutes the most precious asset of the Royal British Nurses' Association, and considering how nearly it was abstracted by its most subtle enemies in 1917, we are of opinion that every member of the Association should possess a copy, so that she may realise the prestige it bestows upon her, and what it cost the founders of the Association to obtain it for successive generations of members.

ETHEL G. FENWICK.

(To be continued.)

NEPOTISM IN THE GENERAL NURSING COUNCIL.

We learn that the appointment of Miss Dora Finch to the "urgent" post of "Secretary to the Registrar," now entitled "Interviewing Officer," evolved for the benefit of Miss Ruth Darbyshire,

and in abeyance since her appointment to University College Hospital, presumably until Miss Finch was ready to accept the sinecure, was even more irregular than we reported in our last issue. It will be remembered that at the last meeting of the Council (shirking its responsibilities as usual) it referred the appointment to the General Purposes Committee, of which Miss Cox-Davies is Chairman, "with power to interview candidates and to appoint a suitable person."

It would now appear that no steps whatever were taken, by advertisement or otherwise, to make this well-paid post known (£5 a week for 37 hours of unskilled work), and that the General Purposes Committee was not formally summoned to consider Miss Finch's single application, but that in a quite irregular manner this hole in a corner job was agreed to by some other little Committee which had no authority to make the appointment at all!

When we realise that the members of the Council who gaily showered this largesse on one of their own close personal friends, were dealing with public money, we wonder just how near to illegal disbursement of funds they ventured! It is an interesting question for the Chairman of the Finance Committee, and we advise him to enquire into the matter.

THE PROFESSIONAL UNION OF TRAINED NURSES.

The Annual General Meeting of the Professional Union of Trained Nurses was held on Friday, April 6th, 1923, at the "Plane Tree" Restaurant, Councillor Beatrice Kent presiding.

The President, Chairman, and forty Members of the Council were appointed.

Great sorrow was expressed when it was made known that Miss Margaret Breay had met with a motor accident, and leave was granted by the Meeting to bring forward the following emergency resolution, which was passed unanimously, and the Secretary was instructed to forward it to Miss Breay:—

"The Members of the Professional Union of Trained Nurses desire to convey to Miss Margaret Breay their sincere sympathy for the motor accident she has sustained, and wish her a speedy recovery. They would like to place on record their gratitude for the silent and efficient work of love which she has carried out for Nurses, without remuneration, or even a desire for acknowledgment."

The Members also expressed a wish that some flowers should be sent to her as a slight token of their appreciation. Later, some pink tulips and boughs of beautiful white lilac were dispatched.

Further permission was asked to move a second emergency resolution, which read as follows:—

“The Professional Union of Trained Nurses, in Annual Meeting assembled, condemns most strongly the action of certain Members of the College of Nursing, Ltd., who have abused their privilege as Members of the General Nursing Council for England and Wales by appointing personal friends (one already in receipt of a pension from public funds) to lucrative posts in the General Nursing Council Offices, when many working nurses, who have been incapacitated through war service from undertaking heavy work, but who have fitted themselves for secretarial posts, are needing employment. They recommend that all vacant appointments be advertised, as is usual with statutory bodies.”

This, being put to the Meeting, was passed unanimously, and the Secretary was instructed to forward it to the Chairman of the General Nursing Council for England and Wales, asking him to bring the matter before the Council. Direction was also given for a copy to be forwarded to the Minister of Health.

Some important alterations were made in the Constitution, and the President, after thanking the Members for electing her to office for another year, gave a very interesting address, and ended with a few remarks upon the League of Nations (being President of the P.U.T.N. Branch of the League of Nations Union).

The proceedings ended with a vote of thanks to the President, Chairman, Treasurer, and Secretary.

MAUDE MACCALLUM
(Hon. Secretary).

THE ROCKEFELLER FOUNDATION AND THE SCHOOL OF HYGIENE.

The further steps necessary in regard to the formation of the School of Hygiene have been discussed between representatives of the Ministry of Health, the University of London and the Rockefeller Foundation. It has been decided to set up at once a Transitional Executive Committee to arrange for co-ordination with other authorities presently operating in the same or similar spheres; to evolve the organisation of the School of Hygiene in detail; and to develop detailed plans of the School of Hygiene to such a point that construction can actually be begun by them. It is also proposed to appoint provisionally a director of the School, who will act in an advisory capacity to the Transitional Executive Committee, and the Foundation have undertaken to provide a sum not exceeding £4,000 per annum towards the salary and expenses of the director. The Minister of Health has under consideration the question of the personnel of the Transitional Executive Committee.

APPOINTMENTS.

TUTOR-SISTER.

Wolverhampton Poor-Law Infirmary.—Miss E. E. Thirkall has been appointed Tutor-Sister. She was trained at the Leeds Township Infirmary, and has held the positions of Ward Sister at Leeds, and of Maternity Sister and Sister-Tutor of Sculcoates Infirmary.

MATRON.

Rye Poor-Law Institution.—Mrs. Elizabeth M. Randall (*née* Lewis) Registered Nurse, has been appointed Matron. She was trained at Westminster Infirmary, Fulham, and has been Sister at Camberwell Infirmary and Assistant Matron at Berkhamsted Institution. Mrs. Randall holds the certificate of the Central Midwives Board.

NIGHT SISTER.

Cheltenham, St. Martin's Home.—Miss Jean Collins has been appointed Night Sister. She was trained at Huddersfield Royal Infirmary, and has been Sister at Queen Mary's Hospital, Carshalton, and Night Sister at Lewisham Infirmary.

HEALTH VISITOR AND SCHOOL NURSE.

Denbighshire County Council.—Miss Catherine Jones has been appointed Health Visitor and School Nurse. She was trained at Highfield Infirmary, Liverpool, and has since held an appointment at Lady Forester's Hospital, Broseley, Shropshire.

St. Helen's County Borough.—Miss Gertrude H. Jackson has been appointed Health Visitor. She was trained at the David Lewis Northern Hospital, Liverpool, where she was also Staff Nurse.

TERRITORIAL ARMY NURSING SERVICE.

Miss Ruth E. Darbyshire, R.R.C., to be Principal Matron, 2nd London General Hospital (April 1st), in succession to Miss Finch, R.R.C., resigned; Miss A. McIntosh, C.B.E., R.R.C., to be Principal Matron, 1st London General Hospital (April 1st), in succession to Miss Cox-Davies, R.R.C., resigned.

OVERSEAS NURSING ASSOCIATION.

NEW APPOINTMENTS.

The following new appointments have been made since November, 1922, by the Overseas Nursing Association, Imperial Institute, S.W. 7.

PRIVATE POSTS.

Miss A. Cleary (St. Bart's Hosp.), Japan Branch O.N.A.; Miss L. Baldock (Hull Royal Inf.), Oporto Nursing Assoc.; Miss W. M. Neillans (Chalmer's Hosp.), Bangkok Nursing Home; Miss A. V. Harries (Hampstead Gen. Hosp.) and Miss R. Baldock (Edinburgh Royal Inf.), Mauritius Branch O.N.A.; Miss L. Gray (West Bromwich Inf.), Costa Rica Branch.

NON-GOVERNMENT HOSPITALS.

Miss E. N. Rankin (Mile End Inf.), British North Borneo, Jesselton Hosp.; Miss K. Stewart (King's College Hosp.) and Miss E. Allen (Birmingham Gen. Hosp.), Valparaiso, British and American Hosp.; Miss B. E. Elliott and Miss V. Meade (St. George's Hosp.), Hong Kong, The Peak Hosp.; Miss F. M. Bond (Whipps Cross Hosp.) and Miss E. L. Sinclair (St. Bart's Hosp.), Singapore Municipality; Miss F. Turner (Great Northern Central Hosp.), Miss D. Wilson (National Hosp. and Royal Hants County

Hosp.), and Miss D. Vernon (Charing Cross Hosp.), Tientsin Municipal Council.

GOVERNMENT HOSPITALS.

Miss S. M. Elsdon (Seamen's Hosp., Greenwich), Virgin Islands Cottage Hosp., Nurse-Matron; Miss E. A. Waterer (London Hosp.), Gibraltar, Colonial Hosp., Matron; Miss L. M. Midgley (St. Thomas' Hosp.), Miss N. S. Cooper (Bristol Gen. Hosp.), Miss M. N. Amour (Barnhill Hosp., Glasgow), Miss E. McIlrath (St. Thomas' Hosp.), Federated Malay States, Government Hosps.; Miss K. S. Wright, A.R.R.C. (Manchester Royal Inf.) and Miss H. I. Willis (Royal Sussex County Hosp.), Falkland Islands, King Edward Memorial Hosp.; Miss R. E. Yeomans (St. John's Hosp., Lewisham); Miss T. G. Hogg (Whipps Cross Hosp.), Miss A. Banham (Lewisham Hosp.), and Miss M. M. Francis (Royal Salop Inf., Shrewsbury), Bermuda Gen. Hosp.; Miss E. Spackman (St. Bart.'s Hosp.), St. Vincent, Colonial Hosp., Nurse-Matron; Miss T. S. Leach (Royal South Hants Hosp.), St. Kitts, Cunningham Hosp., Asst.-Matron; Miss R. W. Brayley (South Devon and East Cornwall Hosp.), Miss M. Collins (Radcliffe Inf. and County Hosp., Oxford), Miss A. Vickers (Sheffield Royal Hosp.), Miss A. E. Blakemore (St. James' Inf.), Nigeria Government Hosp.; Miss K. Thompson (Leeds General Inf.), Tanganyika Territory Government Hosps.; Miss M. J. Napier (Leith General Hosp.), Nyasaland Government Hosps.; Miss W. A. Shambrock (St. Mary, Islington, Inf.), Uganda Government Hosps.; Miss J. Howard (University College Hosp.), Miss E. N. Mann (King's College Hosp.), Miss E. S. Jordan (Royal Albert Hosp., Devonport), Miss S. Smith (Halifax Royal Inf.), Miss E. C. Juniper (St. James' Inf.), Miss E. M. Dalby (St. James' Inf.), Miss E. Mead (Seamen's Hosp., Greenwich), and Miss V. Wallis (Seamen's Hosp., Greenwich), Straits Settlements Government Hosps.; Miss A. MacLean (St. Marylebone Inf.), Ceylon Government Hosps.

THE REGISTERED NURSES' SOCIETY.

Good news continues to be received of the improvement in health of Sister Cartwright, under the skilled care of Miss Julia Hurlston, and to show their sympathy with her, members of the Registered Nurses' Society have sent her the following letter:—

The Registered Nurses' Society,
431, Oxford Street,
April 3rd.

DEAR MISS CARTWRIGHT,—We are all so pleased to hear you are much better, for your illness has been a sincere grief to us all.

Will you give us the great pleasure of being our guest for part of your convalescence, just to show in a very small way how much we appreciate all you have done for us, and our love for you—our friend as well as our Secretary for many years? A cheque of fifty guineas has been sent to Miss Breay for your use, as she has kindly undertaken its disposal for us.

Wishing you a happy and restful convalescence, also complete recovery.

Yours affectionately.
(Signatures follow.)

This generous, practical sympathy will give a good filip to convalescence we have no doubt. Kindness and gratitude are wonderful prophylactics.

HOSPITAL WORLD.

The Prince of Wales will dine with the Medical Society of London at the 150th anniversary on May 15th.

Surgeon Rear-Admiral Bett recently unveiled in the grounds of Haslar Naval Hospital, at Portsmouth, a memorial obelisk in honour of two hundred sick berth staff and auxiliary ratings who lost their lives in the war.

Miss S. E. Taylor, R.B.N.A., writes: "I wonder if your readers would care to know how a lady has tried and succeeded in benefiting the hospitals by a novel scheme?"

Out of great thought came an idea to make soap, and to give it the suitable name of "Joy Soap."

Nearly two tons of this soap has been made and sold by this lady in the course of a year.

It is made of entirely pure ingredients, and so does not injure the skin.

It is quite good for ordinary washing and cleaning. Then comes its reasonable price of sixpence per pound. But of this twopence goes to the hospital fund; so that everyone who buys one pound of soap has value for money with the added comfort of knowing that they have helped to swell the sum that is to bring joy to some sufferer. The soap already sold has realised £33 6s. 8d. to date. If 100,000 persons each bought one pound of soap £833 6s. 8d. would be raised. Isn't it a good idea? But it is not a pleasant task. Such a greasy job and such a smelly thing to make. However, if any reader would care to help by ordering any quantity, either great or small, it would be sent. Of course, for a large order of one hundredweight it only costs 1s. 2d. carriage, and everyone knows the postal charges per pound weight. Money and carriage should be sent with the order.

Dame Melba, Dame M. Lloyd George, Lady Lindsey-Hogg, and Lady Henry Neville have all sent orders and have been pleased with this "Joy Soap." Every order will receive the personal attention of the maker, Miss Dudman, The Cross, Crowborough, Sussex."

From annual reports of hospital finance before us, we gather that what are known as "the working people" have contributed thousands of pounds towards their upkeep during the past twelve months—usually by weekly contributions of a few pence. This is very satisfactory, as such contributions provides a standard of medical and nursing skill impossible for persons with limited means to obtain.

POOR INDIA!

A plague epidemic is raging in almost all the provinces of India. Only a small proportion of those attacked recover.

During the week ended March 24th, 9,000 seizures were reported. Of those, 8,000 ended fatally. The epidemic is raging with greatest intensity in the United Provinces of the Punjab.

THE INTERNATIONAL COUNCIL OF NURSES.

We are receiving letters from various National Associations of Trained Nurses federated in the International Council of Nurses, asking for information as to its connection, if any, with the new organisation termed "The European Council for Nursing Education," promoted by the League of Red Cross Societies, which has now its headquarters in Paris, and which recently held its second annual meeting there.

At present there is no connection between the two organisations, but the fundamental difference in the organisation of the two Councils is—that the International Council of Nurses is composed of Federated National Organisations of Trained Nurses, and is, therefore, a purely professional Council, and the new organisation is not.

The I.C.N. meets triennially for the purpose of: (a) Providing a means of communication between the Nurses of all Nations, and (b) to provide opportunities for Nurses to meet together from all parts of the world, to confer, and take action, upon questions relating to the welfare of their Patients and their Profession. The International Council has adopted resolutions (1) in support of an International Standard of Nursing Education based upon a term of three years' training, and (2) in favour of State Organisation and Registration of Trained Nurses, and has held Nursing Conventions of world-wide interest and influence in London, Berlin, Buffalo, Paris, Cologne, and in other cities, and during the war kept in touch, through their official organs, with the National Councils of Nurses in Great Britain and Ireland, the United States of America, Canada, New Zealand, India, South Africa, Denmark, Holland, Belgium, Norway, Finland, Italy, and China, with France through Dr. Anna Hamilton, Vice-President, and with nurses in many other parts of the world.

At the business meeting of the Council, held at Copenhagen last May, Baroness Mannerheim, President of the National Council of Nurses of Finland, was elected President, and the International Council is convened to meet at Helsingfors in 1925.

We hope the National Councils of Nurses will jealously guard their fundamental basis of professional membership, just as the International Medical Council does; it is imperative if the professional and economic status of the Nurses' Council is to have full and sufficient liberty of thought and action.

The International Council has nothing narrow in its outlook, and invites and welcomes fraternal delegates who are not nurses to its Conferences, but, of course, quite rightly, these guests are not empowered to vote and decide its professional policy.

We gather that the policy of the European Council for Nursing Education, which at present is a little young to assume this somewhat inclusive title, approves of definitely recognising the interdependence of nurses and those interested in

promoting nursing education—such as hospital administrators, Red Cross officials, doctors, and other lay persons. In other words it does not propose to organise on a professional basis, so that it should in no way assume to compete with the International Council of Nurses, which is founded on this rock, any more than it would assume to dictate to the Medical International on medical ethics and education.

Full and free discussion between the laity and members of professions, the policy of the European Council, has its uses no doubt. It also has its dangers if the laity assume a right of control as the British Red Cross Society does in this country—where there is not one Registered Nurse on its Council or Committees, and where social influence and money alone secure representation.

None of the ladies promoting the European Council have ever had the advantage of attending our wonderful International Meetings. Do not let them forget that at Cologne we assembled 1,000 accredited Delegates from 23 countries of the world, and took counsel together on dozens of burning nursing questions and needed reforms, and that through the pioneer work of our International leaders—guided by the altruistic spirit of the Hon. Secretary, Miss Lavinia Dock—many of these questions burn no longer, so many reforms have been accomplished of late years. Even nurses in Great Britain and Ireland, after a thirty years' struggle, can now write "Registered Nurse" after their names! and will attend at Helsingfors in glittering slippers—no longer the Cinderellas of the Nursing Profession!

I note from the report of the London Meeting in 1909, that in addition to the Official Delegates, we welcomed 192 Fraternal Delegates, from Australia, Belgium, Canada, Cuba, Denmark, France, Germany, Holland, Italy, Java, Japan, New Zealand, and the United States of America—to say nothing of all the eminent people resident in England, who graced our Congress with their presence, and who entertained us with such lavish hospitality.

The International spirit is an all-inclusive spirit, and we have no doubt at our next merry meeting in Finland we shall meet hundreds of the younger generation of nurses, inspired with just the same humane and progressive spirit which animated the founders of our great "International" by British and American Nurses in London in 1899.

Anyway, whether official or fraternal delegates, their welcome is assured.

ETHEL G. FENWICK,
(*Founder, International Council of Nurses*).

A POPULAR WEDDING.

Princess Yolanda, the eldest daughter of the King and Queen of Italy, was married on Monday in Rome to Count Calvi di Bergolo. A most popular wedding in Italy. The Italian Colonies in London contributed £250 for a gift, and the Princess announced that she would prefer it should be devoted to the Italian Hospital in London.

NURSING IN RUSSIA.

Captain Alex Ilovaisky has kindly supplied us with a copy of the interesting paper which he read on April 4th at the recent Nursing Conference at the Central Hall, Westminster, from which we print extracts. We venture to think that "A Study in Race Development" would be a more appropriate name for the paper.

Captain Ilovaisky writes:—

You will in all probability admit that of all the consecutive phases of our physical existence, of all the successive stages of our average "duration," it is the preparatory or nursing period which is the most in need of our love, solicitude and care.

In the words of your greatest and most glorious mystic, "the child shows the man like morning shows the day," and it rests entirely with you to enrich and enliven that morning, thus preventing the clouds from disturbing its splendour, and ensuring its end to be known as "the end of a perfect day."

Long before recollection, farther back than the oldest civilization, yet revealed to the knowledge of modern men, this instance of reproduction, or positive motherhood, was the axis, the only revolving axis of women's strivings, interests and fears.

A slave, an instrument of delight, a timid barbaric figure, she was ever prepared to rear, preserve, and steadily beautify, rebelling against the law, and imposing the striking rule that, as a climax of sex antagonism, men use their strength to kill, and women to give birth.

In China, Sparta, Egypt, wherever low and obscure designs were blending to set up a tyranny of numeric limitation, dangerously overtaxing the strength of a genuine constitution rarely sufficiently matured, and reverting to a spasmodic increase in the scale of ordinary birth rate in a case of military requirements, they were fighting them on their ground by repeating the art of exercised fascination.

With the introduction of metals, colours, luxury and refinement, with the exotic growth of this "lasting civilization," which, if given a proper chance, an elephant might easily have outlived—but which nevertheless paralysed and distorted the universality of the biological process as reflected in the course of animal evolution, they contented themselves to satiate the regions most suitable through their climate to the growth and expanse of the human race.

In those days there was no Christianity, but the bedrock of its original conception, the belief in a promising after-life were propelling the imagination of those who were born given power and breeding wealth.

As a consequence our world entered into an era of dangerous misconception, when, according to Emerson, "death had precedence over life," every man was an embalmer or an undertaker, and the one who is now a millionaire was described as a pyramidaire.

Inbreeding of the type commonly associated

with the names of Cleopatra, Arsinos, the House of Castile, and the Royal line of Siam, and other less prominent abnormalities, led to a speedy, wholesale and intensive degeneration. It led the way, nature contenting herself to submit to the fancy of a depraved and cruel imagination fed on the contemplation of duties erected by human hands in a spasm of delirious obliteration.

In a hundred and fifty years of Egyptian supremacy in all spheres of human interests and activities the female figure had shrivelled into a hard, broad-shouldered, narrow-hipped and mawkish form, lowering birth-rate down to a figure incompatible with sustenance.

Bursting into existence, the Greek repelled this nightmare, this unnatural limitation; drove away the embalmer, and restored proportion, size and fertility to par.

Independently of this alternative conception of a primary undertaking, this ebb and flow in a natural generation, the whole of mankind was being affected by a deep and widespread physiological anarchism. "As modern science—biological, sociological, and anthropological—maintains, and as the ancient Hindu Puranas invariably teach, when a man became a thinking being he began to misuse his creative force, and as instinct receded, and freewill began to manifest itself in the individual, the sex function was degraded into a mere means of sexual gratification, and through countless millenniums enormously overused. In this way, by dispensing much of the vital energy indispensable to this process, he weakened his body and made it unfit to survive" (Frederick Finch Strong, M.D.).

Basing ourselves on this finding, on this product of historical observation, we may naturally look with suspicion on the spreading of a doctrine of national birth control, inevitably leading to an increase in the frequency of physical association and favouring a result of disastrous magnanimity—we may ponder where in all this philosophy, too-practical to be harmless, ends the spirit of Heidelberg and begins the method of Chinatown.

As time went on, and the world entered into a new epoch, based on the religion of Judæa, the philosophy of the Greek and the legislation of Rome, a new spirit, a wave of dematerialisation concurred, with the strengthening of the spirit, to dethrone the majesty of the flesh.

Down till the sixteenth century, to the reasoned consecration of a splendid Renaissance, mankind had little, if any, knowledge of the constructions, functions, and requirements of the body, more than was known to both Galen and Hippocrates.

The breath of Protestantism, the work of Erasmus, Reclin, and Ulrich von Guther, when crowned by the mastery of Spinoza, led to a new, more careful study of this mystery of creation. In an inspired attempt to replace the objects of immediate adoration, Titian, Rubens, and Veronese began to paint the earth, the child, the woman, in a style of gorgeous splendour.

Woman's life was secluded; if the world was the prison of mankind, her's was a little and

narrow cell. Apart from the noble and wealthy classes, dabbling in the welfare of their descendants as the carriers of their riches, privileges and fame, the majority of the people were ready to submit to what they thought was a godly burden.

The necessities of State, the need of soldiers, taxpayers, and slaves were inducing the Government authorities to peep into the mystery of the cradle and review the problem of national augmentation.

Wise enough to perceive that each calendar year the accretion was normally augmenting, they knew better than to permit a free and natural development of a young and turbulent reserve.

From Plato to Abelard, Montaigne and Ambrose Paré, down to the founder of the "University of Potsdam," Pestalozzi, Froebel, Spencer, and the Russian educationalist Piragoff, a regular beehive of statesmen, scientists, and paragons of philanthropy were engaged in the task of intimidating the child.

With a gradual evolution of the embryo with the proper co-ordinated expansion, with its attainment to a state of comparative independence in relation to abstract manifestations of life, it was passing into the hands of those properly qualified to enlarge his mental and earthly horizon, to repress the vagaries of his organs, and prepare him for the complete, trying, but fascinating battle of life.

From a diminutive human being he was being gradually shaped into a citizen, a subject, a soldier, a mason, a potentate, or a monk. With the philosophical movement of the eighteenth century, with the ascendancy of a critical reason competing with the classical education for the control of the upper classes of Europe, man began to reflect, analyse, and suspect, casting a ray of light over all that had been infused—the creation of God Himself.

The next century saw Helmgoltz, armed with the powers of unlimited understanding, referring the human eye to the optician as unsatisfactorily completed, and the king of the living biologists, Metchnikoff, focussing the attention on the energy wasted on the nutrition of (a) the appendix, (b) the muscles of the ear, and (c) the four obsolete vertebrae of the spine, and calling for the assistance of a surgical intervention in every particular occurrence.

From the negative sprang the positive—if we were able to correct we were able also to create, as a challenge to the product of natural evolution, the animal and vegetable world furnishing the field for an unlimited experiment: the blue rose, the race horse, the pearl oyster, the stoneless prunes, and seedless oranges of California, illustrating the latent fertility of plasm. From plant to fruit, from fruit to beast, from beast to man, a widespread sensation of uneasiness in the presence of a possible phenomenon led to a spontaneous attempt to create a new type of human being, fitting in and satiating an embellished hand-made world. Men began to believe in the eternal progress as before they had believed in the original fall, and from the blonde beast of Friedrich von Nietzsche—the rejuvenated Valkyrie—sprang the

pre-war middle-European man invented by Pastor Neumann and the stolid Friedrich von Liszt. In England, where, for centuries, with the probable exception of the hare, all animal breeds were artificial, the confused, undisciplined, and unco-ordinated impulses were easily diverted into spacious channels of a eugenic movement embracing popular physiology, nutrition, sanitary and hygienic legislation, and a number of minor or auxiliary elements of well-being.

From across the Atlantic we could have the Los Angeles advertisers proclaiming the appearance of a biological wonder, a new type of American Caucasian.

(To be concluded.)

SOON SHALL THE WINTER'S FOIL BE HERE.

Soon shall the winter's foil be here:
 Soon shall these icy ligatures unbend and melt—
 a little while
 And air, soil, wave, suffused shall be in softness,
 bloom and growth—
 A thousand forms shall rise
 From these dead clods and chills as from low
 burial graves,
 Thine eyes, ears—all thy best attributes—all that
 takes cognizance of natural beauty,
 Shall wake and fill. Thou shalt perceive the simple
 shows, the delicate miracles of the earth
 Dandelions, clover, the emerald grass, the early
 scents and flowers,
 The arbutus under foot, the willows yellow green,
 the blossoming plum and cherry.
 With these the robin, lark and thrush singing their
 songs, the flitting blue bird;
 For such the scenes the annual play brings on.
 —Walt Whitman.

COMING EVENTS.

April 14th.—Registered Nurses' Parliamentary Council: Meeting to consider action in support of the Probationer's right to a "prescribed scheme of training" preparatory to the State Examination. 431, Oxford Street, London, W. 1. 5 p.m.

April 20th.—General Nursing Council for England and Wales. Monthly Meeting: Ministry of Health, Whitehall. 2.30 p.m.

April 26th.—The Wedding Ball, in aid of Queen Victoria's Jubilee Institute for Nurses. At Lansdowne House, London, W. All the Royalties are Patrons.

May 3rd.—Nurses' Missionary League Council Meeting. University Hall, Gordon Square, W.C.

WORD FOR THE WEEK.

"We do not ask a sufferer, What is your country or your religion? We say, It is enough that you are suffering. You belong to me, and I will care for you."
 Louis Pasteur.

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The "Amherst"	58/6	52/6	67/6	49/6	63/0	67/6
The "Army"	52/6	48/6	63/0	47/6	58/6	63/0
The "Merton"	52/6	48/6	63/0	47/6	58/6	63/0



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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.

A TIP FOR THE G.N.C.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is announced in the press that Mrs. Wilton Phipps has been elected the first Chairman of the London County Council Education Committee, and Lady Eve the Chairman of the Parks' Committee. The recognition of the fitness of these ladies for public service is exceedingly gratifying, and I have no doubt "London" will greatly benefit.

How different must be the liberal spirit animating the L.C.C. from the jealous and reactionary demand of the medical and lay groups on the General Nursing Council—to grasp power to control the Nursing Profession on its own governing body!

But we must not blame the medical group alone. Had not the College Matrons—led by Miss Cox-Davies—sold our birthright for a mess of pottage (their own place and power) this professional degradation could not have been effected.

It was Miss Cox-Davies who proposed to place Dr. Goodall in the Registration Chair, and the Hon. Mrs. Hills in charge of the Committee which selects and controls our clerical personnel, and advises expenditure, to supersede Registered Nurses. In so doing she helped to deprive us of our rightful status on the Council.

Nothing could have been more disastrous to our best interests. The former appointment made possible the passing of Rule 9 (A), giving preferential treatment to College members, and thus doing away with the one portal to the General Part of the Register—a just principle for which we worked for so long.

Moreover it is probable that this scandalous betrayal of our status will open the door to a horde of women being placed on our Register who have never spent a day in a hospital in their lives—a breach of faith with those of us who have paid for registration under the one year's minimum training in existing statutory rules—to say nothing of being empowered to practise as Registered Nurses upon a Certificate signed by medical members of the Council alone. Medical practitioners have no right to control the Nursing Profession outside the Council, but Miss Cox-Davies' policy practically empowers them to do so from within our governing body. And who is Dr. Goodall that he should be given this power over General Nurses? He is himself a salaried official of the Metropolitan Asylums Board, as a Medical Superintendent of a Fever Hospital, has had little to do with the Nursing Profession generally, and I for one strongly object to be governed by this medical and lay combine; through professional jealousy and

ignorance, and at the dictation of the College of Nursing, Ltd., they are attempting to ruin our Register.

The Nursing Acts will never be effective until the principle is enforced that the Chairs of the Council and the Standing Committees are filled by Registered Nurses; until that time we are mere serfs and we have largely to thank Miss Cox-Davies for placing us under the heel of unprofessional persons.

I commend the policy of the London County Council to the G.N.C. and the Ministry of Health.

Yours faithfully,
MEMBER BART.'S LEAGUE.

FATAL APATHY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—As far as one can judge from letters in the nursing papers, nurses seem to be taking extraordinarily little interest in the doings of the General Nursing Council; e.g., at the last Council meeting three very important points were raised and decided on: (1) That general trained nurses should not have "prescribed training"; (2) that "Bonafides" should be admitted to the Roll who were working before 1900. These *bona fides* need have had no hospital experience at all, though before that date a three years' certificate was considered necessary for the Services, and for the Queen Victoria Jubilee Institute a one year's certificate was at that time compulsory; (3) the Finance and Registration Committees have medical members of the Council as Chairmen, though apparently nurses were proposed for both Chairs by nurses.

Yours faithfully,
RETIRED NURSE.

[The fatal apathy of nurses is well known to their employers. In connection with the policy of the G.N.C. hundreds of nurses are so sick of its jealousies and jobs they prefer not to have anything to do with it under present management. Of course, this policy is fatal to their professional interests. They should rouse themselves and insist on self-government.—ED.]

KERNELS FROM CORRESPONDENCE.

DIGNITY IS CENTRED IN DUTY.

Esther C. Stuart.—"The trained nurses of to-day are sadly ignorant, and have been purposely kept so. Never a word in my training school of Nursing history, or explanation of professional ethics or registration. The false premises of Sir Wilmot Herringham, the Chairman of the G.N.C., in comparing the Medical and Nursing Councils, is inexcusable if he has ever read the Nurses' Act (he owned publicly a few weeks ago he had not read the Scottish Act), but the majority of the G.N.C. no doubt swallowed his statements without question. Talk about Gilbert and Sullivan operas! the illogical and illegal conclusions of the G.N.C. beats the lot. Fancy the four Supplementary parts of the Register having a statutory curriculum, as granted by Parliament, and the General Nurses, who, after all, form the backbone of the Nursing

Profession, being denied their right to a 'prescribed scheme' of training." It is to be hoped that if any of the candidates for the State Examination are plucked they will promptly appeal, for having been examined without a 'prescribed' scheme of teaching. Am glad to see the Registered Nurses' Parliamentary Council intend to take up the Probationers' case; they apparently dare not wink an eyelash, however much they are cheated."

[We intend to fight this scandal until the provisions of the Nurses' Registration Act are complied with. The whole profession has been shamelessly betrayed by the majority of the new Council, with the support of the officials at the Ministry of Health, as upon three separate occasions the late Council voted that the Syllabus for General training should be sent to the Minister of Health for signature, for submission to Parliament, so that it might have statutory force, but evidently the decisions of the Council were tampered with by the usual malign influence which has hampered and almost ruined its work from its inception.

The following are the names of the members of the Council who voted at its last meeting to deprive the general trained nurses of their right to "prescribed training" Rule 3 (2) (a) before they are eligible for "admission to the General Part of the Register," by issuing the silly "gag" of an "advisory" Syllabus:—Miss H. A. Alsop, Matron Kensington Infirmary, W.; Miss A. S. Barrett, Principal, Clapham High School; Miss Geraldine Bremner, Nurses' Co-op., London; Miss Gertrude Cowlin, Librarian, College of Nursing, Ltd.; Miss Cox-Davies; Rev. G. B. Cronshaw, Treasurer, Radcliffe Infirmary, Oxford; Dr. E. W. Goodall, Medical Superintendent, North-Western Fever Hospital, Hampstead; Miss E. M. Musson, Matron, General Hospital, Birmingham; Dr. Bedford Pierce, late Medical Superintendent, The Retreat, York; Dr. R. D. Smedley, Medical Officer of Health, West Sussex; Miss Elinor Smith, Superintendent for Wales, Queen Victoria's Jubilee Institute; Miss M. E. Sparshott, Matron, Royal Infirmary, Manchester; Sir T. Jenner Verrall, Member General Medical Council; Miss C. Seymour Yapp, Matron, Poor Law Hospital, Ashton-under-Lyne. Lady Hobhouse, and the Hon. Mrs. Eustace Hills, invariably vote against the Nurses' professional interests, and no doubt would have added their votes to "downing" them on this occasion had they been present.

Do not let us forget that Miss A. M. Bushby, Matron, Queen's Hospital for Children, Hackney, Mr. Robert Donaldson, Mental Nurses' Association, Miss C. C. du Sautoy, Miss S. Villiers, Matron, South Western Fever Hospital, Stockwell, and Miss M. E. Wiese, Chief Charge Nurse, Claybury Mental Hospital, had the courage to vote in favour of the legal rights of the General Nurses. Thus it will be seen that every nurse who voted to deprive the General Nurses of their right to "prescribed" teaching are members of the College of Nursing, Ltd. Such are the methods of the servile representatives of this Employers' Union. Anyway, we are out to expose their time-honoured

"anti" methods, and *en passant*, may we say, it cannot be done in kid gloves. Cash, graft, social influence, and professional jealousy are four powerful opponents to encounter in any arena.—ED.]

SAD TO SEE.

"Sad to See."—"I sat and watched the hundreds of women presumably working as nurses streaming through the so-called Nursing Exhibition last week. How sad to see so many towed untidy uniforms, and depressed chinless women. Surely this army are not the average modern trained nurse. If so what an injury the training schools have done our profession in opposing for all these years better professional facilities for educated women and State Registration. I listened to the inspired words of the lady who presided over the B.F.N. Stall, and do hope some of her "golden grain" will sprout—one never knows."

A Country Matron.—"Why is the Hospital Nursing and Midwifery Exhibition given this comprehensive title? I came from the country hoping to see real nursing exhibits, but found a purely trade show. Quite useful for commercial purposes, but nothing to learn professionally. The B.J.N. corner was a little oasis, and I did enjoy seeing my name in the First State Register—thanks to the B.J.N. and its devoted supporters. Some satisfaction for your life's work, in spite of all the jealous cruelty you have been made to suffer."

[When we handle the State Register it is ample compensation for the unworthy policy of its opponents. It will outlive them.—ED.]

BLAMING THE NURSE.

A Theatre Sister.—"So glad to read your remarks on the death from chloroform poisoning at Watford District Hospital. Of course, the nurses should be taught to put the anaesthetising apparatus together, but it certainly is the anaesthetist's duty to test it before using it—where life and death may be at stake. It is always so easy to blame the nurse for medical mistakes, and I for one thank you for your expression of opinion in this instance."

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

April 21st.—Describe (a) the symptoms, (b) the nursing management of a case of concussion.

The Midwife.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The Association for Promoting the Training and Supply of Midwives held their Nineteenth Annual Meeting on March 23rd, at 43, Belgrave Square, S.W.1, by the kind permission of Lady Aberconway, who took the chair.

Lady Aberconway spoke of the valuable work done by the Association and the ever-increasing interest which was taken in its objects. She spoke of the necessity of giving a more comprehensive training to the Parish and District Nurses whereby they could, in emergency, undertake any cases in parts where no medical help was available. Lady Aberconway said the Association had been very successful in urging women to adopt this most valuable profession, and as time went on midwifery would be entirely in the hands of women.

Mrs. Ebdon (Chairman, Executive Committee) gave a brief outline of the work involved during the past year.

There were even more applicants for training than usual; these included many from the North of England, Scotland, Ireland and Wales, and even India and China, which is very encouraging, as it tends to show that the Association is very widely known.

Mr. Leon (Hon. Treasurer), in moving the adoption of the balance sheet, said that compared with the amount of work done by the Association the expenditure was very small. He thanked those subscribers who had so loyally helped the Society during the last twenty years, and appealed earnestly for more subscribers.

Lady Mabelle Egerton spoke of the necessity of making the profession an attractive one; salary was not everything, but the earnest co-operation of the local authorities and their help and support would go far to making the work of the midwife easier and happier. She would have difficulties to face, but care must be taken that any measures brought in will not put added difficulties in her way. The great thing was to get the right women to come forward.

ELEMENTARY LECTURES ON INFANT CARE.

A Course of Elementary Lectures on Infant Care, especially intended for Creche Nurses and Probationers, has again been arranged by the National Association for the Prevention of Infant Mortality and the Welfare of Infancy, to be held in the Lecture Hall, Carnegie House, 117, Piccadilly, W., on Thursdays, from 7.30 to 8.30 p.m., from April 19th to June 21st. Tickets can be obtained from the above address.

SYLLABUS.

Thursday, April 19th.—Elementary Anatomy and Physiology of the bony, muscular, nervous, circulatory and urinary systems.

Thursday, April 26th.—Elementary Anatomy and Physiology of the digestive system.

Thursday, May 3rd.—Food. Qualitative and quantitative requirements of the body.

Thursday, May 10th.—Milk. Human, Cows and Dried Milk. Patent Foods.

Thursday, May 17th.—Breast Feeding.

Thursday, May 24th.—Artificial Feeding.

Thursday, May 31st.—Weaning and feeding of children up to five years of age.

Thursday, June 7th.—Routine of life for babies and young children. Training.

Thursday, June 14th.—Common digestive disturbances.

Thursday, June 21st.—Common minor ailments of other systems. Common minor accidents.

The lecturer for the whole Course will be Dr. Naomi Tribe, Medical Officer to Hammersmith and Kensington Infant Welfare Centres, and to Shoreditch Day Nursery and Ante-Natal Clinic.

CENTRAL MIDWIVES' BOARD.

EXAMINATION PAPER.

Candidates are advised to answer all the questions.

1. Describe the outlet of the bony pelvis and the soft parts which close it.
2. What information in respect of mother and child do you require at your visit on the third day after confinement? How do you obtain this information?
3. How do you recognise that labour has commenced? What are the essential features of each stage?
4. Name the Venereal Diseases. What are the signs of each of these diseases which you should recognise in mother and infant? What is the midwife's duty in such cases under the Rules of the Central Midwives' Board?
5. What conditions in the mother and child render breast-feeding difficult, and how may these difficulties be overcome?
6. What is the importance of albuminuria in pregnancy? What would make you suspect it? How would you recognise it?

The following applications have been granted:—

For Approval as Lecturer.—Dr. Percy Edward Turner (*pro tem.*).

For Approval as Teacher.—Midwives Eliza Bowker (No. 43,002), Helen Hopewell (No. 46,864), Anna Sinclair (No. 8,461), Kate Wells (No. 56,121), and Midwife Catherine Wilkie Wilson (No. 58,707), subject to certain conditions.

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Vol. LXX

EDITORIAL.

CRUELTY TO ANIMALS.

THE HUMANE SLAUGHTER OF ANIMALS.

No woman with a strain of cruelty in her composition ever makes a good nurse—a fine mechanical instrument maybe—but never a great restorer—as women of instinctive sympathies may be. We have been a little disappointed as Editor of a Nursing Journal, noting day by day the reports of extreme cases of brutal cruelty to defenceless animals in the daily press—that our clientele—highly trained professional nurses in the abstract—have made no protest in our columns on this proof of depravity in the nation—and their detestation of such crimes.

Kindness to animals should be inculcated in every child, and their right to skilled care, humane treatment, proper food, and hygienic surroundings insisted upon by law. We find it is usually the animals exploited for the service and enrichment of man—which when old are cast on the scrap heap, such as that tireless and generous beast the horse, sold when used up for an old song. Then we have the sagacious house dog, often chained up for days in dirty surroundings, left without proper food, or sufficient water, or exercise, until they suffer from painful diseases.

Then we have the inhuman ruffian ill-treating patient animals—cases recently reported make one physically sick. One demon knocks an eye out of a pit pony with a pit prop, another smashes a dog's leg with a knob stick; others, often cats, are stoned, half strangled, burnt, and buried alive, and starvation of horses, donkeys, cows and dogs are constantly reported; and punishment, a fine of a few shillings or pounds is no deterrent.

Kindness to animals used to be a national characteristic; now apparently we can no longer make this proud claim.

We have noticed in London's streets much cowardly indifference upon the part of the public to overloaded vehicles, drawn by skeleton horses, with bloated drivers added to the

load, and have on more than one occasion been subjected to mob abuse for inviting the interference of the police in protection of the ill-used beasts struggling to breast a rise of slippery ground. We have noticed nurses in uniform scuttling away from such scenes, evidently anxious to escape inconvenience.

Our nurses are very kindly women in the main. We desire, therefore, to enlist their help in the protection of animals from cruelty and indifference, and their support for the second reading of the Bill designed to promote the more humane slaughter of animals killed for food, which is to be moved in the House of Commons on April 27, and which the Duchess of Hamilton and Miss Lind-af-Hageby, on behalf of the Animal Defence Society, have submitted to the Cabinet Committee which is considering the question and the following recommendations:—

“That legislation should be introduced without delay by which the adoption of Clause 9B of the present Ministry of Health Bye-Laws by all local authorities should be enforced, and that its provisions should be made applicable to all persons who slaughter animals for food, whether in slaughter-houses or not. Such provision would include persons who slaughter pigs or sheep in villages.

“That the decision of which types of humane killers should be included under the definition of ‘a mechanically-operated instrument suitable and sufficient for the purpose’ should be taken by the Ministry of Health, after due investigation and trial, and that local authority should be under the obligation to see that instruments of the approved types, and no others, are used in the slaughter-houses within their districts.

“That adequate safeguards against breaches of the Act, such as permission for the police and inspectors or accredited societies for the protection of animals to enter slaughter-houses with powers to enforce the Act, should be provided.”

A postcard to your member of Parliament inviting support of the Bill will help. Please send it.

OUR PRIZE COMPETITION.

DESCRIBE (a) THE SYMPTOMS, (b) THE NURSING MANAGEMENT OF A CASE OF CONCUSSION.

We have pleasure in awarding the Prize this week to Miss Phœbe Goddard, North Western Hospital, Hampstead.

PRIZE PAPER.

Concussion is a clinical condition of paralysis dependent on the medullary centre.

The surface of the brain has membranes torn—shows hæmorrhage and laceration from some definite injury.

When the patient recovers completely in a day or two, then no hæmorrhage or laceration has taken place.

First stage of shock.—Patient unconscious—practically insensible—pallid—cold and collapsed. Temperature sub-normal, pulse rate increased, blood pressure low (often called cerebral shock). Condition due to blow on head, close to medullary centre, hence blood does not reach head, arteries too dilated for arteries to pass it on, therefore the heart beats quickly to try and make up for loss of blood.

The reflexes are not lost, except in severe cases shortly before death.

The condition remains unaltered for a few hours, when patient vomits (second stage of reaction), often there is a rise of temperature, and patient gradually returns to normal condition in a mild case, while in the more severe cases the symptoms of unconsciousness last for several days and death occurs, whilst in a third type the symptoms of concussion are replaced by those of cerebral irritation or compression. Cerebral irritation is merely a phase in the recovery of a patient suffering from concussion or laceration of the brain. The unconsciousness is replaced by mental irritability and restlessness and low muttering delirium.

There may be incontinence of urine or fæces.

Treatment.—First of all, carefully place patient in bed, with head low, hot-water bottles in between blanket and patient, but on no account give strong restoratives, such as brandy, &c.; place spatula in between teeth to prevent tongue from being bitten, and keep head on one side.

When reaction starts, remove hot bottles; next stage possibly full developed compression—this condition of the brain is like a sponge full of fluid, when squeezed out absolutely dry.

Diet.—A comatose patient requires nothing but water, and this is best given by injecting into rectum one pint of normal saline fluid, night and morning, until patient can swallow.

When consciousness has returned, then a plentiful fluid diet is given gradually, and a nourishing diet through convalescence. If the physician prefers, patient may be nasal fed instead of having salines injected.

Rest forms the principal part of treatment, and nurses can help much in this way by keeping the patient's mind at rest—in trying to understand the cause of any anxiety, and if possible removing it—also by attending to bodily comfort of the patient, attention to mouth and back, and careful observation of bowels. When patient is comatose, the latter should be regulated by means of enemata.

An ice cap applied to the head may be very soothing, provided that the stage of reaction has taken place, when the temperature will be raised. Compression of the brain may be associated with concussion; in the former, concussion may result from an injury causing pieces of bone, blood or pus to press on the brain. Unconsciousness is absolute, pulse strong and slow, respiration noisy, and in severe cases Cheyne-Stokes' breathing may occur. Hemiplegia, due to compression usually on one side of brain, temperature is usually a degree or two higher than on the normal side, and the reflexes are increased. Retention of urine, and incontinence of fæces. Attend to points of pressure, head should be propped up and treatment as in simple concussion.

Intra-cranial Hæmorrhage.—If the blood vessel which has burst is situated between the dura mater and the skull then bleeding occurs very slowly, and the symptoms of compression develop after one or two days, when the patient recovers from the unconsciousness of concussion, and then after a short interval again loses consciousness from compression. If this condition is recognised in time the skull may be opened and the clot removed and the vessel tied, when the patient usually completely recovers.

Fractured base of Skull.—Bleeding from ears, eyes, nose, or mouth may be seen. Cerebro-spinal fluid may escape from ear in severe cases; paralysis of the face or eyes. Unconsciousness is absolute.

Treatment.—Local, strict aseptic precautions in treating external bleeding from nose, eyes, ears, &c., and rest until the damaged brain recovers.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Jane McNellie, Registered Nurse, Miss Mary Ramsey, Miss Gertrude E. Weeks, and Miss Susan Long.

QUESTION FOR NEXT WEEK.

April 28th.—In supervision of the patient during pregnancy, what points would you observe as indicating some abnormality or source of danger.

NURSING ECHOES.

As a recognition of the services rendered to the community by mental nurses, the King has caused members of the nursing staff of Bethlehem Royal Hospital to be invited to witness the Royal wedding procession from the courtyard of Buckingham Palace.

The highly valuable work of mental nurses has been far too long ignored. Now that legal status has been won for them, they will come into their kingdom.

The Prince of Wales has signified his intention of being present at the ball at Lansdowne House on April 26th in aid of Queen Victoria's Jubilee Institute for Nurses.

The Prince of Wales last week attended a meeting held at Windsor Guildhall with the object of completing a fund for a memorial to the late Sir William Shipley, former chairman of King Edward VII Hospital at Windsor, and a memorial to those who fell in the war. The memorial is to take the form of a nurses' hostel to accommodate a nursing staff, with tablets commemorating Sir William Shipley and the fallen.

Her Highness, Princess Helena Victoria has graciously consented to open a Bazaar on Friday, May 4th, at 3 o'clock, at the London Homœopathic Hospital, Great Ormond Street, W.C. 1., which has been promoted by the Matron and Nursing Staff with the object of raising Funds for the purchase of New Beds and Bedding so badly needed by the Institution.

It is hoped to realise at least £500 for this purpose, and every effort is being made to enlist the sympathetic support of all those interested in the Hospital to ensure an overwhelming success to the Nurses in their venture for the benefit of the Institution.

The active co-operation of all old Nurses is, therefore, most cordially invited and any help that they may be able to render either by contributions in money or kind will be most warmly appreciated and gratefully received by the Matron at the Hospital.

Contributions in money and kind from those interested in the hospital will also be most gratefully received by the Matron.

At a recent meeting of the Paddington Board of Guardians, Mr. Vaughan Owen deprecated the engagement of male nurses—and asked what was the difficulty about engaging female probationers like other hospitals throughout the London area? He was informed that other similar institutions had had the same difficulty in obtaining sufficient probationers. They wanted 103 nurses, which was a big number, and the Board could not get them all at once.

The parents of middle-class girls are keenly alive to the future of their salary earning daughters, and don't permit them to "bite off the first cherry from the bough."

Nursing as a profession is a very unknown quantity—there appears to be little security about it. We were talking to a journalist one day who has six daughters "to put out" who has followed the controversy in the G.N.C. on the "prescribed scheme of training," and who has come to the conclusion that without the definite contract for a standardised nursing education, the future is hopeless, and he disapproves of any of his daughters becoming nurses. The general part of the register is now going to be flooded with women with no hospital training—who are to be given the title of "Registered Nurse"—and who will therefore be in economic competition with thoroughly trained Existing and Intermediate nurses for the next twenty years, and it is only Nurses Registered "by Examination" who will have any real chance of preferment in the future. The lay controllers of the College of Nursing, Limited, never did a more cruel injury to the existing members of the Nursing Profession than by the votes of their members, combined with those of the lay and medical element on the G.N.C. in breaking faith with the 20,000 Registered Nurses admitted under the present Rules. Dr. Goodall will go down to posterity as the Chairman of the Registration Committee, who pushed through the new Rule betraying those nurses who came forward to form the First Register. One more proof of the danger of medical control of the nursing profession.

The following illuminating discussion took place recently at a meeting of the Hastings Board of Guardians, and proves how imperative it is that the "prescribed scheme of training" should be approved by the Minister of Health and Parliament, as provided in the Nurses'

Registration Act, so that the Managers of Nurse Training Schools should know where they are. As Mr. Beckett very pertinently remarked "Why should they care twopence about the Council? It was only so much talk"—and he might have added that the Advisory Syllabus issued "under the authority of the Council"—is so much waste paper!

We quote the *Hastings Observer* :—

STATUS OF NURSES.

The East Sussex Hospital wrote in reference to the arrangements for examinations for probationary nurses in the employ of the Board, suggesting that Dr. Stannard was one of the best resident doctors for the purpose as he had wide experience of Red Cross examinations.

Captain White asked if the nurses would receive certificates from the Nursing Council.

The Clerk said no one could answer that, as the Nursing Council had not completed its scheme.

Captain White said a large number of hospitals and institutions had been recognised.

The Clerk: It is not fair to say a large number. There are a few which have received the full certificate and a few the minor certificate. There are a large number under consideration, of which the Hastings Infirmary is one.

Captain White: I have the list in my pocket. There are a large number of institutions of larger population than Hastings registered as complete training centres. If the girls only receive a certificate from outside, in years to come they will be unable to compete with those nurses from the General Nursing Council.

In reply to Miss Kenyon, the Clerk said application had been made to the Nursing Council for the Hastings Infirmary to be recognised.

Mr. Beckett asked what the Nursing Council was.

The Chairman: A union of nurses.

Miss Kenyon: That's just what it is not. It is under State control, including the Ministry, doctors, and nurses, who have been trying to get something done in the past years. All the Government do is to turn down one Council and elect another.

Mr. Groome asked if it was any use for the nurses to obtain the certificates.

Miss Kenyon said so far the only trained nurses were those who had received a certificate in the same way as their own nurses. Obviously when the Council got out its scheme it would have some regard for those who had been trained in such a manner as in the past.

Mr. Beckett said the Nursing Council scheme had been turned down by Parliament. Why should they care twopence about the Council. It was only so much talk.

Captain White said it was distinctly stated in Parliament by Viscount Woolcoombe that the examination which would be held for registered nurses would in future be held by the General Nursing Council.

The Clerk: Your girls will go in for that examination.

Captain White: Yes, if the institution is recognised by the General Nursing Council.

The matter then dropped.

Miss M. C. Herbert, of the College of Nursing, Ltd., is attempting to rouse public opinion in support of admitting persons with no hospital experience whatever—who have been exploiting the sick public up to date—to the General Part of the Nurses' Register. Why, may be very pertinently asked, has Miss Herbert remained quiescent for eight years, whilst these totally unqualified women have been excluded from the College of Nursing Register? The Nurses' Acts were passed to protect the public as well as competent nurses, and quite sufficient injury has already been done to the interests of both by the new Rule admitting *bona fides* practising as nurses without instruction before 1900. Anyway, let Miss Herbert play the game, and admit all and sundry to her College Register; she would then be consistent in her present demand.

Miss Jane C. Cowie, Matron of the Royal Alexandra Infirmary, Paisley, makes known that Badges are now obtainable for nurses holding the certificate of the Hospital, and can be obtained by applying to her. Price, 4s. 6d.

Even when the long delayed Registered Nurses' Badges are available—Nurses will always greatly value their own Training School "pin."

The Nursing Staff of the General Infirmary at Leeds would like to remind old Leeds nurses that the Bazaar in aid of the Nurses' Home extension will take place on May 10th, 11th, and 12th, in the out-patients' department. Any past nurses or friends of the Infirmary who wish to send gifts for the stalls are asked to do so by May 5th. Their gifts will be very gratefully accepted.

We have to acknowledge with much pleasure a copy of the Proceedings of the Twenty-Eighth Annual Convention of the National League of Nursing Education, held at Seattle, Washington, U.S.A., June 26th to July 1st, 1922. A perfect mine of wealth, into which we have only had time to take a peep. Whenever we get sad over the lack of interest in Nursing Education in England—not to say antagonism to just facilities for teaching recently exhibited by the General Nursing Council for England and Wales, at the dictation of ignorant Training School managers—we bury ourselves for a few hours in these Transactions, and feel re-inspired.

CLAIM BY PROBATIONARY NURSES FOR WRONGFUL DISMISSAL.

ACTION SETTLED.

SLATTER *v.* GUARDIANS OF BRENTWOOD UNION
O'DWYER *v.* SAME.
MAGEE *v.* SAME.

[*King's Bench Division.*]

(*Before MR. JUSTICE DARLING and a Special Jury.*)

These were actions brought by three probationary nurses against the Guardians of the Poor of the Brentford Union, Isleworth, for damages for alleged wrongful dismissal. The plaintiff in the first action was Miss Mabel Slatter, of Bristol, who was employed by the defendants as a probationary nurse at the West Middlesex Hospital, under a written agreement for three years from April 7th, 1920. On April 13th, 1921, she was dismissed. The agreement was admitted by the defendants, but they contended that the plaintiff was discharged for disobedience.

Sir Edward Marshall Hall, K.C., and Mr. Leon Freedman appeared for the plaintiff; and Mr. Charles, K.C., and Lord Erleigh for the defendants.

Sir Edward Marshall Hall, in opening the case, said that there were thousands of people awaiting the verdict of the jury, although the actual amount in dispute in the action was only about £200. Boards of Guardians had been subject to considerable criticism since the days of *Oliver Twist*, and, though things were much better than they used to be, there was still room for improvement in the administration of the Poor Law. At the time of the dispute the chairman of the Brentford Board of Guardians was Mr. Greville Smith, and the chairman of the hospital Miss Cumberbatch. Miss Slatter, who was 25 years of age, had seen service with the Women's Corps in France. Everything went well at the hospital until January, 1921, when Miss Slatter went to see the Matron about the nurses' holiday, and was said to have been rude. In the following month the plaintiff, having seen an announcement in a newspaper that nurses were to undergo a competitive examination, said one day at luncheon that she hoped it would not happen in her time, as they would not stand a chance against nurses trained in first-class hospitals. That statement was reported to her superiors, and three days later she was called before the Superintendent, and was asked whether she had said that the West Middlesex Hospital was a third-rate hospital. When she denied that she had made such a statement she was told that she was deceitful. There were four inquisitions on the matter, and eventually the subject was dropped, on the understanding that Miss Slatter had apologised, although she protested that she had never uttered the words imputed to her.

On March 28th, there was a dance at the hospital, and the plaintiff, who was on night duty, was under the impression that she need not go on duty until an hour-and-a-half after the usual time. The nurses were eventually sent on duty without a meal

because they were late. On the morning after the dance, they were told by the Matron that dances at the hospital would be abolished. On April 13th, there was trouble with Nurse O'Dwyer, who was summarily dismissed. The matter aroused comment among the nursing staff, and a "round robin" was got up asking the Board for the reasons for the dismissal, and requesting that Nurse O'Dwyer should be temporarily reinstated while the subject was investigated. Miss Slatter was one of the forty-nine signatories. When the petition was presented, the nurses were called to the central hall, where they were addressed by the Chairman of the Board, who said that the nurses were "like a lot of office boys addressing ladies and gentlemen." He added: "I see Miss Slatter's name on the paper." The plaintiff was then called for, and as she stepped forward the chairman said to her: "You are dismissed; get out of the building before nine o'clock to-morrow morning." She asked why, and the reply was: "You see that door; clear out, and don't go near the wards again." Since that time, Miss Slatter had been unable to obtain another place as nurse.

At this point his Lordship said that the trouble was a matter between the plaintiff and the Board, and he suggested that it might be arranged between the parties.

The Court adjourned while counsel held a consultation, at the conclusion of which

Mr. Charles said that he was glad that the action and the two following actions need not be tried further. It had been agreed that the defendants should pay Miss Slatter 40s. damages and her taxed costs, and that the records of the two other actions should be withdrawn without question of costs. Further, the Board of Guardians, who had considered the matter very carefully, were perfectly willing to give Miss Slatter and Miss Magee testimonials of their capacity and character.

His Lordship said that he was glad the parties had arranged the matters between them.

Judgment was entered accordingly, and in the other two cases the record was withdrawn.

Solicitors: Mr. E. V. Huxtable; Messrs. Charles Russell & Co.

PATHECANTHROPUS ERECTUS IN EXCELSUS.

We have quoted this report *verbatim* from *The Times* newspaper, as we desire to put this case on record from an entirely impartial point of view.

It was not denied by Counsel that Miss Slatter was dismissed by the Chairman of the Board without notice—publicly, and with ignominy, and spoken to by this official as if she was a dirty hound. Had this nurse been the lowest criminal no fellow creature would have the right to speak to, and treat her as she was spoken to, and treated, by Mr. Greville Smith, the Chairman of the Brentford Board of Guardians. Such conduct not only degraded his office, but was a gross offence against every woman present, and—right or wrong—the marvel is that her colleagues to a woman did not "clear out" with her.

A STREET ACCIDENT.

I have of course had to do with many accidents in my time, but never in the rôle of "leading lady" until a fortnight ago, when a taxi in which I was crossing Holborn was suddenly put out of action by a private car which descended upon it at right angles, with the force of a battering ram. Then I found myself the centre of a crowd, and of police taking names and addresses, and was conscious that I had been somewhat damaged in the impact.

Automatically I covered a cut forehead with a clean handkerchief, a bleeding, if superficial, scalp wound must wait till later.

Up into the taxi scrambled a somewhat excitable, though doubtless well-intentioned person.

"Lean back, right back," she commanded.

I protested. I had no desire to lean right back.

"You don't know how bad you are," she continued. "I'm a trained nurse, lean back, *right* back."

Well, perhaps you were a trained nurse, my friend, but I doubt if you were a State Registered one, for, surely, no earnest disciple of Lord Lister, as every trained nurse should be, would command anyone with a broken and bleeding head to put it "back, right back" against the questionably clean cushions of a taxi-cab.

Then my friend surveyed my sodden handkerchief.

"Anybody got a handkerchief?" she demanded.

Again I revolted. The handkerchief of a London crowd—"Anybody's." Subconsciously I visioned septicæmia and erysipelas, and pressed my own handkerchief, which at least began by being clean, more firmly against the wound.

By and by a kindly-disposed gentleman, who seemed to have an appreciation of the situation, offered me a handkerchief, with an assurance as to its cleanliness, which I gratefully placed over my own.

Then I suggested to a constable that I should go home; or, if not, to a nursing home of which I gave the address. But I found I was a "street accident," and, as such, must be taken to a hospital; that was a police regulation, in which dictum, being a law-abiding person, I of course acquiesced.

Swiftly the London County Council ambulance came up alongside, and I had a practical demonstration of an instance in which the ratepayers of London get value for their money, as "citizens of no mean city." Trained hands placed me easily and comfortably on a stretcher, on which I placed my head "right back" with confidence. Quickly we drove off to University College Hospital, the police in attendance, and then the ambulance men deftly removed the stretcher and carried me into the Casualty Department, where I was placed on a bed in a small room, covered up with a blanket, and given a hot-water bottle, when I contentedly resigned myself into the care of skilful and competent hands.

Soon Dr. Billing, the Casualty Officer, came

to see me. "Yes," he said, "you'll have to have some stitches in that. I'll send my dresser along."

Somehow I didn't fancy the idea of that dresser, being well acquainted with the genus medical student, who, as he plods his cheery way along the road which ends in his qualification as a Registered Medical Practitioner—and he presently develops into the friend and trusted confidant of a countryside—is apt to be, shall I breathe it? a trifle clumsy in the matter of putting in stitches. But the white-coated, soft-voiced dresser who arrived proved to be an adept at the job. There are, after all, advantages in being used to the needle from one's youth up, as is the manner of women, and, when Dr. Billing had given his instructions, she carefully swabbed up the wound, and deftly and accurately set the stitches, so that the wound has healed, as one would expect a wound dealt with by University College Hospital to heal—if it had not been contaminated before it got there—by first intention.

I am, of course, acquainted with the training of nurses, but I was interested to note how carefully Dr. Billing gave his instructions, and how minutely he supervised the work of his student. One is accustomed to seeing a troop come round the wards with the visiting physician or surgeon, but I had not realised how much teaching they have, at the present day, from the house staff.

Then Dr. Billing said he would take me in if I liked, but he thought, after a few hours' rest, I might be allowed to go home, and asked with the insight of genius whether, later on, I would like a cup of tea. I hadn't realised it before, but I knew, at once, that it was the very thing I should like.

By and by my nurse brought it. "It isn't a patient's cup and saucer," she said, and added that she herself was going to tea now, but that another nurse would be on duty if I should want anything.

To Dr. Billing, my dresser of the unknown name, the Sister, and nurse who cared for me with such competent skill and thoughtful kindness, I here record my grateful thanks. It is good to know that this skill and care are available for and appreciated by the poor of London. M. B.

THE "MARGARET LYLE" MATERNITY HOME.

The "Margaret Lyle" Maternity Home, an addition to Queen Mary's Hospital for the East End, was opened on Monday by Lady Pembroke, at the cost of £30,000, of which £10,000 was subscribed by Mr. Charles Lyle in memory of his wife.

The foundation stone of an out-patient wing, which is being erected by the West Ham War Memorial Committee, was subsequently laid by Alderman Thorne. The wing will consist of an up-to-date dispensary, consulting rooms, operating theatres, waiting halls, &c., and is calculated to be a model department. Prince Henry, who is President of the Hospital, sent his regrets for his inability to attend the functions.

NEPOTISM IN THE GENERAL NURSING COUNCIL.

We wish specially to draw the attention of our readers to an advertisement which appears in this week's issue from the General Nursing Council for England and Wales, for an Officer to arrange the State Examinations. Salary £350, rising to £400, and travelling expenses. The post is open to both sexes, and had not the following sentence been inserted, "Preference will be given to a Registered Nurse" (not without a difference of opinion), we believe it is very probable that another prearranged job on all fours with the Finch scandal might have been perpetrated, and no one any the wiser. It is an open secret that a College autocrat had an *unprofessional candidate* quite ready for office to the tune of seven to eight hundred a year, which the post is calculated to cost the Registered Nurses.

Whether such an Officer is necessary or not twelve months before the Voluntary State Examination is held, is very doubtful (the compulsory examination is still two years distant); but one thing is very certain, and that is that if a lay man or woman, with no possible knowledge whatever of Nursing Education, is thrust upon us, and another sinecure is made at our expense for another College protégé, the outrage will be resisted and exposed with the widest publicity possible.

Many able Matrons and Teachers of Nursing have of late years taken a very active part in the examination of Probationers outside their own institutions, and are quite able (as our head officials at the G.N.C. office should be) to organise in conjunction with local hospitals and authorities, what is necessary to meet the needs of the examiners and pupils in each centre.

To one of these ladies the post of Examination Officer is due, and we hope that suitable and experienced candidates will apply for it. If there is not one Registered Nurse qualified for this bit of professional work our profession is in a parlous state indeed, and the sooner it ceases to claim to be a profession the better. As it is, had not a medical dictatorship been established in our Governing Body, owing to the deplorable lack of self-respect of the College clique, there would never have been this surreptitious attempt to make a place for some needy unprofessional outsider with friends at court. "The truth is," a plain-spoken nurse remarked to us recently, "the G.N.C. is a nice fat pigeon to pluck and the 'antis' are after its feathers."

MISS FINCH'S APPOINTMENT *ULTRA VIRES*.

Presumably some explanation will be forthcoming at the meeting of the General Nursing Council, on April 20th, of the methods employed by its officials to fill the new post of "Interviewing Officer," an explanation which will make clear why the Council's directions to the General Purposes Committee have been contemptuously ignored, and quite illegally the post, carrying a salary of £5 a week, has been bestowed upon a

close personal friend of the Registrar and Miss Cox-Davies (the Chairman of the General Purposes Committee), who already enjoys a pension of £250 a year from a charitable institution.

In our opinion the whole proceeding of this appointment is *ultra vires*, and we hope, as the expenditure of public money is concerned, that the Council will, as is customary in such Statutory Bodies, direct that the post of Interviewing Officer shall be advertised, and an opportunity be given to suitable candidates to apply. Moreover, to prevent discreditable jobs being perpetrated in its name, we consider that the General Nursing Council owes it to the Nursing Profession to appoint its own officials in the future, as it did in the past.

NURSING IN THE HOUSE OF COMMONS.

THURSDAY, APRIL 12TH, 1923.

BELLAHOUSTON HOSPITAL, GLASGOW (NURSES).

MR. McENTEE asked the Minister of Pensions whether he is aware that at the Bellahouston Pensions Hospital, Glasgow, the nurses on night duty do twelve hours' duty each night with only half-an-hour break for meals, and that at the end of their night-duty turn, sometimes extended to two months at the discretion of the Matron, they get two nights off only; and whether he will give instructions at this hospital that nurses shall have the same rest-time as at other hospitals coming under the Regulations of his Department?

MAJOR TRYON: I am having inquiries made into this matter, and will communicate with the hon. Member as soon as possible.

POOR LAW INFIRMARIES.

MR. HAYDAY asked the Minister of Health what is the average number of patients in Poor Law infirmaries in this country; what is the average number of children boarded out and in children's homes; what is the actual number of Poor Law infirmaries visited by women inspectors last year as distinct from the number of visits paid; whether any Poor Law infirmaries were inspected by male inspectors; what are the qualifications required for the post of superintending woman inspector; and what is her basic salary?

MR. CHAMBERLAIN: I regret that I am unable to state the average numbers asked for in the first two parts of this question, but on January 1st last there were approximately 84,000 patients in infirmaries, and in the sick-wards of other Poor Law institutions there were 9,800 children boarded out and 32,000 children in Poor Law institutions provided wholly for the reception and maintenance of children. Two hundred and six infirmaries were visited by women inspectors last year, and the infirmaries are also inspected by the male general inspectors and by medical officers of my Department. The superintending woman inspector is selected from the women inspectors who are required to be fully trained nurses. Her basic salary is £400 to £450.

THE LABOUR PARTY AND NURSING.

Many members of the Labour Party are studying Nursing conditions, and are coming to the conclusion that they must be placed on a more satisfactory basis, and that a standardised system of education is the only foundation for reforms.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

LITERARY AND DEBATING SOCIETY.

On March 12th, at 8 p.m., Miss J. Holmes read a paper on "Charles Dickens," which was very greatly enjoyed. Miss Holmes showed that she possesses that faculty, so valuable in a lecturer, of lifting her audience from the start, right into the atmosphere of her subject. She gave a very brief history of English literature up to the time of Dickens, and then we lived with Sarah Gamp—she was a living personality, retailing her confidences with Mrs. Harris; we saw the tumbrils in the streets of Paris; stood by Sydney Carton and the little seamstress; kept company with Mr. Micawber and laughed over the strange wooing of Barkis.

Miss Holmes gave an account of Dickens' early life and characteristics and mentioned various incidents which later found a place in his books. She drew a very attractive picture of the great author in the early days of his manhood. In all, Dickens wrote 23 books, the last of which, "Edwin Drood," was never finished; America offered £100,000 for the manuscript of it, but his son refused to sell it. Dickens was Queen Victoria's favourite author. He was buried in Westminster Abbey.

Miss Holmes, at the close of her lecture, read several of what she termed Dickens' "word paintings," which she described as being "so sharp, so vivid, so distinct and so clear that these word paintings of the men and women who live and move and have their being in his pages suffer little by being taken out of their original setting and dissociated from their future action."

During the discussion which followed, Miss Holmes made a very interesting remark when she gave it as her opinion that Dickens had done as much, if not more, than Florence Nightingale, to give modern nursing its impetus.

At the close of the lecture Miss Forbes moved a vote of thanks to Miss Holmes, and spoke very warmly of the treat which had been given to those present. Her motion was seconded by Miss Liddiatt and carried with enthusiasm.

Before she left a unanimous request was made to Miss Holmes that she should, on some future occasion, give a paper on "Dickens' Dream Children." We are glad to say Miss Holmes has promised to do so, and we look forward with pleasure to another evening with Dickens.

RAMBLERS' CLUB.

On Wednesday, 11th inst., "The Ramblers" congregated at the Ye Olde Cheshire Cheese and enjoyed its Johnsonian fare, after which they examined certain Johnsonian relics, and then went over the strange cellars beneath the house, the remains of a monastery which was built before the Great Fire of London. It was surprising to think that the lovely little Gothic arches had been hidden here in the silence for hundreds of years under one of the busiest parts of the City. From the Cheshire Cheese we proceeded to Dr. Johnson's house, and loved its quiet atmosphere, its fine old prints and all its old cupboards and corners. Within the sound of the city's traffic and roar the garret where the great dictionary was written seemed like a delightful oasis. Next, St. Bride's, one of the Wren churches, was visited and admired, and then we repaired to St. Giles', Cripplegate, where some of us liked to wander round examining the quaint monuments, telling where good Christians had been sleeping for centuries, while others preferred to sit and quietly meditate in this lovely and ancient sanctuary. From St. Giles we walked the short distance to St. Bartholomew the Great to feast our souls and eyes on the beauty of this very ancient church; then outside its gates there was a general handshaking and "The Ramblers" dispersed to other parts of the city, each agreeing that they had enjoyed a most delightful and instructive afternoon in spite of the ill will of the weather clerk.

FIXTURES AT THE CLUB.

On *Friday, 20th inst., at 7.30 p.m.*, we are having a Whist Drive at the Club, and we hope that many members will join us.

On *Monday, 23rd inst., at 8 p.m.*, there will be speeches (each of five minutes' duration), when the Literary and Debating Society meets. Each speaker will choose her own subject, and we hope that a number of members will take part because a meeting such as this is calculated not only to help towards a greater ease in expression, but also it should contribute towards the acquirement of knowledge on very various subjects and towards the faculty for weighing well every point of view and forming definite opinions quickly.

On *Saturday, April 28th, at 8 p.m.*, Miss Kathleen Smith will give a lecture on Florence Nightingale, and Major Rigg (Chairman of the London Tem-

perance Hospital) will take the chair. We hope that many nurses will find it possible to attend as Miss Smith has made a special study of her subject, and we expect to learn much about the great character who gave a new impulse to the evolution of nursing.

On *Monday, April 30th, at 8 p.m.*, the Literary and Debating Society meets again, when papers are to be read on "Dickens' Dream Children." Twelve nurses have undertaken to give a paper, each taking one of the children as the subject of her remarks. We are sure that, as a result, we shall all acquire more knowledge and, therefore, a greater faculty to enjoy the works of one of the world's greatest novelists.

On *May 5th, at 4.30 p.m.* (the anniversary of the death of Napoleon), the Napoleon Coterie is to hold a meeting at 194, Queen's Gate, and most of the speeches will be made by men who are the descendants of people who were closely connected with Napoleon and Napoleonic history. The meeting will close with a short silence at 6.5 p.m., the hour of Napoleon's death.

On *Saturday, May 12th, at 3 p.m.*, Dr Sloane Chesser will lecture on "Biology," and will show a wonderful film called "The Gift of Life."

On *Friday, May 18th*, the anniversary of the opening of the Club, there will be an "American Tea" in aid of the Settlement Home for Retired Members of the Royal British Nurses' Association. We shall be very grateful to any nurses who will send us gifts for this. The proposal is that articles to the value of one shilling be sent for the sale, that each visitor should buy an article at the cost of one shilling, and that the cost of the tea should be one shilling. We hope that the younger members of the R.B.N.A. will show their goodwill to those who supported it in its early days by doing what they can to help us to secure part of the amount necessary to complete the sum required for the decorations and improvements which have just been completed at our Settlement Home. On May 18th, 1921, the members showered upon their Association an amazing quantity of Nature's gifts, the flowers. We appreciate the beautiful messengers, which they chose to be the interpreters to us of their kind thoughts and good will to the new enterprise. On May 18th next we hope that we will have many evidences of good will to their fellow members who have been forced, through age or ill health, to retire from the profession in which they played their part so well.

PRINCESS ARTHUR OF CONNAUGHT VISITS THE NURSES' INSTITUTE.

The Victoria Nurses' Institute, Hof Street, Cape Town, was honoured on February 21st (reports the *South African Nursing Record*) by a visit from H.R.H. Princess Arthur of Connaught, a Vice-President of the Association, who was received by Mrs. W. Thorne, President of the Committee, Miss Joubert, and others. Her Royal Highness looked very sweet in a beige silk frock made with a cape,

and silk hat to match; she wore a lovely necklace of jade and gold. After being introduced by Mrs. Thorne to the members of committee, the nursing sisters and other ladies in the drawing-room, the Princess was conducted over the Institute by Miss Joubert, and the office-bearers. She admired the view from the balcony and expressed her pleasure at the arrangements for the comfort of the nurses. Tea was served at daintily-arranged tables on the stoep in the quadrangle overlooking the garden, and at its conclusion Mrs. Thorne made a charming little speech of welcome. The Institute was looking charming with its prettily furnished rooms and masses of lovely flowers beautifully arranged everywhere. The nurses in residence acted as waitresses and formed an attractive group in their white uniform and flowing head-dress.

MARRIAGES.

We have received the announcement of the marriage of Miss Eleanor Coupland to Mr. Murlis Green; also of Miss J. B. Anderson to Mr. McIntyre. We offer them our sincere good wishes for their happiness.

OBITUARY.

We regret to announce the death of Mrs. Ogden (*née* Jessie Marshall) after a long illness. Mrs. Ogden was trained at the Adelaide Hospital, Dublin, and the Maternity Hospital, Stockwell. She joined the Association in 1905.

FIRST-CLASS HONOURS IN COOKERY.

We have just learnt that Miss C. L. Birch has taken first-class honours at the National School of Cookery. We heartily congratulate her upon her enterprise in taking the course. It should prove of great value to her in conjunction with her certificate of General Training.

DONATIONS.

General Fund.—Miss Cutler, £2; Miss Hancock, £1; Miss Osler, 10s.; Miss Kearns, 5s.; Misses Rodwell, L. Thompson, 2s. 6d.; Miss Warren, 2s.; Miss Page Henderson, 1s.

Club Fund.—Miss Cutler, £2; Mrs. Brameld, 10s.; Miss E. Lewis, 2s.; Miss Dickson, 1s. 6d.; Miss McDougall, 1s.

Helena Benevolent Fund.—Mrs. Boast, £1; Miss Bickerton, 5s.; Miss Colborne, 2s. 6d.; Miss Page Henderson, 2s.; Misses Cook, Cormack and McDougall, 1s.

Settlement Fund.—Miss M. C. Good, £2 2s. 6d.; Misses Liddiatt, Randall and Wedgwood, £1; Misses Donaldson, Erskine, Lillecrapp, Sarll and Winmill, 10s.; Mrs. Peake, 10s.; Nurses of Stockport Hospital, 10s.; Misses Wiskin, Chaplin, Jacob, Robertson, 5s.; Misses Kynaston, Page Henderson, 2s.

ISABEL MACDONALD,
Secretary to the Corporation.

THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

A meeting of the above Council, held at 431, Oxford Street, W., on April 14th (Councillor Beatrice Kent in the Chair), was convened in support of the rights of Probationers to a "prescribed scheme of training" under the Nurses' Registration Act, 1919, preparatory to State Examination and Registration, and to take action to secure this statutory right for all nurses in training.

Illegal Proceedings of the New General Nursing Council.

Mrs. Bedford Fenwick gave a resumé of how the Chairman and the new General Nursing Council had mishandled this matter and acted, in her opinion, in an illegal manner. On three occasions the late Council had reaffirmed its approval of issuing a statutory and compulsory Syllabus of Training for nurses in training for State examination in general and supplementary nursing to qualify for State Registration, and requested succeeding Ministers of Health to approve and sign the Syllabus—recommendations which were presumably placed before Ministers by the First Secretary of the Ministry of Health.

In spite of these recommendations the new Council at once repudiated the policy of its predecessors, and supported by a large majority the Chairman's futile recommendation that the Syllabus of general training should be merely "advisory" and not "compulsory" as provided by the Nurses' Registration Act.

Thus to placate the managers of inferior training schools—who were presumably failing to provide their probationers with efficient professional education—the probationers who entered all general hospitals and Poor Law Infirmaries for training, were to be deprived of their legal right to a uniform standard of nursing education and training, and would have no redress whatever, if general Training Schools failed to provide standardised educational facilities, qualifying their pupils for the State Examination, which they must pass before State Registration. If in consequence these probationers were unable to pass the State Examination, their professional careers would after three years' strenuous service be ruined.

Mrs. Fenwick reported, with regret, that the present Minister of Health, Mr. Neville Chamberlain, had agreed to the decision of the new General Nursing Council to issue an "advisory" Syllabus, and thus permit them to ignore Rule 3 (2) (a) of the Act.

The Minister had also refused to receive a deputation from the R.N.P.C. in support of the Probationers' Statutory rights. She therefore saw no other alternative but to concentrate by every means in their power—through publicity and by appealing to Parliament—to compel the

General Nursing Council (the minority of which was strongly in favour of justice to trainees) to carry out the provisions of the Nurses' Registration Act. The time was long passed when enfranchised workers need humbly submit to the illegal and autocratic control of privileged persons, Ministerial or otherwise. Parliament had granted to the Nursing Profession valuable rights and privileges in their Registration Act, and they must demand them.

The members present warmly endorsed this policy, and it was agreed: (1) To place their rightful demands in writing before the Minister of Health—as he refused them a personal interview; (2) To acquaint Members of Parliament with the fact that Statutory Rights granted by Parliament to the public and to nurses in training were being withheld by the new General Nursing Council, with the consent of the Ministry of Health, and (3) To hold a Public Meeting to protest against the autocracy assumed under medical dictation by the General Nursing Council, in withholding from nurses in training rights and privileges granted to them by Parliament, to the injury of the general community, who were deeply concerned in attaining a high standard of nursing skill through the Nurses' Registration Acts, one important purpose for which they had been established.

NEPOTISM IN THE GENERAL NURSING COUNCIL.

It was resolved to forward to the Chairman and General Nursing Council, and to the Minister of Health a Resolution protesting against the irregular appointment of Miss Dora Finch to the unskilled and lucrative post of "Interviewing Officer," as the directions to the General Purposes Committee *re* the appointment had been ignored in placing this lady in office, and to demand that, as the Registered Nurses are called upon to finance the work of the Council, that all lucrative professional appointments, including that of Interviewing Officer, should be advertised and suitable candidates, other than the close personal friends of the Registrar and members of the General Purposes Committee, be made acquainted with vacancies, as is usual with other Statutory Bodies.

LETTER TO MISS M. BREAY.

Upon the proposal of Miss A. Cattell, it was unanimously agreed to send a letter, which the President consented to write, to Miss M. Breay, Hon. Secretary, expressing the deep concern of those present to learn of her motor accident, and to wish her a speedy and complete recovery.

ORGANIZING SUB-COMMITTEE.

A Sub-Committee to organize prompt action was appointed as follows:—Mrs. Bedford Fenwick, Miss Beatrice Kent, Miss Isabel Macdonald, R.B.N.A., Miss Lord, N.U.T.N., Miss Maud MacCallum, P.U.T.N.

The meeting then terminated.

THE INFANTS' HOSPITAL, S.W.1. POST-GRADUATE COURSE ON INFANT AND CHILD WELFARE.

A course of eleven lectures on the Management and Feeding of Infants and Young Children will be given by Dr. Eric Pritchard (Medical Director of the Hospital) to Qualified Practitioners, at the Infants' Hospital, Vincent Square, S.W., at 6 o'clock on the following dates:—

Thursday, April 26th, 1923.—The General Principles of Feeding and Dietetics as applied to Infants and Young Children.

Monday, April 30th, 1923.—General Principles of Dietetics as applied in Breast Feeding.

Thursday, May 3rd, 1923.—General Principles of Dietetics as applied in Artificial Feeding.

Monday May 7th, 1923.—The Modification of Milk (with demonstrations).

Thursday, May 10th, 1923.—The Modification of Dried Milk (with demonstrations).

Monday, May 14th, 1923.—The Physiology and Pathology of the Digestive System.

Thursday, May 24th, 1923.—The Physiology and Pathology of Nutritional Disorders.

Monday, May 28th, 1923.—Rickets: Causes, Symptoms, Treatment, &c. (with lantern demonstrations).

Thursday, May 31st, 1923.—Weaning and Feeding up to Five Years.

Monday, June 4th, 1923.—Milk: Examinations and Analyses, &c. (with demonstrations).

Thursday, June 7th, 1923.—Examination of Urine, Stools of Infants (with demonstrations).

Students taking out this course will be entitled to attend the Round-Table Consultations held by Dr. Eric Pritchard, on Tuesdays and Fridays at 2 p.m. with cases in the wards of the Infants' Hospital. Opportunities will also be afforded to students of visiting the Nursery Training School, 3, Wellgarth Road, Golder's Green (five minutes from the Tube Station), and Sunshine Home for Blind Babies, Chorley Wood. The visits will be paid on Saturday afternoons at 3 p.m.

Tickets for the course, 2 guineas.

For further information apply to Alfred J. Small, Secretary, The Infants' Hospital, Vincent Square, S.W.1.

NEW APPOINTMENTS AT GLASGOW ROYAL MENTAL HOSPITAL.

ASSISTANT DEPUTY MATRON.

Miss Elsie M. Welch has been appointed Assistant Deputy Matron. She was trained in mental nursing at Cheddleton Mental Hospital, Leek, Staffs., and in general nursing at the Royal Hospital, Sheffield; and has since held the positions of Charge Nurse at Cheddleton, Staff Nurse at Leek Memorial Hospital, Stafford, and Assistant Matron and Matron at Bailbrook House, Bath.

TEACHER OF OCCUPATIONAL THERAPY.

Miss Dorothea Robertson, B.A., Cantab., has been appointed Teacher of Occupational Therapy. During the War, she was Welfare Supervisor in a Government munition factory, and later with Messrs. Guy Motors, Ltd., Wolverhampton, and with Messrs. Coates, Paisley. Miss Robertson received a course of instruction in handicrafts at the Glasgow School of Art.

APPOINTMENTS.

MATRON.

Old Church Hospital, Romford.—Miss E. B. Shields, Registered Nurse, A.R.R.C., has been appointed Matron. She was trained at Newcastle-on-Tyne Union Hospital, and has been Ward and Theatre Sister and Night Superintendent at Mile End Infirmary; Theatre Sister, Mile End Military Hospital, and Assistant Matron at Mile End Hospital. Miss Shields holds the Certificate of the Central Midwives' Board.

Royal Victoria Hospital, Dundee.—Miss Sarah Watson has been appointed Matron. She was trained at the City Hospital, Edinburgh (Fever Nursing), and at the Leith General Hospital (General Nursing), where she held the position of Sister of a Male Surgical Ward. Miss Watson did private nursing for one year and was Nurse Assistant to Professor L. Turton Price (Dundee), for six years, and has been Assistant Matron at Leith General Hospital.

ASSISTANT-MATRON.

City Mental Hospital, Cardiff.—Miss Dorothy Finmore has been appointed Assistant Matron. She was trained at the Queen's Hospital, Birmingham, where she was promoted Sister. She obtained the Medico-Psychological Association's Certificate at The Retreat, York. During the war she was Sister-in-Charge of Uffculme Hospital, Birmingham, and has also been Sister at the Cardiff Mental Hospital.

SISTER.

General Hospital, Stroud.—Miss Stradling has been appointed Sister. She was trained at Guy's Hospital, and has been Sister at the West End Hospital for Nervous Diseases, London.

Maternity Home, West Hartlepool.—Miss U. Brown, Registered Nurse, has been appointed Sister. She was trained at the Blackburn Union Infirmary, where she was appointed Sister. She holds the Certificate of the Central Midwives' Board, and has been on the Staff of the Maternity Home, Stockton-on-Tees.

Royal Hospital for Sick Children, Glasgow.—Miss Helen Ingram has been appointed Sister. She was trained at the Royal Hospital for Sick Children, Edinburgh, and at the Royal Infirmary, Edinburgh.

ASSISTANT SISTER-TUTOR.

West Ham Union.—Miss Kathleen M. Hare has been appointed Assistant Sister-Tutor. She was trained at Whipps Cross Hospital, where she has been Temporary Assistant Tutor-Sister.

HEALTH VISITOR.

Dewsbury County Borough.—Miss Mabel Priestley has been appointed Health Visitor. She was trained at North Bierley Infirmary, Bradford.

Portsmouth Borough.—Miss L. M. Cudlipp has been appointed Health Visitor. She was trained at the Prince of Wales Hospital, Tottenham.

Stockport County Borough.—Miss Edith Snowden has been appointed Health Visitor. She was trained at Ancoats Hospital, Manchester, and at St. Mary's Hospital, Manchester, and has been Sister at Ancoats Convalescent Hospital, Great Warford, Alderley Edge. She has also experience in private nursing.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Marion W. Johnstone is appointed to Halifax, as Superintendent; Miss Alice M. Kenyon, to Rawmarsh, as Superintendent; Miss Rosalie I. Biggs, to Sittingbourne; Miss Celia R. Clapson, to Glastonbury; Miss Emily Craven, to West Riding Training Home; Miss Lucy Hirst, to Bramley; Miss Annie B. W. Lang, to Wetherby; Miss Lucy T. Percebois, to New

Malden; Miss Catherine P. Phillips, to Whickham (Dunston); Miss Elsie Pollitt, to Parkstone; Miss Agnes M. Roberts, to Wetherby; Miss Elizabeth Robyns-Owen, to Shifnal; Miss Agnes Simpson, to Sumnerseat; Miss Sarah A. Tull, to Bramhall; Miss Ada Washington, to Todmorden.

WEDDING BELLS.

Miss S. Ward, formerly Matron of the Greenwich Infirmary, has received the official congratulations of the Board upon her marriage to Mr. G. Simpson, of Caythorne, Yorks.

Resignations "upon marriage" have depleted the membership of the Registered Nurses' Society of late. Whilst regretting their loss, the Committee realises that some men know how to select their partners for life—and offer congratulations.

THE PASSING BELL.

The West Ham Guardians and its Nursing School at Whipps Cross Infirmary have sustained a serious loss by the death of Miss E. E. Horlock, a devoted probationer nurse, who died on March 27th. She had just completed her three years' training, and intended undertaking a missionary career in China. At a recent meeting the Chairman of the Board moved a vote of condolence with the deceased's father and mother, and mentioned the almost unique fact that although the Hospital had been open 20 years, and that during that time hundreds of nurses had passed through it, they had lost only three nurses and one doctor by death.

ALLEGED MURDER OF A NURSE.

Ada Bradley (22), a mental nurse at South Yorkshire Asylum, Sheffield, was found dead with her head battered and throat cut, in the street near the asylum on April 11th. Later in the day a widow, Rose Artliffe, a former inmate of the asylum, was charged at Sheffield Police Court with murdering Nurse Bradley. Evidence of arrest was given, and the woman was remanded.

At the inquest a verdict of Wilful Murder against Rose Artliffe was returned.

The serious risks run by mental nurses are not realised by the general public. We need much more publicity in the management of the insane, both for the welfare of the sick and safety of mental nurses.

TRUE TALE WITH A MORAL.

TAMMANY TACTICS.

(Overheard at a Nurses' Club.)

Nurse No. 1.—"Seems the G.N.C. is making more 'cushy' jobs at our expense."

Nurse No. 2.—"Yes; I think I shall go in for one."

Nurse No. 1.—"Did you sign the Anti-Registration Manifestoes?"

Nurse No. 2 (indignantly).—"Certainly not!"

Nurse No. 1.—"Then you haven't the ghost of a chance."

HOSPITAL WORLD.

The Royal Wedding (April 26th) is drawing very near, and every day the Royal bridegroom and his little sweetheart are being overpowered with good wishes and gifts. White Lodge, their charming home to be, in Richmond Park, will, we should imagine, be finely furnished with lovely old furniture and fine silver.

Hospitals and charities are doing a little business of their own, and no doubt nice little cheques in support of their good work will roll in. Attractions to be provided at the Hyde Park Hotel Ball on the Royal Wedding Night, in aid of the X-Ray Fund of the Royal Northern Hospital, include carnival novelties, fox-trot competition (to be judged by the World's Fox Trot Champions, Mr. Victor Sylvester and Miss Phyllis Clarke), spot waltz, and dress competition. A Royal Wedding Souvenir will be presented to all dancers. Tickets (£1 rs. each, or block of six for £5 5s.), are obtainable from the Hospital (North, 2,630), Holloway, N. 7.

As the result of the charges of admission to H.M.S. *Collingwood*, which last week was lying at the Blaina Wharf prior to being broken up by Mr. John Cashmere, the Royal Gwent Hospital funds will benefit to the extent of £800.

Kent and Canterbury Hospital household box scheme for the first quarter of the year has yielded over £1,500 in coppers.

The Ministry of Health has approved of a net expenditure by the Metropolitan Asylums Board of £196,200 in connection with the treatment of tuberculosis during the next year.

At the Annual Meeting of the Hospital Saturday Fund, held at the Mansion House, on Saturday last, it was announced, with regret that the total amount received, £97,000, was £10,000 less than in the previous year. The benefits granted amounted to the handsome sum of £67,500.

The Fund celebrates its jubilee this year, and it was stated at the meeting that a letter had been received from the King expressing the hope that success would attend the special efforts being made to commemorate the fiftieth year of the Fund's existence.

Mrs. Frances Brown, of Clapton Square, N.E., left £111,259, and bequeathed £42,000 to charity. The King's Fund gets £5,000, the London and St. Bartholomew's Hospitals £5,000 each, Addenbrooke's, Cambridge, £2,000, and St. Dunstan's £1,000.

It is announced that Sir Humphry Davy Rolleston, K.C.B., F.R.C.P., has been appointed Chairman of the Central Joint Voluntary Aid Detachment Council.

NURSING IN RUSSIA.*

(Concluded from page 238.)

If we accept our time to be one of constructive regeneration in the wide sense of the word, we must consider the means to attain this object by suppressing the irrelevant, and by buying what is worthy of being bought.

In line with the greatest political experiments, and with the occurrence of seismic sociological phenomena, the coming future is evolving from the chaos as the earth was evolved from matter.

Wealth, fame, religion, beauty, art, and the peace of domestic life, all the attainments of our modern organisation of society are perishable goods. Our children, and even ourselves, will be witnessing a wonderful transformation similar to that which will occur in another sphere of human interests and concerns, when the exhaustion of solar energy—radiation of light and heat—will lead to the contraction of animal and vegetable life towards the terrestrial equator. Artificially conceived, our whole life, in its most varied manifestations, will be built on another plane, eliminating all elements comprising most of its political predecessor.

When our laws, temples, institutions, together with most of our coveted ideals will go down into oblivion to join the glories of the dead past, man alone will remain; and it will be your triumph if he enters this newly-built Paradise free of disease, stigma, and physical deformity. You realise that medical as well as other science is regressive; that men of knowledge use their powers to conceal, and that it is your own freewill and instinct that as the thread of a revived Ariadne will bring you out and make you see the day. Your group is small, your soul discouraged, your work is minimised, and you, the nurses of Great Britain, are merely regarded as a detail in the life and development of a unique Empire. All the praise, all the fame, is lavished on politicians, judges, bankers, and military commanders, who sentence, send, or starve your progeny to death. It is not the time or the place for me to embark on a detailed description of this dangerous injustice, but to conclude it, I will repeat: It is not your form of domestic or foreign politics, nor your Manchester inferno, nor the number of your Dreadnoughts that appeal to the imagination of mankind.

What we Russians and all other European or Asiatic people invariably admire is the racial qualities of your people, realising that if it were not for the 700,000 of those who were born and nursed in English homes less than two decades before the war, and who have laid their lives on the battlefields and the seas, your country by now would have been humiliated and ruined, and the victors of the story would be wearing pig-tails and running about like Cubans in flour sacks.

[Captain Ilovaisky, who states that it is as difficult to describe nursing in Russia as it would

be to picture "Fasting in Abyssinia," then traces the most interesting history of his country from the year 862 to the present time, from which we extract the following paragraphs.]

Born in the year 862, the great country had originated from an Eastern Slavonic stock, equal in size and beauty to the splendid ancestral Teuton you yourself were claiming to derive from.

As we all know, in 1917, the country experienced a revolution—the springs of life, the economical conditions undergoing a vast and profound modification directly or indirectly affecting its whole structure, rhythm, and appearance, and extending an unknown, fresh and undetermined influence over the whole field of its varied and most inaccessible departments.

Religion was abolished; parental tutelage substituted by a uniform State control. The aims of the old organisation of society uprooted, ridiculed, and eventually swept away. From the past remained the body—the Golem, the mechanical wonder. "The lungs antedating the bellows, the heart the pump, the hands the lever, the eye the photographic camera, with telephonic and telegraphic apparatus mimetically duplicated by the nervous system, and always by the aid of the same force" (Dr. Albert Abrams, of San Francisco, U.S.A.) It is only too obvious that a transformation of economic conditions had so affected all the widest ramifications of human life . . . the period comprised between the first phase of the first economic revolution and the present is really beyond the scope of scientific investigation.

No fame, no title, no scientific qualification seemed sufficient to stay the tide of revolutionary zeal of those combating the flower of the old order. Foreigners, as you know, traditionally beloved in all parts of the Empire since time immemorial, were now being weighed according to a new scale, a certificate of usefulness taking the place of obsolete distinctions—ambassadorial prerogatives, banking accounts and political wire-pulling. It is unnecessary for me to mention that alone among all the others who moved freely and unmolested were the representatives of those foreign organisations which dealt with the question of hygiene, maternity, practical physiology. If those who were born in Russia, and whose interests are still there, have not gone to pieces as a consequence of aggravated despair, it is chiefly on account of this striking, fortunate omission in the programme of her destructors.

When dispersing after this meeting, when returning to the localities where you are all engaged in the work which brings you little reward but the silent gratitude of the weak, you can rejoice knowing that it is recognised there across the border, even in the great land that seeks a pride in a heresy of passionate disbelief. Multiplying your efforts, remember that of all the activities running concurrently with yours, and indispensable to the life of all segregated communities, few will remain, most will be swept away, and only yours will survive the fundamental changes that are

* Read at the Nursing Conference, at the Central Hall, Westminster, April 4th, 1923.

predicted by political astrologers, and which will eventually lead to the day when it will be the mother and the nurse, rather than the banker and the politician, who will mould and shape the destinies of the race.

ALEX. ILOVAISKY.

“INSULIN” ON SALE.

“Insulin,” the new treatment for diabetes, which was discovered by Canadians, Dr. F. G. Banting and Mr. Best, working in Toronto, has now been put on the market. It is prepared from the pancreas of cattle and sheep, and the supply is very limited. It is given as an injection. Hospitals, therefore, have first call upon it, and any surplus supply is available only to physicians who are known to understand its proper use. The English manufacturers licensed by the Medical Research Council to manufacture it have fixed the price of their preparation at 2s. 6d. per dose. The distribution is still subject to the direction of the Medical Research Council, but this condition is expected to be of short duration.

COMING EVENTS.

April 20th.—General Nursing Council for England and Wales. Monthly Meeting: Ministry of Health, Whitehall. 2.30 p.m.

April 22nd.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Meeting Literary and Debating Society. 8 p.m.

April 28th.—Lecture on Florence Nightingale by Miss Kathleen Smith. 8 p.m.

April 30th.—Literary and Debating Society. “Dickens' Dream Children.”

April 26th.—The Wedding Ball, in aid of Queen Victoria's Jubilee Institute for Nurses. At Lansdowne House, London, W. All the Royalties are Patrons.

May 3rd.—Nurses' Missionary League Council Meeting. University Hall, Gordon Square, W.C.

May 4th.—The London Homœopathic Hospital, Great Ormond Street, W.C. The Matron and Nursing Staff beg to announce a Bazaar to provide new bedsteads and bedding. H.H. Princess Helena Victoria will open the Bazaar at the Hospital at 3 p.m. Tea from 4 p.m. Suppers from 7.30 p.m.

A LYRIC.

Would you know how daffodils
First came to be?
Bubbles they of sleepy laughter
Breaking lightly free
From the lips of waking dryads
Stirring drowsily;
Loth to leave their wintry couches
Ere a leaf is on the tree.

Rosalind Caroline Travers (Mrs. Hyndman).

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

FROM ONE OF MANY ADMIRERS.

Miss Lucy C. Cooper, District Nurse, Queenborough, writes: “It was with great relief I read that Miss Margaret Breay was able to join her family after her very unfortunate accident, and I sincerely trust we shall soon hear that she has quite recovered. Too much praise cannot be given to her for all the work she has done for her beloved nursing profession in general, and for our JOURNAL and its aims; and I know you will rejoice more than anyone that she was spared a more serious fate.

“I cannot express my regret sufficiently that you are not now on the G.N.C. One feels that the greatest support of our interests is gone from the Council. We are to be congratulated on your continued interest on our behalf.”

BLAMING THE NURSE.

An Eminent Surgeon writes: “I fully agree with your note in the B.J.N. on the responsibility of the anaesthetist. It is monstrous to blame the Theatre Sister. I had already written to the *Lancet* to the same effect, and protesting against putting such a responsibility on a nurse.”

Hospital Sister.—“Quite time medical women were made responsible for their own carelessness; we poor nurses have enough responsibility without being blamed for the mistakes of others. The ‘rider’ of the Watford jury was most unjust.”

“CARE IS ALL STUFF.”

Miss M. M. G. Bielby, Cranford, writes: “In her defence of smoking, by the assertion that she indulges in it in order to feel that ‘care is all stuff,’ your correspondent unwittingly accepts the fact that the inception of every drug habit is chiefly due to the refusal to face the discomfort cares inflict, and to deal with it courageously.

It is precisely the emotional type, when lacking moral courage, which is most easily drawn to the slippery path of drugs—alcohol, tobacco, and others—with its certain end of injury, if not utter ruin, to mind, body and soul.

Psychologists teach us that there is one effectual method of countering care, namely, to assert our supremacy over the brain mind, and either to deal resolutely with cares as they attack us, or to put them out of our minds until a suitable hour for settling them strikes.”

OUR PRIZE COMPETITION QUESTIONS.

May 5th.—Describe (a) the possible causes of, (b) the treatment and nursing of, a case of cellulitis of the hand.

May 12th.—Name six palatable temperance drinks for the sick and how to make them.

The Midwife.

MIDWIFERY IN DENMARK.*

By MISS RODTNESS,

Matron, Copenhagen Maternity Hospital.

I have the honour of having been sent here as representative of the Danish Midwives to take part in the Congress, and I should like to express on their behalf our thanks for the invitation. It is a great pleasure to me to briefly speak on Danish obstetric aid, and the care of the puerperal mother and child, as also on the organisation for midwives in Denmark.

Before a rational instruction of midwives was introduced in Denmark they were instructed by the ministers of the Church. In 1714 a midwife commission was established by law, and in the same year also an examination for midwives was provided for by law. The first book for midwives was published in 1864, the last having been published in 1919 by Professor Hauch. Rational instruction was introduced in 1787, and has, since then, been conducted by physicians, with the assistance of midwives and nurses. There exist two lying-in hospitals in Denmark, the larger one being in Copenhagen. This hospital is divided into two departments, and forms a part of the National Hospital, the one of these departments being conducted by Professor Cammeltoft, and here the physicians receive their training in gynaecology and obstetrics. To this department is also attached a section for confinements, a section for the care of the puerperal mother and child, and a section for gynaecology, besides a gynaecologic polyclinic, a polyclinic for poor pregnant women, and an X-ray department. The other department forms the Danish School for Midwives, the only institute of its kind in Denmark, being conducted by Professor Hauch. Also at this school there is a section for confinements, the care of the puerperal mother and child, a nursing section, a gynaecological section, and a section for pregnant women.

The lying-in hospital is under the control of the Government, and forms a humane institution intended to receive, free of charge, unmarried girls looking forward to their confinement, as also very poor married women, besides pregnant women with whom irregularities in the confinement may be expected. The physicians of this hospital may also be called by any of the midwives in town to poor patients, both at day and night, equally free of charge.

Every year forty midwives are trained, at ages varying between twenty and thirty years; these midwives are recruited from all classes, some having been previously trained nurses, but this is by no means necessary. Examinations are held once a year, and are conducted by Professor

Hauch, a representative of the Board of Health, and a midwife appointed by the Board of Health. The pupils may take first, second, or third class diplomas (the two best receiving prize awards consisting of a midwife's complete outfit bag of utensils).

In order to ensure that we got suitable women, the pupils are nominated by the district physicians in Denmark, then again selected by Professor Hauch and the Director of the National Hospital. After one month an examination for admission is held, and if the pupils do not pass this examination they are sent home.

The midwives are sent for at all confinements in Denmark, and, as a rule, they conduct all normal deliveries. Only in case anything dangerous may occur the physician must be called.

I shall now add a few words on the instruction of midwives in our country.

This instruction lasts usually one year. (It is the desire of the Danish midwives that the period of training should be lengthened.) Every year several midwives receive permission to take a further year's training, being appointed assistant midwives, partly at the lying-in hospital, or in a private nursing home, these positions affording a splendid training. In November a refresher course is always held for older midwives, conducted by Professor Hauch and the chief midwife.

The midwife pupils daily receive from one to two hours theoretical instruction, partly by the head of the school, the first assistant physician, and the chief midwife. The practical instruction is conducted by the chief midwife after advice of the head of the school.

Instruction is given in disinfection, hygienic treatment of the skin, on bacteria and infection, on the human body, biology, and on normal pregnancy, also on giving advice during the latter. The pupils learn to know the symptoms of the different diseases which may arise, especially during pregnancy. In the latter case we are bound to apply to a physician. At the same time instruction is given how to conduct a normal delivery. The pupils are also taught about diseases which may occur during delivery, and here it is impressed upon them to immediately call a physician if anything irregular should occur, the physician then taking charge of the delivery, with the midwife as his assistant. If the patient desires an obstetric narcosis (this is very common) the midwife must call the physician at the proper time; to act on her own responsibility is allowed only if it is impossible for the physician to come at such time, and if there is any special danger. I may name as such cases transverse presentation, placenta prævia, accidental hæmorrhage, retention of the placenta or part of it, inversio uteri, post-partum hæmorrhage, possibly eclampsia, prolapse of the cord or of limbs, irregular head presentation, breech presentation—by primipara.

* A Paper read at the Hospital, Nursing and Midwifery Conference, London, April, 1923.

It is permissible to act on one's own responsibility in cases such as the following: Extraction of breech presentation with multipara; version of the second twin, if it lies in transverse presentation; rupture of the membranes with normal head presentation if the uterine orifice is completely dilated; suturing of lesser ruptures of the perineum; administering of ergot with lesser hæmorrhages from the uterus post-partum (if the hæmorrhages are more violent we must send for the physician); blue asphyxia of the child; normal care of the puerperal mother and child.

After having passed the examination the midwives can apply for a district or settle down as private midwives, after first having reported to the district physician or the public physician.

The midwives range under the Board of Health and the Ministry for Justice, the same as the physicians.

The Ministry for Justice issues instructions for midwives which these must strictly observe.

The county and district physicians superintend the midwives, and, once a year, a conference is held, where anything of importance may be discussed, the county physicians giving a lecture and inspecting the instruments and the registers kept, especially on births.

CARE OF MOTHER AND CHILD.

I shall now tell you a little about the care of the puerperal mother and child, and the treatment of the infant.

If the mother is without fever and there is no nurse near to attend the patient, this is done by the midwife the first few days. In the country, conditions are a little different, because, owing to the long distances, it is impossible for the midwife to attend to the patient more than twice after the infant's birth, but very often a nurse is stationed in the village; if not, instructions are given to a sensible, clean, and tidy woman how to act if the mother's or the child's condition should become unsatisfactory.

Practically all healthy women nurse their children themselves.

In Copenhagen there are institutions for poor women where the mothers can have their children attended to and receive milk for themselves and their babies. Many people are in insurance societies for quite a small sum of money, and can consult the physician the society names without having to pay anything further.

THE DANISH MIDWIVES' ORGANISATION.

The Danish Midwives' Organisation consists of the ordinary Danish Midwives' Society, or head society. Under this, district societies are established all over the country, which guard the interests of the midwives everywhere, in consultation with the head society. The activity for a professional organisation of midwives began only after the publication of the *Journal for Midwives* in 1890, edited by the former assistant accoucheur, Dr. Th. B. Hansen. The first district society was established in 1891. The idea seemed a good one,

and shortly afterwards others were started. In 1902 the head society was reorganised, with the assistance of the former head of the school for midwives, Professor Leopold Mayer, who, upon request, at once accepted the chairmanship, this proving of very great importance for the welfare of the society. After some years Professor Mayer retired, and the society was fortunate enough to persuade Professor Hauch to become chairman. Professor Hauch has, during ten years, developed the society so greatly that, at the Professor's own suggestion, they were able to elect a chairman of their own class, so that in 1921 the chairmanship was taken over by Miss Johanne Petersen, a district midwife.

The head society counts 1,000 members, of which 700 are district midwives. The largest district society is the society for midwives in Copenhagen, which has 165 members. Denmark has three and a quarter million inhabitants, of whom 700,000 are in Copenhagen.

The Organisation has three objects in view: inwardly to form an amalgamation between midwives, so as to raise the standard of education and ability, and to tend towards securing a closer understanding and union between them. Outwardly, it is the object to guard the professional and economic interests of the profession, to submit the wishes of the profession to the Government and Parliament, to plead our case before the Board of Directors of Medicine and physicians, and also the municipal authorities, to secure our rights and mutual interests, to allow of an exchange of opinions and reciprocal duties.

Mutual application to Government and Municipality has resulted in bettering our economic condition.

The Organisation has also proved its great importance by securing a co-operation between physicians and midwives.

The above-mentioned *Journal for Midwives* is also of great importance, as physicians write very good articles for it, and midwives also report on their most interesting cases in their practice, followed by remarks from the editor. The Journal is edited by the former first accoucheur at the school for midwives, Dr. Tofte and Professor Gammeltoft's chief midwife, Miss Lützhöft Petersen.

Thanks to their organisation and the interest shown them by physicians, the midwives in Denmark now form a, to a very wide extent, known and important profession, which meets with appreciation by the public, the Government, and Parliament.

At the school for midwives we have, in the last five years, had 8,571, of which 1,098 were irregular cases, 60 cases of eclampsia, 88 placenta prævia, 110 accidental hæmorrhage, 41 prolapse of the cord, 124 contracted pelvis. With the latter Cæsarean section was made in 27 cases. 126 cases were twins. In 53 irregular cases the town midwives called the physicians belonging to the School. Of 8,571 births the puerperal mortality was below 1.6 in the thousand.

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Vol. LXX

EDITORIAL. NOBLESSE OBLIGE.

Two acts of heroism recorded during the past week, one on the part of a medical woman, the other on that of a trained nurse, remind us of the sudden calls which may be made upon members of these professions for an exhibition of qualities which make demands upon the personality, as well as the skill, of their members, that mere mechanical skill will never suffice to make the highest type of either medical practitioners or nurses, because they deal with the humanities, and the human factor therefore enters largely into their success.

In the one instance we have Mrs. Starr, a medical missionary at Peshawur (who herself some years ago saw her husband murdered by fanatics), who volunteered, and has been permitted to go to Miss Ellis, at Khanki Bazar. News has been received that Miss Ellis is weak, and her feet bruised and bleeding, but she is otherwise well. The arrival of the doctor, and the relief of the medical treatment, will mean much to the captive, but the consolation to her in her isolation and sorrow of the company of an older woman cannot be overrated.*

The action of Nurse Langley, a nurse in the employ of the Mile End Board of Guardians, who, as we record in another column, plunged fully dressed into the Regent's Canal and rescued a child from drowning, is also worthy of note.

Both doctor and nurse, we feel sure, would say that they only did their duty, and there is therefore no need to extol their actions. While this may be true, the lesson remains. In times of exceptional stress and danger we act almost automatically, according to the character we have developed throughout life. Unselfish and

* As we go to press we learn that Mrs. Starr and Miss Ellis have arrived at Peshawur.

heroic actions, publicly recognised, are not the inspiration of the moment, but the natural sequence of many such actions performed quietly and unostentatiously.

There is a very special obligation on both doctors and nurses to practise unselfishness and to build up a habit of fortitude, for in time of sudden danger and calamity it is they who should voluntarily subject themselves to dangers which others may not be called upon to undergo. To their credit be it said that they almost invariably rise to the occasion, however high the heroism demanded of them. Both the medical and nursing professions have behind them a long roll of illustrious members "who loved not their lives unto the death," but who were willing to run any risks to render service to suffering humanity.

The present is a pleasure-seeking age, and although there are to-day many nurses who are examples of what a Registered Nurse should be, there is a danger lest the Nursing Profession should be infected by the love of ease and pleasure which is characteristic of the age in which we live. The conditions under which nurses live during their training, the hours of work, and the rates of pay, no longer make demands upon the self-sacrifice of those who adopt nursing as a profession. Rather it affords a congenial sphere of work. Opportunities for exhibiting unselfish devotion, which no doubt are numerous, may not always be utilised; but now, when for the first time the members of our profession have an opportunity of dissociating themselves from those who in the past have claimed to belong to it, while shirking the necessary training, we hope nurses will so order their lives that the right to use the title of Registered Nurse will be associated in the public mind with a love of humanity, devotion to duty, unselfish action, and dignity of personal conduct.

OUR PRIZE COMPETITION.

IN SUPERVISION OF THE PATIENT DURING PREGNANCY, WHAT POINTS WOULD YOU OBSERVE AS INDICATING SOME ABNORMALITY OR SOURCE OF DANGER?

We have pleasure in awarding the prize to Miss Henrietta Ballard, Bermondsey Hospital, Rotherhithe.

PRIZE PAPER.

Ante-natal Supervision.—Too much importance cannot be attached to the supervision of pregnant women, as illness and dangers to mother and child may be lessened and probably prevented.

Deformity of bones of long limbs, hunch-back, or hip disease, with shortening, will have some effect on the formation of the bony pelvis, and external and internal measurements should be taken and patient sent for medical advice, as an earlier termination of labour, or Cæsarian Section being performed, may save much pain and danger to mother and child.

Toxæmia of pregnancy may be detected by albumen in urine, œdema of feet, hands, and face, dimness of vision, twitchings, and later by fits or convulsions. By treating patient by rest in bed on milk diet and regular attention to bowels, the later eclamptic condition may be avoided, which is very fatal to parent and child.

Chorea and Mental Disturbances may also be present, especially in multiple pregnancy. Rest, often away from relatives, usually gives benefit until birth of child.

Persistent Vomiting may end fatally, and if no relief is gained, from rest and light diet, medical advice must be sought.

Misplacement of uterus will usually show itself early in pregnancy by pain in back and retention of urine. The bladder usually is misplaced well up to or above umbilicus, and unless medical manipulation is forthcoming the result will be miscarriage.

Hæmorrhage may be due to threatening miscarriage. Immediate rest may prevent an inevitable abortion.

Accidental hæmorrhage may be concealed, and can only be detected by general condition of patient, resembling internal hæmorrhage, and a hard, woody uterus, with inability to feel parts of child. If the bleeding can be revealed in time before pressure is put on child or much loss, its life might be saved by the induction of labour, and at any rate the maternal danger would be much lessened.

Unavoidable hæmorrhage due to placenta prævia is an emergency requiring immediate medical aid, as the foetus frequently is dead

and maternal mortality high. Often this condition manifests itself by irregular bleeding after seven months' pregnancy.

Purulent Discharge from the vagina suggests infection from the gonococci, and unless the passage is cleansed and the infant's eyes well cleansed immediately after birth, blindness may result from ophthalmia neonatorum.

Sores of the Vulva suggest syphilis, and the mother should seek advice and treatment immediately to prevent the foetus dying in utero, as frequently happens, or it may be born alive and congenital syphilis manifest itself later in skin eruptions, marasmus condition, or disease of bones, &c.

Varicose Veins may become very enlarged and burst, causing death of mother, during birth of child's head at vulva. Rest in bed for a few weeks will greatly aid these conditions.

Fits during pregnancy may be due to hysteria, epilepsy, albuminuria, or eclampsia. A history of every patient should therefore be obtained early, so that the existing condition may be treated during the important time of pregnancy.

Cancer of Cervix must not be lost sight of as a cause of irregular bleeding, therefore medical advice in the earliest stage is essential.

A Lump in the Breast is of the same vital importance, and may by early removal prevent carcinoma of that organ.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Theodora Harris, Miss May Ramsey, Miss N. Taylor, Miss M. James, Miss E. Goodall, and Miss J. D. I. Waugh, whose paper arrived too late to compete for the prize.

Miss Theodora Harris writes:—"It is essential that all pregnant women should be under trained supervision, in order that any abnormality or danger signal may be noted and dealt with in its early stages. Lack of this supervision has undoubtedly cost some women their lives, and some their babies, and in other cases has caused a great deal of preventable suffering. In all cases a full history of the patient should be taken, including family history, previous pregnancies and confinements, still-births, miscarriages, &c.; also the husband's health and the health of any children."

QUESTION FOR NEXT WEEK.

Describe (a) the possible causes of, (b) the treatment and nursing of, a case of cellulitis of the hand.

NURSING ECHOES.

Queen Alexandra has sent the Marchioness Curzon of Kedleston a most kind letter of gratitude for the trouble she has taken in organising the magnificent Ball—to be held on "Wedding" night this week at Lansdowne House—in aid of Queen Victoria's Jubilee Institute. "I trust," writes Queen Alexandra, "that your splendid efforts in this good cause are receiving substantial support, and that the Institute, which is so sadly in need of funds, will largely benefit through your great kindness."

The Prince of Wales and other members of the Royal Family are to take part in what is sure to be a magnificent function.

The List of Prize Winners for the Missing Word Competition in connection with the recent Hospital, Nursing, and Midwifery Exhibition has been announced. We note that the pair of ward shoes presented by the Bendable Shoe Co., 72, Oxford Street, London, W., was won by Miss R. W. Turner.

Messrs. Horlick's Malted Milk Co., of Slough, gave a cheque for one guinea, won by Miss M. C. Costello; and the Nurses' modern attaché case presented by Messrs. Bell & Croyden, of Wigmore Street, was awarded to Miss E. E. R. Davies.

All the Nurses' Clubs and Hostels in London are full up this week, and extra beds are being tucked in. That comes of a Royal Wedding. Nurses are wonderful women for managing to see our National Sights.

The Mile End Board of Guardians, having ascertained that a probationer who plunged into the Regent's Canal fully dressed and saved the life of a child is in their employ, decided at a recent meeting to bring the matter under the notice of the Royal Humane Society.

Nurse Langley's brave action would not have come to their notice but for the fact that she developed pneumonia as a consequence of her plucky act, as after saving the child she hurried off without disclosing her identity. She was in consequence unable to sit for her examination, and the Guardians have arranged that she shall have a special one.

The Leicester Royal Infirmary has ranked as a first-class Nursing School since ever we can

remember, and that is from the days of Miss Burt, later translated to Guy's. We have before us the One Hundred and Fiftieth Annual Report, and it is indeed a model of what such a Report should be, of which the Duke of Rutland, K.G., who is President, has a right to be proud. The £100,000 appeal fund has been answered by actual donations amounting to date to £60,000. The Infirmary is providing a New South-West Wing to accommodate 93 patients, with glass-enclosed balconies on the south and open balconies on the west side; 66 new bedrooms for nurses, and enlargement and improvement of the Laundry. The income for the year has amounted to £62,451 17s. 6d., leaving a deficit of £2,665 18s. 1d., less by £1,326 than in 1921.

The Board acknowledges the wholehearted co-operation of the Nursing Staff, whose work, it is reported, "in view of the acute pressure on the accommodation, has been maintained at a high standard, and has added greatly to the comfort and well-being of the patients."

An extract from a Paper read by the Matron, Miss C. E. Vincent, on "Nursing," at the 150th Anniversary Celebrations, is incorporated in the Report as follows:—

"In closing this bare outline of what a Nurse's training to-day involves, I would like to emphasise what to me is a vastly important fact, viz., that Nursing, to accomplish its true aim, must ever be a vocation rather than a profession. The day on which it becomes the Nursing Profession only it will lose its soul, for its inspiration must ever be the example of One of whom we are told 'He went about doing good.' In so high a vocation it is not enough to turn out a much-taught, highly trained woman: the right personal qualities are all-important matters from the patient's point of view. True, the mind as well as the heart and hand must equally be trained in order to evolve the best type of Nurse. The general aim must be to stimulate and foster the Nurse's powers of development. At the same time we realise that the finest work is done when the 'Spirit of Service' is the energising force, and we therefore try to place first and foremost what for want of a better term I will call 'The Spirit of the Wards.' To those whose lives are spent in Hospital, this spirit is common-place. It is this spirit which creates the atmosphere of love and devotion to be found in all our Voluntary Hospitals—the feeling that the best is never too good for the patient—the whole-hearted, willing self-sacri-

face which cheerfully, through bad days as well as good days, spends itself in the service of others—it is, in short, 'The Spirit of the Wards.'"

Presiding at a Meeting of the Burton Board of Guardians, the Chairman, Alderman F. Thompson, referred to the fact that they and smaller institutions would not be recognised as a training school for nurses by the General Nursing Council. The Burton Infirmary had been under this difficulty, but had surmounted it. The Union Hospital would not be able to grant certificates to their young nurses, and the latter would be under a great disadvantage. He believed some had resigned on that account. His own opinion was that the Poor Law Unions would have to combine and form a Nursing Association of their own and give certificates. As far as he could see it would provide the only solution. At a future meeting he would draft a resolution to the Poor Law Union's Association calling upon them to take up the matter.

The Burton Board of Guardians, even supported by their Poor Law Unions' Association, will not be able to evade the Nurses' Registration Act for any length of time, because probationers will not train in hospitals from which they cannot be registered by the State, and their wisest plan will be to consider methods of affiliation with other Training Schools, so that their probationers may qualify for the State Examination. The Training Schools have for thirty years denied the principle of standardised training and State Examination for their nurses. That narrow attitude was rendered impossible by the passing of the Nurses' Registration Act in 1919. Intelligent women are no longer to be put off with inefficient training and a certificate which carries no statutory rights and status. Poor Law Guardians should cease kicking against the pricks, and confer as to how they are best able to meet modern educational demands, not how to evade them.

The General Nursing Council, as at present constituted, is an ignorant, stupid, and arbitrary body, totally devoid of *finesse*. It is out of sympathy with progress, and is doing nothing to instruct the Nurse Training Schools, Poor Law, and others, how best to meet the demands of educated women desirous to become Registered Nurses. Groaning under an intolerant bureaucracy, no *bêtise* is too reactionary for its policy, and instead of com-

ing into personal touch with the smaller hospitals and infirmaries and helping them over their difficulties, this Council of ignoble autocrats presumes to deny for years to trainees their statutory rights under the Act, hoping by this means to placate employers. The truth is that so long as the G.N.C. is governed by leisured women of title who have no more knowledge of nursing conditions or business than bumble bees, autocratic old doctors, and self-interested Matrons in high places, who apparently have the support of the unprofessional bureaucracy in the Ministry of Health, there is little to hope for the benefit of the Nursing Profession or the patients. What is certain is that until just conditions, both educational and economic, prevail in the hospital world, the present shortage of educated women for training will continue. The General Nursing Council had a splendid opportunity. Its present composition, to judge from its futilities, is an insult to Schools and pupils alike.

On behalf of the Colony of Trinidad and Tobago, Mr. Algernon Aspinall presented on Tuesday to Princess Mary Viscountess Lascelles, at Chesterfield House, a writing desk made of native mahogany by local craftsmen. Surplus funds collected in the Colony towards the gift are being devoted to providing a gold medal and shield to be presented annually to the trained nurse passing with the highest distinction out of her three years' training at the Colonial Hospital at Port of Spain.

Nurses in military uniform are admitted free to see the State apartments at Windsor Castle, sharing this privilege with sailors and soldiers.

It has been decided by the Council of the Royal Victorian Trained Nurses' Association that all trained nurses be privileged to be addressed as Sister.

In private practice the title of Sister is very euphonious, and distinguishes the trained from the domestic nurse, but it cannot without confusion be used in hospital wards, as there is usually only one official with the right to use the title.

Great annoyance was created during the war, and still continues in some institutions, by V.A.D.s arrogating to themselves the title of Sister.

No unregistered nurse should now be qualified to use it.

SPIRES IN THE VALE OF BELVOIR.

If, when travelling between Grantham and Nottingham you step out of the train at Elton, preferably in the early morning of a June day, and climb the incline and cross the bridge, you will find yourself on the top of Orston Hill.

If you are a stranger you will be amazed that you have never before been told of the entrancing beauty of the Vale of Belvoir. You will not hurry on, but from the raised footpath rest awhile, probably leaning on a gate, and just absorb the richness of your surroundings.

Facing you, commanding views in three counties—Leicestershire, Lincoln, and Notts—stands the dominating Castle of Belvoir, the splendid seat of the Dukes of Rutland, the "lordly terraces" of which, and its Spring Gardens, are of world-wide fame.

Look west, and right over the valley of the Trent just beyond sight is Nottingham, its Castle, once the homes of the Dukes of Newcastle, built upon a rock. And all around are the rich alluvial lands, with red-tiled villages nestling amidst great elms and oaks, and in their centre, darting skywards, the lovely Church Spires of the Vale.

From Orston Hill the spires of Grantham and Newark are beyond the range of vision, but those of Bottesford and Bingham touch the blue, and if you descend the hill and take a field path, and cross the **Smite, you come to** the village of Thoroton, and here you will find the little Church of St. Helena, an architectural gem, the Spire of which has carried many an aspiration to the foot of the Throne.

The Editor of this Journal lived through childhood and youth at Thoroton Hall, and worshipped for twenty years in the Church of St. Helena. She has sat at all seasons on gates, or heaps of stones by the roadside, absorbed by the beauty of that Spire, and blessed old-time builders that they built beautifully with inspiration for long time.

From the top of a gate on a June day wild roses smell pink from bushes and hedges, the elders wave white as snow, the roadside is a carpet of convolvulus, and great stretches of barley sway silver in the breeze. Hay is hot in the sun near by, and great wagons painted red and blue trundle up and down the road, drawn by splendid horses, whose glossy coats glow the colour of ripe chestnuts. Everywhere the larks upspring and sing—and sing.

Thoroton's slender Spire pierces through the shimmering light to where beyond the songs of birds there is sweeter harmony.

* * * * *

And now the post brings me a sad little letter from Thoroton. "Since you were here,"

it runs, "there has been a thorough look all over the dear old church, and they have come to the conclusion that if the tower is not restored as soon as possible the spire will have to come off—so we have opened a restoration fund."

Enclosed is a Collecting Card.

What I can afford I have sent, but I should like to do more to help save that lovely Spire. I propose, therefore, to clear out many things lying by—past glories—silks, satins, bimbones—and have a Sale at 431, Oxford Street, London, W., on Saturday, May 26th. Please come and buy. Also should any of the readers of this Journal feel inclined to lend a helping hand to save the little Church of St. Helena in Belvoir's Vale, gifts will be gratefully received if addressed for this purpose to Miss Fowler, Registered Nurses' Society, 431, Oxford Street, London, W.

ETHEL G. FENWICK.

NURSES' MISSIONARY LEAGUE.

The Twentieth Anniversary of the Nurses' Missionary League will be held at University Hall, Gordon Square, London, W.C., on Thursday, May 3rd.

PROGRAMME.

"THE N.M.L.—A GREAT ADVENTURE AT HOME AND OVERSEAS."

Morning Session, 10.15—12.30.

"The History of Twenty Years." Chairman: Miss J. Macfee. Opening Hymn and Prayers.

"The N.M.L. in 1903," Mrs. Basden (Mildmay Mission Hospital), Nigeria.

"The N.M.L. in 1913," Mrs. Arnold Hughes (Manchester Royal Infirmary), Hong Kong. Demonstration Bible Study Circle.

Interval.

"The N.M.L. in 1923." Reports from various Hospital Branches. Intercession.

Tea and coffee during Interval.

Afternoon Conversazione, 2.30—5.

Hostesses: Lady Craig, Mrs. Miller (St. Thomas' Hospital), Mrs. Sturge, Miss Stacey. Addresses: 1, "The Minto Nurses in India," Miss Darbyshire (University College Hospital); 2, "Hospital Work and its Progress in China," Thomas Cochrane, Esq., M.D.

Evening Session, 7.30—9.30.

Chairman: Mrs. A. Ll. Sturge. Opening Hymn and Prayers. Adoption of Annual Report, and election of Committee for 1923—4. (A list of nominations for the Committee will be hung in the Hall during the day.) Missionary Address: "Glimpses of Hospital Work in North India," Miss Maud Lamb (Royal Sussex County Hospital), St. Catharine's Hospital, Amritsar. Closing Address: "The Care of the Inner Life," the Rev. C. C. B. Bardsley, D.D. Tea and coffee, 7—7.15.

LEAGUE NEWS.

GUY'S HOSPITAL NURSES' LEAGUE.

The Twenty-third Annual Meeting and the Fifteenth Annual Dinner of the Guy's Hospital Nurses' League will be held in the Nurses' Home on Friday evening, May 11th. Applications for tickets should be made to the Hon. Secretary, at the Matron's office, Guy's Hospital, S.E.1, before Tuesday, May 8th. Dinner is announced for 7 o'clock punctually, and the annual meeting for 8 o'clock.

Competitive Exhibitions of Photographs and Needlework will be held, as usual, on the day of the annual meeting. Prizes have been placed at the disposal of the judges, and awards will be made in the different classes should entries be sufficient.

Exhibits for both sections should be sent to the Hon. Secretary, G.H.N.L., at the above address not later than May 8th.

ST. BARTHOLOMEW'S HOSPITAL NURSES' LEAGUE.

The General Meeting will be held in the clinical Theatre of the Hospital, on Saturday, June 9th, at 3 p.m., when the 800th Anniversary Celebrations will include an "At Home," given by the League from 4 to 6 p.m. Part of Queen Mary's Home for Nurses will be on view.

QUEEN'S SUPERINTENDENTS IN CONFERENCE.

A whole-day Conference, held at Caxton Hall, on Thursday last, was attended by some hundred and twenty Queen's Superintendents (Home and Counties) from all parts of England and Wales.

Among the subjects discussed were "Theoretical and Practical Training of District Nurses," "Pensions for Nurses," "Representatives of Superintendents on the Council of Q.V.J.I.," and various other matters of interest to Queen's Nurses.

Several resolutions were framed to be sent to the Council of the Q.V.J.I.

Everyone greatly appreciated the presence of Miss Peterkin, the General Superintendent, and the chair was taken by Miss Wilde.

A very enjoyable tea was kindly provided by the members of the Council, some of whom were present.

The occasion was welcomed by all as affording an opportunity for the meeting of old acquaintances, and much talking was done.

NURSING AND THE MINISTRY OF HEALTH.

Government Departments all the world over have got it into their heads that they can run any man's business better than the man himself.—*Sir A. Shirley Benn.*

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The thirty-fourth meeting of the General Nursing Council for England and Wales was held at the Ministry of Health on Friday, April 20th, at 2.30 p.m., Sir Wilmot P. Herringham, K.C.M.G., C.B., M.D., F.R.C.P., Chairman of the Council, presiding.

Minutes.

The Minutes of the previous meeting were taken as read, and with two corrections, confirmed.

Arising out of the Minutes (page 17), the CHAIRMAN drew attention to the fact that the Council had instructed the Education Committee to advertise to obtain candidates for the post of Examinations Officer, but had not told it what to do further. He suggested that the Education Committee should be instructed to select the three best candidates for presentation to the Council. This was agreed.

THE CHAIRMAN was passing on to the next business when MISS DU SAUTOY drew attention to the instruction given to the General Purposes Committee by the last Council, as reported in the Minutes, to interview candidates for the post of Interviewing Officer. She was a member of the General Purposes Committee but had received no summons to a meeting, and understood it had not met, she was therefore much surprised to hear that this officer had been appointed. She further considered that this post—in common with similar appointments, whether temporary or permanent, made by the Council—should have been advertised.

THE CHAIRMAN here interrupted to say that he had told MISS DU SAUTOY some days ago that he would speak about this appointment; there was no need to draw attention to the matter now. It was notified in the Agenda.

MISS DU SAUTOY enquired where?

THE CHAIRMAN said that the last item on the Agenda reported the appointment of Miss Finch as temporary Interviewing Officer. He would make a statement on that.

Correspondence.

LETTER FROM THE MINISTRY OF HEALTH.

1. A letter from the Ministry of Health, addressed to the Registrar, dated March 19th, as follows:—

MADAM,—I am directed by the Minister of Health to refer to the debate in the House of Commons on Wednesday, March 14th, on Major Barnett's motion that an address be presented to His Majesty praying that the scheme made under Paragraph 4 of the Schedule to the Nurses' Registration Act should be modified. The Minister undertook to request the General Nursing Council to consider the amendment proposed by Major Barnett, and to ask the Council to draw up and submit to the Minister such alterations as they may be prepared to make, within the next twelve months. I am accordingly directed to request the Nursing Council to give this matter their consideration, and to inform the Minister in due course of the result of such consideration.

I am, Madam,

Your obedient Servant,

(Signed) L. G. BROCK.

The letter was referred to the Registration Committee

RESOLUTION FROM THE PROFESSIONAL UNION OF TRAINED NURSES.

2. Letter, dated April 11th, 1923, from the Hon. Secretary of the Professional Union of Trained Nurses, enclosing the following Resolution:—

"The Professional Union of Trained Nurses, in Annual Meeting assembled, condemns most strongly the action of certain members of the College of Nursing, Ltd., who have abused their privilege as members of the General Nursing Council for England and Wales by appointing personal friends (one already in receipt of a pension from public funds) to lucrative posts in the General Nursing Council Offices, when many working nurses, who have been incapacitated through war service from undertaking heavy work, but who have fitted themselves for secretarial posts, are needing employment. They recommend that all vacant appointments be advertised, as is usual with statutory bodies."

THE CHAIRMAN moved that the letter be received.

MISS SPARSHOTT informed the Council that according to information available the Professional Union of Trained Nurses had a membership of 209, and it had a deficit of £236. That showed the strength of the Society sending the Resolution.

THE CHAIRMAN said he thought they were familiar with the source of the letter, that was why he moved that it be received.

LETTER FROM THE COLLEGE OF NURSING, LTD.

3. A letter from the College of Nursing, Ltd., expressing approval of the Rule 9, 1 (g) adopted by the Council at its last meeting. (This Rule provides for placing on the General Part of the Register women without any hospital experience.)

LETTER FROM THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

4. A letter on behalf of the Registered Nurses' Parliamentary Council enclosing the following Resolution:—

RESOLUTION.

(1) That this Meeting of Registered Nurses enters a strong protest against the method by which Miss Dora Finch has been "appointed" to the unnecessary and lucrative post of Interviewing Officer to the General Nursing Council for England and Wales, and calls upon the Council to instruct the Registrar to carry out its directions in this particular

As publicly announced, the Council at its Meeting held on March 16th, agreed to a recommendation to institute another highly-paid post, and directed the General Purposes Committee "to interview candidates and appoint a suitable person."

It would appear that the post has never been advertised, or in any way made known to "suitable persons." That the General Purposes Committee has never been summoned to carry out the reference of the Council, and that the application for the post by Miss Dora Finch, a close personal friend of the Registrar and of the Chairman of the General Purposes Committee, was considered by some unauthorised Committee, and that she was appointed by it without competition.

The Registered Nurses' Parliamentary Council is of opinion that such an appointment is *ultra vires*, and

(1) Calls upon the General Nursing Council for an explanation to Registered Nurses of this disbursement of monies entrusted to the trusteeship of the Council by Parliament; and,

(2) As is customary in other Statutory Bodies, that all posts to be filled by professional persons, including that of Interviewing Officer, be advertised in the Press, and the appointment made by the Council.

"(2) That copies of this Resolution be sent to the Chairman of the General Nursing Council, and to the Minister of Health.

The letter was received.

The Printed Agenda.

THE CHAIRMAN then stated that the present was the first time that the Agenda had been printed and he was afraid it was not quite perfect. The recommendations in the Reports were not numbered as they should have been; he asked the Council to number them in the room, and this was done.

Another omission was that a Motion of which MISS WIESE had given notice had not been placed on the Agenda, but it had been circulated and would be considered as the last business.

Presentation of Reports.

THE CHAIRMAN said it had been suggested that when a Report was moved by a Chairman of a Standing Committee instead of being read, each item should be moved by number.

This procedure was adopted.

Reports of Committees.

1.—Report of the Finance Committee.

SIR JENNER VERRALL, Chairman of the Finance Committee, presented the Report and moved that it be received.

I. REPORTED—That the Committee has met once, on April 12th, 1923.

II. Recommendation (1).

"That the Bills and Claims submitted for payment be approved."

III. REPORTED—That the Committee has decided to have a valuation taken of the furniture, &c., of the Council with a view to finally deciding the proper amount for insurance.

MISS BUSHBY here interpolated, "Not so fast, please."

IV. Recommendation (2).

"That for the sake of convenience and to avoid having two accounts the deposit account at Hambro's Bank, Ltd., be transferred to the London Joint City & Midland Bank and the latter Bank in future be alone used."

V. Recommendation (3).

"That the sum of £300 for stamps for general postage for the ensuing month be allowed, and £20 for Insurance stamps."

VI. REPORTED—That the Committee raised no objection to the recommendation of the Registration Committee.

"That legal opinion should be obtained on the point as to whether a nurse whose name has been removed from the Register because she has not paid her annual subscription can call herself a registered nurse."

VII. REPORTED—That the Committee raised no objection to the following recommendations of the Education and Examination Committee :—

(1) " That the Fee for the Preliminary Examination shall be £2 2s., and that for the Final Examination £3 3s.

(2) " That the Fee for the Optional Examination in July, 1924, shall be £3 3s."

VIII. REPORTED—That in the advertisement for an Examinations Officer the salary was placed at £350, rising by £10 a year to £400, and that it was stated that preference would be given to a Registered Nurse.

IX. Recommendation (4).

" That the salary of the Assistant Registrar be raised to £400 per annum, and that of the Registration Clerk to £300."

Commenting on Item VIII, Sir Jenner Verral laid emphasis on the recommendation that if two applicants were equal a Registered Nurse would have the preference. [Unless both candidates are Registered Nurses they cannot be equal.—ED.]

The Report was then agreed.

2. Report of the Registration Committee.

Before calling on the Chairman of the Registration Committee to move the Report, the CHAIRMAN said that a letter, which he proceeded to read, had been received from the Ministry of Health relative to the position of Ireland in relation to the Nurses' Registration Act.

The letter (dated April 9th) was as follows :—

I am directed by the Minister of Health to refer to your letter of February 20th enclosing correspondence with the General Nursing Council for Scotland, in which question is raised as to the position of Southern Ireland.

I am to explain that the question at issue has now been settled by the Irish Free State (Consequential Adaptation of Enactments) Order, 1923, which was made on the 27th ultimo. Article 2 of that Order provides that (subject to certain specific exceptions) references to the United Kingdom or to Ireland in enactments passed before the establishment of the Free State are, in the application of the enactment to any part of Great Britain and Ireland other than the Free State, to be construed as exclusive of the Free State. It will be seen, therefore, that the Free State is ruled out of Section 6 (3) of the Nurses' Registration Act, 1919, but the Nursing Council would presumably regard it as satisfying the requirements of Section 6 (2).

In conformity with this letter the CHAIRMAN asked the CHAIRMAN OF THE REGISTRATION COMMITTEE to amend Recommendation 5 on page 3 of the Agenda. After some discussion the following Amendments were adopted.

In line 4 of the Recommendation the words " or by the General Nursing Council for Ireland " were deleted.

In line 10 the word " original " was inserted before " entry."

In line 11, before " Register," the word " former," was substituted for " first."

In line 12 the words " the Council for England and Wales " were substituted for " this Council."

In line 13, before Council, the words " the said " were substituted for " this."

DR. GOODALL, Chairman of the Registration Committee, then moved that the Report be received.

It was reported that the Committee had met four times.

RECIPROCAL REGISTRATION.

In connection with Reciprocal Registration with His Majesty's Dominions outside the United Kingdom it was reported that the following are the Dominions, or parts of Dominions, providing for the registration of nurses under some public authority :—

Canada.—Quebec, New Brunswick, Manitoba, British Columbia, Alberta, Saskatchewan, and Nova Scotia.

South Africa.—Cape, Natal, Transvaal, and Orange Free State.

Australia.—Queensland, Western Australia and South Australia.

New Zealand.

Canada.—Registration Authorities have been communicated with. No replies received except from New Brunswick, the rules of whose registration authority do not admit of reciprocal registration.

South Africa.—A Consolidating Bill is under consideration which will provide for the establishing of a Single Register of Nurses for the whole Union.

Australia.—No regulations in Queensland under which action can be taken. Further inquiries are being made of Western and South Australia as to whether recent Acts have yet been made operative by means of regulations.

New Zealand.—The Council at its meeting on October 6th agreed to reciprocal registration with this Dominion. But only nurses with a three years' certificate are eligible. As the New Zealand Register has only one category of nurses, New Zealand nurses who register in England must be placed in that part of the English Register for which their qualifications entitle them.

RULE FOR RECIPROCALITY WITH SCOTLAND AND IRELAND.

It will be remembered that at the last meeting of the Council the Education Committee recommended the adoption of a Rule for reciprocal registration with Scotland and Ireland. The adoption of the recommendation, however, would have involved the rescinding of a certain previous resolution of the Council, and in such cases ten days' notice must be given. As the prescribed notice had not been given, the moving of the recommendation was postponed till this meeting of the Council; but to save time, the Scottish Council were consulted as regards the terms of the Rule. The Scottish Council replied, and in their answer stated that they understood that the English Council approved the suggestion that there should be an agreement between the Councils that the Registrar of the Council with whom a

nurse first registers should supply to the Council with whom the nurse afterwards registers a complete copy of the entry in the Council's Register in regard to the nurse. This letter was brought by the Registrar as a matter of urgency before the Registration Committee at its meeting on April 6th. The Committee are of the opinion that the suggestion of the Scottish Council should be incorporated in the Rule, and they have accordingly drafted the appended modification of the Rule as brought forward by the Education Committee at the last meeting of the Council. They are further of the opinion that it will not be necessary for applicants for reciprocal registration to apply on a prescribed form and have omitted from the Rule the words "in the prescribed form."

In order to comply with the Rule as to ten days' notice the Registration Committee instructed the Registrar to circulate the notice of the revised recommendation (under the heading "Report of the Registration Committee,") with the agenda paper for this meeting of the Council at which it will be moved as a Recommendation of the Committee. The Education Committee, at its meeting on April 10th, approved the action of the Registration Committee.

Recommendation (5). (Amended as reported above).

"That in place of the Rule on Page 40, headed 'Nurses Registered in Scotland and Ireland,' the following Rule be substituted:—

"Any person whose name is included in the General Part of the Register kept by the General Nursing Council for Scotland, or by the Joint Nursing and Midwives' Council (Northern Ireland), or in any Supplementary Part of the same except the Supplementary Part containing the names of Fever Nurses, shall on making application to the Registrar, and paying the prescribed fee, and on production of a certificate by the Registrar of the Council on whose Register the said person is registered, to the effect that her name is included in such Register, be entitled to be admitted to the corresponding part or parts of the Register of this Council, provided that in every such case the Registrar of the Council with whom a nurse first registers shall supply to the Registrar of the Council to whom the nurse subsequently applies for Registration a complete copy of the original entry in the former Register with regard to the nurse.

"That the fee for registration in the Register of the Council for England and Wales under the above Rule shall in each case be one-half of the fee charged by the said Council for a first Registration."

APPLICATIONS FOR REGISTRATION.

The following statements have been forwarded to the Minister of Health:—

Applications received during the week ending—

March 10th, 1923	.. .. .	550
" 17th "	.. .. .	425
" 24th "	.. .. .	464
" 31st "	.. .. .	347
April 7th "	509

REGISTRATION TO APRIL 7TH, 1923.

Applications received	22,920
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Applications approved by the Council to March 16th	15,840
Applications for approval at meeting on April 20th	1,017
Applicants ineligible to meeting on March 16th	748
Applicants ineligible, to be brought before meeting on April 20th	98
Applications withdrawn	60
Applications incomplete	5,157
	<hr/>
	22,920

General Register ..	711
Male ..	10
Mental ..	235
Sick Children's Register ..	—
Fever Register ..	61
	<hr/>
	1,017

VI. (To be taken *in camera*.)

Lists of 1,017 applicants for registration, whose applications have been found to be in conformity with the rules, are appended, as is also a list of applicants whose applications are not in conformity with the rules.

The Committee recommend—

Recommendation (6).

"That the 1,017 applicants whose applications have been found to be in order be approved for registration, and that the Registrar be instructed to enter their names in the appropriate parts of the Register."

Recommendation (7).

"That the appropriate certificate be granted to each of these applicants, and that authority be hereby given to affix the Seal of the Council to each certificate."

The Report as a whole was agreed with the exception of Recommendations 6 and 7, which were taken *in camera* subsequently.

(To be concluded.)

REMARKS.

ILLEGAL CONDUCT OF BUSINESS.

In our next issue we shall report the statement of the Chairman concerning the irregular appointment of an Interviewing Officer by a Committee to which that appointment was not referred, and of which no notice had been given on the Agenda of the Special Committee. Meanwhile we desire to point out that the responsibility for this illegal action belongs fundamentally to the Registrar whose duty it is according to the Rules framed under the Nurses' Registration Act by the General Nursing Council, to act as Secretary to the Council. It, therefore, devolves upon her to draw the attention of the Chairman to the business to be transacted in accordance with the instructions of the Council, and to make arrangements for calling meetings of the Committee to deal with such business. Apparently she did not do so, as the Chairman stated that he thought the appointment of an Interviewing Officer was deputed to the Special Committee. It is evident, however, that he, as Chairman of that Committee, permitted it to appoint this officer without any previous notice on the Agenda of the meeting.

It is further quite apparent, from the discussion which took place at the meeting of the Council,

that the majority of those who took part in it were unacquainted with, or were prepared to ride rough shod over, the limits within which a Statutory Council works. Fortunately, the Chairman realised that the Special Committee had acted illegally, and informed the Council that "there was no question about it, the appointment must be referred to the General Purposes Committee."

PREScribed FORM FOR RECIPROCAL REGISTRATION NECESSARY.

It will be noted in the Report of the Registration Committee that the Committee stated that in their opinion it would not be necessary for applicants for reciprocal registration to apply on a "prescribed form," and they have omitted from the Rule the words "in the prescribed form."

Applicants for Reciprocal Registration will have to make a signed application to the General Nursing Council for admission to the Register in the country where they wish to register, and they must do so on a "prescribed form" if the Council's records are to be kept in an orderly manner, although it will no doubt be unnecessary for them to give references.

What about witnessed signatures, and how distinguish between half-a-dozen applicants of the same name?

Confusion worse confounded, unless a "prescribed form" is used.

PARALYSIS OF REGISTRATION.

It will also be seen from the Report of the Registration Committee that 5,157 applications are still held over (many for months). It is high time that the Cox-Davies Instruction to the Registration Committee of February 17th, 1922, should be rescinded. This placed upon the Registrar the responsibility of deciding which applications for Registration are doubtful, and of examining and submitting all others to the Council through the Committee. The effect of this Instruction has apparently been to paralyse Registration, as only some 205 a week are put through, while those received in the last five weeks recorded vary from 550 to 347. It is high time that the gratuitous and expert services of members of the Registration Committee and other members of the Council were available, as before the Cox-Davies Instruction was in force.

TITULAR LETTERS.

We are glad to note that registered nurses communicating with this Journal are beginning to write "Registered Nurse" after their names. This is their legal right. It is to be hoped that the "titular letters" to be used, a question discussed on several occasions by the late Council, will not be much longer obstructed by its successor. We fear the medical element now in power are not greatly in sympathy with professional privileges for nurses, permissible under the Act, such as they themselves enjoy. We look to the Independent Members of the Council to claim our rights.

PARLIAMENTARY MEDICAL COMMITTEE AND THE MINISTRY OF HEALTH.

The Parliamentary Medical Committee of the House of Commons, which has been reconstituted, with Lieut. F. E. Fremantle as Chairman, and Sir Sydney Russell-Wells as Hon. Secretary has decided to ask for an interview with the Minister of Health in regard to Nursing Affairs in connection with the General Nursing Council.

APPOINTMENTS.

MATRON.

King Edward Memorial Hospital, Ealing.—Miss Metzgar has been appointed Matron. She was trained at St. Mary's Hospital, Paddington, where she subsequently had charge of the gynaecological ward. She has also been Theatre Sister at the Samaritan Free Hospital, Sister at the West London Hospital, Hammersmith, and Night Superintendent at St. Mary's Hospital.

Stourbridge Institution.—Mrs. Winifred L. Ford, Registered Nurse, has been appointed Matron and Superintendent Nurse. She was trained at Erdington Infirmary, Birmingham, and has been Sister at Edmonton Infirmary, and Superintendent Nurse at Windsor and Uxbridge Infirmary, holds certificates in fever nursing, and is a Certified Midwife.

SISTER TUTOR.

Burnley Union Infirmary.—Miss Ethel B. Watson Registered Nurse has been appointed Sister Tutor. She was trained at the Great Northern Central Hospital, London; and has been Sister at the County Borough Hospital, Huddersfield; and has had experience in private nursing. Miss Watson holds a certificate for Fever Nursing and the certificate of the Central Midwives' Board.

SISTER.

St. Paul's Hospital for Skin and Genito-Urinary Diseases, Red Lion Square.—Miss Catherine M. Jamieson has been appointed Sister. She was trained at Camberwell Infirmary, where she acted as Temporary Sister. She has been Sister at the Western Fever Hospital, Fulham, Staff Nurse, Q.A.I.M.N.S. Reserve, Night Sister at the Royal Hospital, Chelsea, and Sister at the Kensington Infirmary.

SCHOOL NURSE.

County Borough of Blackburn.—Miss Alice Gaistang has been appointed School Nurse, under the Board of Education. She was trained at the Blackburn and East Lancashire Royal Infirmary, Blackburn, and for some years, both during and since the war, did excellent work in the Near East, both for sick and wounded and for refugees. She is a Registered Nurse.

THE PASSING BELL.

The members of the Leicester Royal Infirmary Nurses' League and her many friends and fellow-nurses will be grieved to hear of the sudden death of Mrs. Dorothy Harkness, *nee* Smith, wife of the Medical Superintendent of Bermondsey Hospital. She had a heart attack on Wednesday, April 11th, and died early next morning. Mrs. Harkness was trained at the Leicester Royal Infirmary, and her great love for children made her a specially excellent nurse in this branch. She had been an invalid for some years, but took an active part in the After-Care Committee work in Bermondsey. Her fine courage in spite of failing health endeared her to all, and she will be greatly missed.

WORTHING GENERAL HOSPITAL.

EXTENSION BLOCK OPENED BY EARL OF ATHLONE.

A record day for Worthing was April 24th, when the Extension Block of the Worthing General Hospital was opened by the Earl of Athlone.

The President (H. M. P. Wyatt, Esq., J.P.), in his opening speech, said since the Charity was founded in 1829 134,450 people had been treated.

The Earl of Athlone congratulated all on the way the new scheme had been carried out and said they had very rightly built more Maternity Wards, and he was certain that in doing this they were meeting a great need.

Lord Athlone referred to the success of the household box scheme and said if everybody lent a hand how easy things became.

He then received donations for the New Wing, amounting to £274.

A pretty little ceremony followed when Lord Athlone presented the retiring Matron (Miss E. Burford) with an Illuminated Address from the township of Worthing, with a cheque of £71, as a slight token of 29 years' work.

After Lord Athlone had inspected the new Maternity and private wards, tea was served in the Matron's sitting-room. A Guard of Honour was formed by the nurses.

At an informal gathering later Miss Burford was presented with a Queen Anne tea set by the Medical Staff, and a silver bread tray from the Nursing Staff.

We wish her happiness in her long-earned rest.

HOSPITAL WORLD.

The Prince of Wales, as President of St. Bartholomew's Hospital, will take luncheon with the Lord Mayor, at the Mansion House, on Tuesday, June 5th, to meet the delegates from Universities and other public bodies attending the 800th anniversary celebrations.

The House of Lords, on the 18th inst., struck a blow at the vandals who propose to demolish Whitgift Hospital. Without a division it was decided to instruct the Committee on the Croydon Bill to strike out all powers relating to the compulsory acquisition of the hospital. Three hundred-and-twenty years ago the hospital was founded by John Whitgift, the Archbishop of Canterbury in the later years of Queen Elizabeth's reign, and it is in vigorous and useful life to-day. Here is a building, beautiful in its simplicity, remarkable for its quiet dignity, in the middle of a noisy borough. It was built in Shakespeare's day, opened, worked, and occupied in that time practically as it was now.

The House of Lords has done us many a good turn. To save the Whitgift Hospital is not the least of them.

The Duke of York has accepted the invitation to become chairman of the Council of the British Red Cross Society in place of the Duke of Devon-

shire, who resigned owing to pressure of public work.

Mr. Frank Briant, M.P., last week resigned the chairmanship of the Lambeth Board of Guardians, a position he has held for thirteen years. The nurses lose a good friend.

LEGAL MATTERS.

ABSCONDING NURSE SENT TO PRISON.

Arrested at Portsmouth six months after absconding from "a luxuriously furnished surgical and maternity home" at Hampstead, Evelyn Haywood, 32, nurse, was ordered to prison at Marylebone. She was accused of obtaining £200 by fraud from the late Mr. Walter Fairbridge, coach-builder, of Crawford-street, Bryanston Square. Mr. A. A. Romain, prosecuting, explained that in November, 1921, prisoner obtained an advance from Mr. Fairbridge upon the security of furniture at her home in Cannon Road, Hampstead, which, in a statutory declaration, she represented to be her property. She got seriously into arrear in her payments, and eventually deserted the home. It was then discovered that a considerable portion of the furniture had been obtained under a hire-purchase agreement. The actual loss to the executors of Mr. Fairbridge eventually proved to be about £85. Detective Arney told the magistrate that accused was not a fully-qualified nurse. In June, 1921, with a capital of £100, she commenced the Haywood Surgical and Maternity Home at Cannon Road. It was a large house, and was luxuriously furnished, but the business failed, probably from want of capital; and in October last year she absconded with a woman named Miffin. Miffin was subsequently arrested at Kimberley Road, Portsmouth, for not registering a child she had taken for reward, the evidence showing that the infant had died without a doctor having been called in, and that the body had been burnt in a copper. Both women knew about this, remarked the officer, but only Miffin was charged. Haywood was handed over to the Metropolitan Police. Witness added that the two women had several children, for one of which they received three guineas a week, and another two guineas. At Hampstead, Haywood owed £25 to the fishmonger, and similar amounts to various other tradesmen. Accused was sentenced to three months' imprisonment.

Presumably this woman is not a Registered Nurse. Under the new *bona fides* Rule, we shall, no doubt, run the risk of many such.

THE NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN AND IRELAND.

A meeting of the National Council will be held one day in the first week, in June. We hope leagues and self-governing organisations of Trained Nurses who have not yet affiliated with the National Council will take into consideration the benefit of doing so. Nurses' Leagues need to come into association with each other so as to extend their outlook on nursing generally, and grouped in the National Council they thus become federated with the great International Council of Nurses, and their influence becomes world-wide. Leagues wishing to join the National Council can obtain all information from Miss B. Cutler, Hon. Secretary, 431, Oxford Street, London, W.1.

THE EUROPEAN COUNCIL FOR NURSING EDUCATION.

SECOND ANNUAL MEETING.

The following Official Report has been contributed by Miss Katherine Olmsted, Chief of Division of Nursing, League of Red Cross Societies:—

The European Council for Nursing Education held its second annual meeting at the headquarters of the League of Red Cross Societies, Paris, March 12th-16th, 1923. About three hundred nurses from eighteen different countries attended the conference.

It was not just the interest of the special papers and the individual speakers, nor even the great pleasure and satisfaction of having an opportunity to meet and become acquainted with nurses from so many countries, that made this recent meeting in Paris unique and different from all other nursing conventions I ever attended. To my mind the spirit of unanimity and the definitely recognised interdependence of nurses and those interested in promoting nursing education was the greatest contribution this meeting gave.

As never before, it was acknowledged that the interests of a group of nurses in one country are really not separate from those of any other country, and, that in discussing nursing education, persons not themselves nurses often have ideas, suggestions and plans well worth listening to, and often worthy of adoption even by nurses.

Not less important was the value of having hospital administrators, Red Cross officials, doctors and persons actually responsible for the education of nurses, and in some countries the lack of education, hear the many very excellent papers and discussions read by nurses who are successfully administering training schools in near by countries.

No one who attended this meeting, called by nurses and conducted by nurses, would question their wisdom in opening all but the business meetings freely to everyone interested in nursing, if they could have seen and listened to the many earnest conversations. On all sides, heads and tongues were busy, and many of us overheard remarks such as: "Well, if they can do that in ——— we can do it in ———." "We can have a longer course just as well as not." "We too must have a modern central school building." In one country where nursing standards have always been at a very low level and no one at all interested in helping a few struggling nurses to improve it, a most influential and well-informed woman has returned with the determination, she says, "to have something worth while for our nurses to tell about at the next conference."

The conference demonstrated convincingly that we need this means of thinking together, and further that we need the benefit of joint judgment and free open debate upon our nursing problems.

Just as each group is profoundly affected by the seriousness of the nursing questions arising in

its own country, so it is the direct responsibility of each to help to solve them.

The European Council for Nursing Education is scarcely a year old, born only last June, in Prague; it has scarcely had time to formulate its policies, and as its President, Miss Newton, from Belgrade, aptly remarked, "We thought we had a pigeon, but we find we have an ostrich." All plans are made for a small group of nurses to comfortably discuss their problems together, but the spirit which brought so many nurses from countries advanced in nursing and so many advanced thinkers from countries considered very backward in nursing, is a spirit and a force which cannot be dealt with easily nor carelessly.

The remarkable interest and enthusiasm of all those attending the Conference gave life to a new organisation, and plans are being made and methods being studied in order to successfully adapt this organisation to meet the needs for future work.

I believe that in the minds of many of us are the questions:—

What shall be the future of this organisation, and is there a need for such an organisation and special work to which it should consecrate itself?

I believe that the very near future will show us that it must enter upon a much broader programme than was ever conceived in Prague last year by the few nurses who originated the Council, and who met solely and selfishly for the purpose of discussing and gaining stimulation and new ideas for themselves from those similarly occupied in other countries. Much thought will undoubtedly be put into the formation of a suitable constitution for the Council, but the following aims expressed in the original are worthy of survival:—

1. The further attainment of uniformly high standards in schools of nursing which are being established in Europe.

2. The initiation of a campaign of education destined to inform the public as to—

- (a) The standards requisite for a fundamental education in nursing;

- (b) The position which the nurse should occupy in the community after her graduation.

3. The establishment of a simple organisation which will serve the nurses until such times as they are able to form their own national association and become members of the International Council of Nurses.

It has been said that successful Conferences are dependent upon certain elements, of which several important ones are: Leadership, the development of membership, and presentation of concrete problems for solution.

Before the first few days of the meeting were finished several leaders became recognised—the first and most generally acknowledged was Baroness Mannerheim. Had we not known that she represented, as President, the International Council of Nurses, had we never heard of her magnificent work for nurses in Finland and

throughout the Scandinavian countries, she would still have stood forth as a leader. Distinguished above others by efficiency, strength, wisdom and a sense that she was filled with human sympathetic feeling and understanding, that endeared her to all. Miss Enid Newton, the new President of the European Council for Nursing Education, gained the admiration and respect of all by her frankness, her fairness, her tact, and her ability to look beyond the harassing problems of the week into the clear and promising future of the Council. Her strong personality and her sense of humour won all our hearts.

Membership was eagerly sought and many applications were received, but owing to the necessity of making certain changes, if possible to formulate an organisation coincident with and in co-operation with the International Council of Nurses, no action will be taken immediately upon membership applications received.

A great many concrete problems for solution were presented, and ranged from the problems of the schoolroom to those of an organisation best fitted to allow fair, open discussions on all the vexed questions.

Perhaps this organisation will never make a greater contribution to nursing than to have crystallised this vague group consciousness. It may well serve during these uncertain times as the medium through which we, who are interested in nursing, can think and work together. It has already been a clearing house for our ideas and a forerunner of our discussions. In our enquiry as to the apparent and special need for this organisation, let us first consider its particular make-up.

It holds a unique position as a voluntary body of the workers in the field, democratically organised and representative of all parts of Europe, all varied types of nurses; it exists alike for all, to serve each and any group in so far as its funds and its policies, which should be passed upon by all, permit.

In other words, here is the official body, representing experts working in the field of nursing, to be consulted by all and developing itself to provide a particular service that will benefit all groups interested in nursing.

At present there is in Europe no other organisation of this type to which individual nurses or people interested in nursing can belong.

The International Council of Nurses is a goal toward which organised nursing councils in countries advanced in nursing can and should aspire, but it is to the European Council that nurses and individuals struggling towards developing nursing in its infancy, can turn for encouragement and help. The members are for the most part pioneers in nursing in countries where there are few nurses and no national organisation where nursing standards depend not upon legislation or public opinion, but upon the initiative, the intelligence, and the fortitude of perhaps but a few people.

It is to these people, some of whom are nurses, others Red Cross workers, physicians, health,

educational or government authorities, but all advocates of nursing standards, high or low, that the European Council for Nursing Education can best fulfil the task it has set itself to do.

OUTSIDE THE GATES.

ST. GEORGE'S DAY.

THE PRINCE OF WALES ON "ENGLAND," AT THE GUILDHALL.

We know what "England" means, we know what England has been, still is, and please God, always will be, so long as men continue to use that word. There is no better place, and if any of us have to leave it we are not really happy until we get back again. . . . There is one attribute of England that I want to touch on this evening, although it is rather difficult to express in words. I mean all the associations that are bound up in that essentially English word "home."

Whenever I hear that word "home," I think of England just in the same way as all Britishers of English descent do. And I can assure you that throughout the world these Britishers of English descent speak of England as home wherever they may happen to have been born.

THE FIRST FOLIO.

The celebration of the tercentenary of the publication of the First Folio of Shakespeare's Plays began in London last Saturday with a number of memorial gatherings. The anniversary of the poet's death was observed generally on Sunday.

The importance of the First Folio, and the world's indebtedness to its editors, Heminge and Condell, lie in the fact that it saved from the risk of destruction the greater number of the plays, which had previously existed only in manuscript. There are some forty-three copies still in private ownership in this country.

An exhibition worthy even of Shakespeare is open to the public in the King's Library of the British Museum. It comprises three hundred books, documents, and maps contained in twenty-six show cases.

All who can should see this exhibition.

* * *

From Ben Jonson's Panegyric in the First Folio
*To the memory of my beloved, the Author, and
what he has left us.*

Soul of the Age,
The applause, delight and wonder of our stage!
How far thou didst our Lyly outshine
Or sporting Kyd or Marlowe's mighty line.
And though thou hadst small Latin and less Greek,
From thence, to honour thee, I would not seek
For names; but call forth thundering Aeschylus,
Euripides and Sophocles to us. . . .
Triumph, my Britain! Thou has one to show,
To whom all scenes of Europe homage owe.
He was not of an Age but for all time!
And all the muses still were in their prime
When like Apollo, he came forth to warm
Our ears, or like a Mercury charm.

BOOK OF THE WEEK.

BABBITT.*

This super-American novel will not, we suspect, be universally popular, because, as Mr. Hugh Walpole says in the introduction, "the English reader will find the first fifty pages difficult, the dialogue strange, the American atmosphere obscure and complicated." We agree, but would go further, and say that this criticism applies to the whole book, and yet, as he goes on to say, "Let the reader persevere. Soon he is sitting with Babbitt in his office, finding in his soul a strange and affectionate comradeship with this stout, middle-aged man, and (if he is she) an urgent maternal desire to comfort him and straighten his perplexities; and when the book is closed we are wiser not only about Babbitt and his companions, but about ourselves and our own hypocrisies."

Zenith is the name of the town where Babbitt pursued the calling of what we should term an estate agent. Mr. Babbitt is introduced to the reader as he slumbered, or endeavoured to do so, in the sleeping porch of his house. In his dreams, though he appeared prosperous, extremely married and unromantic, he saw the fairy child, who for years had come to him. When others saw but Georgie Babbitt, she discerned gallant youth. She waited for him in the darkness beyond mysterious groves. When at last he could escape from the crowded house he darted to her. His wife, his clamouring friends, sought to follow, but he escaped, the girl fleet beside him. She was so slim, so white, so eager. She cried that he was gay and valiant, that she would wait for him, that they would sail—

Rumble and bang of the milk-truck.

Babbitt moaned, turned over, and struggled back towards his dream. He escaped from reality till the alarm clock rang at seven-twenty. He sulkily admitted that there was no more escape, but he lay and detested the grind of the real-estate business, and disliked his family, and disliked himself for disliking them.

His petulant sleep-swollen face set in harder lines. He suddenly seemed capable, an official, a man to contrive, to direct, to get things done. Babbitt's god was modern appliances—his house testified to it in every department. Their bedroom was a masterpiece among bedrooms, right out of *Cheerful Modern Homes for Medium Incomes*. Only it had nothing to do with the Babbitts nor anyone else. If people had ever lived and loved here, read thrillers at midnight, and lain in beautiful indolence on a Sunday morning, there was no sign of it. It had the air of being a very good room in a very good hotel. One expected the chambermaid to come in and make it ready for people who would stay but one night, go without looking back, and never think of it again. All the house was as competent and glossy as this room."

The description of the family breakfast throws a light on the Babbitt family. Dumpty, Verona,

decorative conceited young Ted, red-haired little Tinka, uninteresting Myra, his wife—nothing like the fairy girl, any of them.

"Be back 'bout usual time, I guess." He hurried out to the garage muttering "Lord what a family! Sometimes I'd like to quit the whole game. And the office worry and detail just as bad. And I act cranky and—I don't mean to, but I get—so darn tired."

"In twenty-three years of married life he had peered uneasily at every graceful ankle, every soft shoulder; in thought he had treasured them; but not once had he hazarded respectability by adventuring. Now, as he calculated the cost of repairing the Styles's house, he was restless again, discontented about nothing and everything, ashamed of his discontentment and lonely for the fairy girl.

Very pathetic is his friendship for Paul Riesling.

"He was just then neither the sulky child of the sleeping porch, the domestic tyrant of the breakfast table, the crafty money-changer, nor the blaring good fellow. He was an older brother to Paul, swift to defend him, admiring him with a proud and credulous love, passing the love of women. Paul and he shook hands solemnly; they smiled shyly as though they had been parted three years, not three days, and they said:

"How's the old horse thief?"

"All right, I guess. How're you, you poor shrimp?"

"I'm first-rate, you second-hand hunk o' cheese."

Re-assured thus of their high fondness, they went to lunch together.

Our readers may rightly say there is nothing particularly pathetic in such pleantries, but Babbitt is in reality a lonely man, always seeking self-expression, and in Paul alone he found an outlet. True, later he tried to solace himself with women other than his lawful wife, but he had nothing of the libertine about him, and his *amours* were short-lived—he was soon "through with this chasing after girls." The real blow fell when Paul was arrested and sentenced to three years' imprisonment for maliciously wounding his wife, Zilla, a most exasperating woman—he was determined to "break with her, somehow."

Babbitt had to face a world without Paul, and it was then that he first strove to realise his fairy child by "chasing after girls."

His wife's sudden illness and operation brought him to his senses.

"He was on his knees by the bed. When she feebly ruffled his hair he sobbed. He kissed the lawn of her sleeve, and swore "Old honey, I love you more than anything in the world. I've kind of been worried by business, but that's all over now, and I'm back again."

She was out of hospital in seventeen days. Once he hinted something of his relations to Tanis, and she was inflated by the view that a wicked woman had captivated her poor George."

As we remarked before, the book is intensely American, and to what extent may be partly judged that a glossary is deemed expedient.

* By Sinclair Lewis. (Jonathan Cape, London.)

COMING EVENTS.

ROYAL BRITISH NURSES' ASSOCIATION.

(194, Queen's Gate, S.W.)

April 28th.—Lecture on Florence Nightingale, by Miss Kathleen Smith, R.R.C., Matron London Temperance Hospital. 8 p.m.

April 30th.—Literary and Debating Society. "Dickens' Dream Children." 8 p.m.

May 3rd.—Nurses' Missionary League. 20th Anniversary. University Hall, 10.15 a.m. to 9.30 p.m.

May 14th.—The London Homœopathic Hospital Great Ormond Street, W.C. The Matron and Nursing Staff beg to announce a Bazaar to provide new bedsteads and bedding. H.H. Princess Helena Victoria will open the Bazaar at the Hospital at 3 p.m. Tea from 4 p.m. Suppers from 7.30 p.m.

May 26th.—Jumble Sale, Restoration Fund, St. Helena's Church, Thoroton, Notts. 431, Oxford Street, W. Open 12 noon. (See page 263, "Spires in the Vale of Belvoir.")

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.

ONLY SERIOUS MISDEMEANOUR JUSTIFIES DISMISSAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—It is, of course, very difficult to estimate anything of which our sole source of information is gleaned from the daily press, as one knows how biased are the accounts which appear therein, and unless one is in possession of the whole facts of a case, it is unsafe to pass judgment.

Generally speaking, only very serious misdemeanour could justify the dismissal of a probationer before the completion of her training, as such a step is, of course, of grave import to the trainee, and practically means professional ruin.

If such extreme action has to be taken, it should be carried through with an extreme sense of its gravity and consequences by those responsible.

Such undignified, and rather ridiculous, utterances as those attributed to the Chairman of the Brentford Board to terminate the contract of a probationer in its employ, will hardly commend the Poor Law Service to educated and refined women.

I can, however, gladly testify that we are not all tarred with the same brush.

HENRIETTA HAWKINS, P.L.G.

KERNELS FROM CORRESPONDENCE.

"WAIT AND SEE."

Poor Law Pro.—The most important item reported in the Slatter case was her fear of not being up to General Nursing Council standard for Examination and Registration. But as there is still no compulsory standard of teaching after the

Act has been going three years, all Pros. are in the same unseaworthy boat. No one from the Council has ever visited this infirmary, or I feel sure the necessity for compulsion would be recognised; yet we are 'an approved school'—approved on paper, I presume; but it isn't good enough. Pros. here do not like to break their contracts. Everyone is as kind as can be, but that is not the question. As you say, we have now a *right* under the Act to a 'prescribed scheme of training,' and we have not got it. It is high time the medical chairman of the G.N.C., who has never done anything for Nursing, so far as I have heard, awoke to the fact that there will be no end of legal rows when his examiners begin plucking women who have been deprived of their statutory right to a standard training, and who haven't had it. And it is a sad pity Miss Lloyd-Still, the Chairman of the Education and Examination Committee hasn't the courage to stand to her guns, and see we have justice. I have written to our M.P., and other Pros. should do likewise."

"THE BLIND LEADING THE BLIND."

Queen's Nurse.—"I enclose cutting. Can nothing be done to enlighten Duchesses and other county magnates about the Nurses' Registration Acts? County Nursing Associations are still advising young women to get a 'look in' at nursing and the C.M.B. certificate, and binding them for three years' work in country districts. By the time their contract is at an end, either they must begin to train as nurses in earnest, to be registered, or remain midwives only. It is most unfair to these girls to induce them to make an agreement in the dark."

PRIVATE PATIENTS PAY FOR SKILLED NURSING.

A Registered Nurse, Birmingham.—"We learn that pressure is being brought to bear on the Minister of Health to have St. Chad's Hospital—which happens to be in Mr. Neville Chamberlain's constituency—recognised as a Training School for Nurses. This Institution is a private concern run by a company, and has no more right to rank as a general Training School than any other commercial private hospital, all of which should employ Registered Nurses and not take fees, as so many do, for unskilled nursing."

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—

ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

May 12th.—Name six palatable temperance drinks for the sick and how to make them.

The Midwife.

YOUTH AND THE RACE.

Those who are interested in the question of the breeding of a vigorous race, and what midwife or nurse is not, will be specially interested in the fourth report of the Birth Rate Commission which deals with the subject of Youth and the Race. The enquiry was carried out by the Bishop of Birmingham, President of the Commission, and others.

The terms of reference were very wide, but the present volume is concerned with a study of the development and education of young citizens for worthy parenthood.

The first conclusion arrived at by the Commission is that moral education of the young "cannot with due regard to the moral safety and welfare of youth be shirked, but must be undertaken, and should be therefore considered not as an irksome duty but as a privilege." All the witnesses were of opinion that full and frank answers, in accordance with the capacity of the child, should be given to questions concerning his origin. Dr. Lyttleton put the age of nine as the time when boys should be perfectly able to understand the facts of maternity.

While it was generally held that sex instruction is a duty which should be performed by parents, it was also realised that parents are frequently not competent to give it. In this case, the consent of the parent having been obtained, such instruction should be given by the teacher, who should receive special instruction for this purpose. The Commission consider that use may be made of Maternity and Child Welfare Centres in this connection.

THE BASTARDY BILL.

The Bastardy Bill, promoted by Captain Bowyer, the objects of which are the amendment of the present bastardy laws and the obtaining of better provision for the children of unmarried parents, is of much interest to nurses and midwives, who, although they constantly come in contact with reluctance on the part of unmarried mothers to claim the support of an infant's father for the child he has begotten, realise the importance of placing responsibility where it rightly belongs.

When the Bill was in Committee, which it is now safely through, Captain Bowyer explained that it had the support of every organisation concerned in London, including boards of guardians.

A new clause, moved by Captain Bowyer, seeking to increase the amount which the mother of an illegitimate child might claim from the father from 20s. to 20s. a week was passed almost without

discussion; it was also agreed that when a defendant is committed to prison for non-payment of money under an affiliation order, the Court may direct that the imprisonment for non-compliance with the order shall not extinguish the liability of the defendant to pay the said sum.

LOCAL AUTHORITIES AND THE C.M.B.

Nurses and Midwives who are registered under the General Nursing Council for England and Wales, and also under the Central Midwives Board, no doubt realise the fundamental difference in the two Acts, under which they are set up, for making provision for the expenses of the Council and the Board.

Under the Midwives Acts provision is made that the Board shall, as soon as practicable after the 31st day of December in each year, publish a financial statement made up to that date. The Board shall submit a copy of such statement to the Privy Council, and if the statement shows any balance against the Board, and such balance is approved by the Privy Council, it can recover from the Councils of the Counties and County Boroughs, any apportionment of such balance being according to the returns of the last published census for the time being.

The Ministry of Health is now the authority to which the Central Midwives Board submits this statement, and the sum so apportioned for 1922 is no less than £5,280 11s. It will be seen therefore that the fees paid by midwives do not, by this amount, cover the expenses of registration and examination and the cost of administration.

On the other hand, it was always intended that the General Nursing Council for England and Wales should be self-supporting, and one of the arguments used in favour of the Nurses' Registration Bill when it was before the House of Commons was that it was intended that the Nurses' Act should be self-supporting, and that no claim was made in the Bill on public funds. This is one reason why it is so important that the fees, both for the registration and examination of nurses should be arranged on a scale to cover the expenses of each, and provide a margin in each case for the working expenses of the Council. It is also a reason why the nurses should keep a watchful eye on the expenditure of the Council because extravagance in this connection will automatically send up fees, the Council having no other source of income.

The Registrar's Report of the Liverpool Hospital and Ladies' Charity, Brownlow Hill, for the year 1919, just published, is an interesting statement of the cases treated during the year.

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WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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Vol. LXX

EDITORIAL.

ARE WE A PROFESSION OR ARE WE NOT?

It has been the duty of this Journal on many occasions to sound the trumpet call to arms, and we now have to warn Registered Nurses of a danger which in the immediate future threatens, not only their professional status, but their economic conditions.

The *British Medical Journal* of April 28th, under the heading "Medical Notes in Parliament," makes the following announcement:—

PARLIAMENTARY MEDICAL COMMITTEE.

"At a meeting on April 23rd of the Parliamentary Medical Committee, of which Dr. F. E. Fremantle is Chairman, and Sir Sydney Russell-Wells secretary, it was decided to appoint a sub-committee of five members to represent to the Minister of Health the desirability of widening the power of access to the first Register for existing nurses on terms suggested by Dr. Chapple, as follow:

The Council may accept for registration upon the first register of nurses any applicant who presents—

(a) A certificate of good character;
(b) A certificate signed by the Matron of a General Hospital, or by two medical men setting out that the applicant has been in attendance upon the sick in the capacity of a nurse for a period of not less than three years prior to November 1st, 1919; and

(c) A certificate signed by three medical men (one of whom shall be on the staff of a general hospital) setting out that the applicant has adequate knowledge and experience of medical and surgical nursing, and is competent to attend upon the sick in the capacity of a nurse.

Provided that the Council may require the nurse as a condition precedent to registration to present herself for special examination as to competency and fitness before a medical officer or officers appointed by the Council.

The Sub-Committee was also asked to suggest to the Government the appointment of a Select Committee to inquire into the dissatisfaction in the nursing profession owing to the failure of the Registration Act to function in a number of respects."

Before this notice appeared both the Royal British Nurses' Association and the Registered Nurses' Parliamentary Council had asked the Parliamentary Medical Committee to receive deputations from these bodies, in order to place before them the considered opinions of professional nurses.

Parliament has now granted to nurses the legal status of a profession, and, before another profession proposes to interfere, the nursing profession has a right to be consulted. In our opinion, the Parliamentary Medical Committee, before taking any action in regard to depreciating the standard for registration, should have consulted the General Nursing Council of England and Wales, and ascertained its views on this question. It should further have consulted the Nurses' Organisations.

It must be remembered that the Nurses' Registration Act is permissive, not obligatory, and anyone may practise as a nurse provided she does not use the title of Registered Nurse. That the Act is primarily for the protection of the sick must not be lost sight of, and if a Registered Nurse is employed, then that fact carries with it the guarantee of the State that she has "adequate knowledge and experience of the nursing of the sick."

But the nurses who have conscientiously qualified themselves to attend upon the sick public have also rights under the Act, and some 20,000 have placed their names on the State Register on the guarantee that the minimum of one year's general training would be required for the General Part of the Register. The effect of the recommendation of the Parliamentary Medical Committee, if adopted, would be that the Register of Nurses might be flooded with V.A.D.s, Village Nurses, and Cottage Nurses, to the danger of the public, and to the certain ruin of many Registered Nurses.

Who is responsible for this attempt to ruin the standard of the State Register? We know that the Council of the College of Nursing, Ltd., has been working surreptitiously to this end, and we recognise that its Chairman, the Hon. Sir Arthur Stanley, and its Hon. Secre-

tary, Sir Cooper Perry, who govern the College, are primarily responsible for this most disastrous policy. Nothing has been more contemptible than the unprofessional conduct of their amenable representatives on the General Nursing Council, led by Miss Cox-Davies, who have in many instances betrayed their professional trust and the honour of our cloth.

That we must protest against this ill-considered action by the Medical Committee in the House of Commons, and must bestir ourselves to enlist the sympathy of members of the House at large, goes without saying. Not a post should be lost.

To the Lobby of the House of Commons.

OUR PRIZE COMPETITION.

DESCRIBE (a) THE POSSIBLE CAUSES OF (b) THE TREATMENT AND NURSING OF A CASE OF CELLULITIS OF HAND.

We have pleasure in awarding the prize this week to Miss E. A. Noblett, Homœopathic Hospital, Great Ormond Street, W.C.1.

PRIZE PAPER.

Acute Diffuse Suppuration; Cellulitis.—These terms are used to define those forms of suppuration in which the inflammatory processes diffuse rapidly through cellular tissues, particularly the subcutaneous and the intermuscular. It may be either primary in origin or secondary to a localised suppurative process, and may be caused by infection with any of the pyogenic bacteria, but it is more often associated with the streptococcus group.

The infecting micro-organisms gain entrance to the body, most commonly, by direct inoculation through a wound. The wound may be quite trivial, or such a condition as compound fracture may be the injury. Hæmic infection, direct extension from, or rupture from an abscess, however, are also causes. Cellulitis is a condition in which the connective-tissue elements cannot resist to any extent the invading micro-organisms. Starting from the site of injury, the condition spreads rapidly, causing redness of the skin and marking out the lymphatic vessels as red lines (lymphangitis) running towards the lymphatic nodes. In places the skin becomes hard, brawny, intensely red, and later, as softening occurs, blue or gangrenous, pus forms in small collections, which run together and travel in the subcutaneous and deeper cellular planes.

When due to anaerobic bacteria, crepitus known as "interstitial emphysema" will be also observed; on the skin, vesicles and pustules are often seen.

The involvement of the intermuscular planes is recognised by the production of severe pain when an attempt is made to put the muscle into action. The lymphatic glands draining the area become enlarged, painful, matted together, and tend to suppurate. Streptococci are more often responsible for this condition than other bacteria.

The onset is as a rule sudden, being ushered in with a rigor or sequence of rigors, and all the symptoms of an acute infection make their appearance within a few hours to three days of the injury. The pulse is full and bounding, sweating is profuse, delirium is often present, and the patient is extremely ill. Generalised infection by the blood-stream, either in the form of septicæmia or pyæmia, is extremely prone to occur in this condition.

Treatment and Nursing of Diffuse Cellulitis.—Free incisions, several inches in length, are made in the direction of the vessels and nerves over the whole area of the lesion; in order to give free exit to the exudation, free drainage with tube, and not gauze, is aimed at. The limb should be placed in a bath of hot water containing an antiseptic solution and kept there for a considerable period of time, varying with individual cases, and in the intervals dressings of sterile gauze and a splint applied, the latter to prevent contractions. Frequent hot baths or continuous irrigations are very desirable. In desperate cases, amputation above the lesion may be necessary, especially if septicæmia or pyæmia is suspected; but the condition of the patient must be bad indeed if this method of procedure is called for. Careful observation for the appearance of metastatic abscesses, either in the lymphatic nodes or elsewhere, should be made, and those dealt with as soon as they are recognised. Massage and early passive movements should be commenced as soon as possible to prevent adhesions occurring, and to limit the contraction of scar tissue of the skin or deeper tissues.

After the acute symptoms have passed off, stimulants, tonics, nutritive diet, and plenty of fresh air are indicated. The bowels should be well regulated. Vaccine therapy and serum therapy are sometimes useful.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mary Ramsay, Miss P. Thomson, Miss M. James, Miss J. Edmonson, Miss F. Browne.

QUESTION FOR NEXT WEEK.

Name six palatable temperance drinks for the sick, and how to make them.

NURSING ECHOES.

The King has approved the award of the Kaisar-i-Hind Gold Medal to Mrs. Starr. The Viceroy has received the following telegram from the Secretary of State for India:—

"The King and Queen have learned with deep interest and admiration of the service rendered by Mrs. Starr in the rescue of Miss Ellis from the hands of her mother's murderers. Their Majesties share the feeling of horror to which the brutal crime at Kohat gave rise and are greatly relieved to know that Mrs. Starr's heroic endeavour has been crowned with success. The fearless devotion with which she has carried through her quest will long be an encouragement and an inspiration."

The Nursing Profession share the admiration of Their Majesties for the gallant action of their colleague Mrs. Starr—who is a member of the Trained Nurses' Association of India—and enjoy the reflected glory.

It is announced that the Duke of York, who will be accompanied by the Duchess of York, will visit Liverpool on July 25th to lay the corner-stone of the new Nurses' Home in connection with the Royal Infirmary. They will have a great reception.

The Duchess has been granted, upon her marriage, the rank of a Princess, with the title of Royal Highness.

An official statement issued at Army headquarters in Dublin on Monday stated that the Hon. Albinia Brodrick, sister of the Earl of Midleton, who has been actively associated with the rebels in Kerry, refused to obey a challenge to halt when cycling between West Cove and Sneem, County Kerry, on Saturday. The troops fired and Miss Brodrick was wounded in the right leg. It is stated that when the challenge was given Miss Brodrick increased her speed and tried to get away.

We offer our sincere sympathy to Miss Brodrick, who is one of the most altruistic of women, and one of the most charming and witty members of the Nursing Profession. Troops who deliberately fire on old ladies have yet to learn the meaning of the chivalry of war! We own, however, that Albinia Brodrick is as game as a woman half her age, and worthy of the bow and spear of her enemies. We hope her injury is not serious.

The Matron and Nursing Staff of the London Homœopathic Hospital, Great Ormond Street, W.C.1, acknowledge with very warm thanks

the many kind tokens they have received from friends of the Hospital in support of the Bazaar to be opened by H.H. Princess Helena Victoria at the Hospital on Friday, May 4th, at 3 o'clock.

There is promise of many unique attractions, to which will be added an attractive musical programme and the provision of tea and supper.

It is hoped that as many as possible of those interested in the Hospital will be present, to ensure to the Nursing Staff the success which they are striving so hard to achieve.

Many reports of Guardians' Meetings come before us weekly. The Boards appear anxious to improve conditions; but the need of more money and shorter hours is not the paramount reason for the shortage of Probationers. What the right type of woman requires is better training and more systematic teaching—practical as well as theoretical. Nothing can be more disastrous to hospital efficiency than the attitude of the General Nursing Council and the Ministry of Health on this question. Together they are adopting a suicidal policy—in flouting the Nurses' Act, so far as compulsory standards of training are concerned. Until Probationers have a "prescribed scheme of training" secured, the best candidates will shy off, and take up other work. For this they are not to be blamed.

We congratulate the Brighton Guardians in realising the necessity of securing better-educated probationers, as Mr. Burchett stated at a recent meeting, "the dearth of probationers was an educational one."

It may be a *canard*, but it is rumoured that at the Cowdray Club for nurses and others at Aberdeen a notice appears on the bedroom doors: "Please keep your rooms tidy. Thank you." We wonder if Lady Cowdray adopts this method with her scullerymaids at Carlton House Terrace!

PROFESSIONAL UNION OF TRAINED NURSES.

We regret, owing to want of space, to be compelled to hold over a communication from Miss Maude MacCallum on "College Methods," in refutation of the attack made upon the Union by Miss Sparshott at the recent meeting of the G.N.C. Miss MacCallum notes that the statistics given are for 1921—as the membership has largely increased since that date.

SPIRES IN THE VALE OF BELVOIR.

Miss E. E. Fowler, Acting Secretary Registered Nurses Society, has handed me two cheques to help save the lovely Spire of Thoroton Church, Notts. In writing the little article last week I had not in my mind that nurses could spare cash, knowing their many family and professional calls, but hoped the sale to be held on May 26th, at 431, Oxford Street, W., might be augmented by gifts. Every article will be priced at a few shillings only, and as dramatic properties many would be fine. In most generously sending £5 5s., Mrs. John Temple writes:—

Mossley Bank,

Aigburth, Liverpool.

DEAR MADAM,—IN THE BRITISH JOURNAL OF NURSING for this week I have just read with some interest the little sketch, from the able pen of Mrs. Fenwick, "Spires in the Vale of Belvoir." I can understand so thoroughly what Mrs. Fenwick's feelings must be in regard to the Church of her early years, and what the loss of that spire would mean, not only to Mrs. Fenwick, but to many others. I, too, have looked over the Valley of the Trent, in the spring and early summer, and often much admired the beauty of its churches and their spires, and in many counties of England I have sat on the tops of countless hills and gazed far away beyond the blue, into the never, never land, where there is no further need of churches or spires, and where the corroding hand of time is not seen or felt.

I sympathise with Mrs. Fenwick in her courageous effort to help save her beloved church spire. She has so many other things that claim her attention I have much pleasure in sending her £5 5s towards this worthy object. I know what an indefatigable worker she has always been for, and on behalf of, the nurses of England, and admire her much for the tenacious way she has stuck to her flag. Mrs. Fenwick could very well say, "Inasmuch as ye have done it unto one of the least of these." I trained for a nurse in 1900, and this thought was never absent from my mind, and always was a great help and comfort to me through all the strenuous years of my nursing life, and though I am no longer nursing, I take an interest in what is going on in the nursing world, and do what little I can to help those who are less fortunately placed than myself.

I am sure Mrs. Fenwick ought to receive quite a nice sum in answer to her little appeal, and I wish her every success.

Yours faithfully, K. M. TEMPLE.

Miss Helen T. Baines, Assistant Matron, St. Bartholomew's Hospital, E.C., most kindly sends £1 is., "knowing Belvoir well." No doubt if she has leaned over the Castle parapet and glanced beyond the emerald terraces across the lovely Vale, she may have located Thoroton Spire in the Valley of the Smite, if the glorious old elm, oak, ash, beech and walnut trees, for which the village was famous, were not in full leaf.

ETHEL G. FENWICK.

FOUR TYPES.

Trained nurses may be roughly divided into four types. Every nurse should look into her mirror occasionally and try to read the writing in the glass. It is not easy to read. To see ourselves as others see us is indeed a gift of the gods, and very few possess it. Perhaps it is just as well. If the gift were universal there would follow a universal breakdown of self-esteem which might prove disastrous.

Every profession has its types and the nursing profession is no exception. A friend of mine was speaking of a *confrère* (I beg her pardon, a *consoeur*). "Oh, X.," she said, "yes, I know her. She's the Mayfair type." "What is that?" I asked. "Oh, they're easily recognisable," she said. "They wear wonderful white creations on their heads—the sort of nuns of Brittany effect; high-heeled shoes; tight waists; dangling chatelaines and their patients reside exclusively in Mayfair. They know the aristocracy by heart. Can tell you when Lord X. had his appendix removed and when Lady Y. went into a nursing home and why. They powder their noses in hot weather and use a little lip-salve as a tonic when they feel run-down. Mind you," she added, "I've nothing to say against X. She's quite a good sort, but, oh! how I should like to cut a couple of inches off her heels! She's got the most wonderful memory for names of anyone I know. Never forgets the name of anyone she's nursed—provided he or she's got a title, I mean. For ordinary folks her memory is no better than mine."

Then there's the religious type. The religious type of nurse is usually highly conscientious, and, provided her patients think as she does, she gets on with them excellently. But if she is high-church and her patient low-church, or *vice versa*, there is sure to be trouble. The religious type should never take a case far from a church; in fact, she will be well-advised to work as near as possible to the church at which she likes to worship. Otherwise she is usually more or less unhappy. Many people, otherwise broad-minded, refuse to engage a nurse of the religious type during Lent; that is, of course, if they can find somebody else. They say the Lenten fast has a bad effect on the temper, and, although the religious type of nurse may be ever so much better for her Lenten penance when it's all over, the process has a temporary adverse effect on the temper. The religious type should never take a case in the country. She probably won't like the church, even if it is within easy reach. And that will make her unhappy.

The sensational type, though not so ubiquitous as it used to be, is still frequently to be met with. The sensational nurse never forgets the harrowing details of the cases she has nursed. She treasures them up and trots them out—usually at inopportune times. Her imagination is, as a rule, an active one, and consequently her stories lose nothing in the telling. For patients who require "thrilling" she is excellent, but if soothing syrup

is required she is the worst person to administer it. She remembers more about the "insides" of her patients than about their outsides, and can tell you to an ounce the weight of the appendices, &c., she has seen removed, and will describe exactly how they looked. Whether she has ever frightened any of her patients into a fit I do not know. But if she has she will probably give a graphic and detailed account of the seizure to her next patient.

A type of nurse frequently met with to-day is the over-trained. The over-trained nurse has her head crammed so full with scientific terms that she finds it difficult to make room for anything else. Technical expressions trip from her tongue with the brilliancy of sparks from a forge. In the words of Omar, "she knows about it all, she knows, she KNOWS." She is so acutely conscious of the fact that she is a nurse that she seems scarcely to remember that she is a woman. She will brush everybody else aside with a fine gesture that says, "make room for the Expert!" Everybody, that is, except the doctor—and sometimes she brushes him aside (having first swept the floor with him). She is often a good soul spoilt by too much system and a too rigorous training. It is an excellent thing to be well-trained, but it is also an excellent thing to be able to forget occasionally how well you were trained. The only way to manage the over-trained nurse is to introduce her to another over-trained nurse. They will then proceed to rub off the corners. But you had better stand clear while the process is going forward. It generates friction.

These are the four chief types met with to-day. There are other types, but they may be considered as variations on these main themes.

The nurse's career is a hard, difficult and too often thankless one. And, therefore, the above remarks must not be interpreted in an adverse sense. To bring the sympathetic touch of humanity into one's work and yet remain an efficient instrument of help and healing, demands high qualities indeed. The public too often forget this, and are surprised when they make the discovery that not every nurse is an angel without wings.

R. B. I.

THE FIFTH TYPE.

Why not five types? We know another which should take precedence of the four types depicted in the above article. See Prize Competition Question for May 19th.

NOT A MOMENT TO LOSE.

Nurses certificated in Canada, South Africa, and India have just time to register in England as Existing Nurses.

The pronouncement of the Ministry of Health that the Nurses' Registration Act per-

mits the General Nursing Council to place Nurses, as Existing Nurses, on the Register up to July 14th this year, who have been trained and certificated in hospitals approved by the Council in the Dominions Overseas and presumably in India, will just permit of Nurses trained in India getting on to the Register if they act without a moment's delay. This decision should have been cabled to all the Dominions as soon as given, but we have no hope that this has been done by our ineffective Council. We therefore advise Nurses in India to at once send for application forms, fill them in and post without delay to the Registrar, G. N. C., 12, York Gate, Regent's Park, London, England. *There is not a moment to lose.*

REGISTRATION IN INDIA.

Inserted in last month's *Nursing Journal of India* is the following important notice, signed by Miss Edris Griffin:—

"All Members will be interested to hear that Colonel Gidney, M.L.A., late I.M.S., is trying to get an All-India Act passed for the registration of nurses. The time is short as the Delhi Session is about to close, so nothing can be done here, but something may be done in the Simla Session.

"The period of grace for England expires in July next, but I have written to the General Nursing Council asking if it is possible to extend the period for India to July, 1924, in view of possible legislation.

"Colonel Gidney, in his speech, urged the need for registration and said that it would affect all nurses trained in India, no matter what nationality, if they were not able to register in England. This can only be done by reciprocal registration, and to get that we must first have registration in this country. Colonel Gidney pointed out that several ladies who trained in this country and are practising in England have been refused admission to the State Register because there is no registration in India.

"The Director General of Medical Services is in sympathy with the movement and has promised his support."

Alas! the period of grace cannot be extended. The Nurses' Act provides that it terminates on July 14th this year. What a lesson in the sad result of the proverbial apathy of trained nurses! For thirty years this journal has been urging, week by week, the duty of members of our profession, to the public and themselves, to work for and obtain legislation for the State Organisation of Nursing. For three years our Acts have been on the Statute Book—and it is not until it is almost too late for Existing Nurses to register that our colleagues in India have realised its importance, and at the eleventh hour begun to act. Well may American Nurses call *THE BRITISH JOURNAL OF NURSING* the "voice crying in the wilderness." Americans had the good sense to listen to its professional teaching thirty years ago.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

MEETING OF THE GENERAL COUNCIL.

The Quarterly Meeting of the General Council was held on April 26th, Dr. Percival White in the Chair.

The Royal Marriage.

Arising out of the Minutes, the following letter to H.R.H. the Princess Christian was read in reply to one forwarded by Her Royal Highness on behalf of the Council when the engagement of H.R.H. the Duke of York to the Lady Elizabeth Bowes-Lyon was announced.

BUCKINGHAM PALACE,

January 31st, 1923.

YOUR ROYAL HIGHNESS,—I am desired by the Duke of York to ask you, as President of the Royal British Nurses' Association, to convey, on behalf of the Lady Elizabeth Bowes-Lyon and himself, His Royal Highness's very sincere thanks to the Members of that Association for the resolution of congratulation on his engagement, which they have been so kind as to pass.

I am,

Your Royal Highness's
Obedient Servant,
LOUIS GREIG, *Comptroller.*

Opposition to the Depreciation of the General Part of the Register.

Also arising out of the Minutes the following letter was read as having been sent in accordance with an instruction of the Council that a communication be addressed to the Minister of Health begging him to refrain from appending his signature to Rule 21 (3) (D) as approved by the majority of the General Nursing Council for England and Wales on December 22nd, 1922.

To the Right Honourable
the Minister of Health.

ROYAL BRITISH NURSES' ASSOCIATION,
194, Queen's Gate, S.W.7.
February 8th, 1923.

SIR,—I am desired by my Executive Committee to thank you for your promise to consider representations from this Association with regard to Rule 21 (3) (D), which was passed at a Meeting of the General Nursing Council on December 22nd, 1922, and submitted for your approval. My

Council earnestly hopes that this Rule will not receive the seal of your approval for the following reasons:—

A. Already the minimum standard of training required by a nurse to gain admission to the Register is a very low one and to reduce this standard still further would prove prejudicial to the interests both of the public and of the nurses.

B. The Rule, as drafted, is calculated to create a grave injustice to those nurses who have already placed their names upon the Register on the understanding that there will be admitted to Registration only such nurses as have had at least one year's training in a general hospital recognised by the Council, and two years' subsequent practice in nursing. Many nurses have joined the Register under protest because they regard this standard as too low, and they will certainly feel that they are being treated unjustly if the Rule, passed by the Council in December, receives the approval of the Minister of Health.

C. There is no provision whatever in the Rule, as drafted, to prevent the admission of specialists and Members of Voluntary Aid Detachments from gaining admission to the Register and thus being placed upon the same platform by the State as those who have spent years in gaining knowledge of General Nursing in all its branches.

D. Although the Rule is calculated to admit to the Register many nurses with a very low standard of training, it is likely that it will decrease the number of those who apply for Registration, because many highly-trained nurses will refuse to register under a Rule which does away with any definite standard as the minimum qualification recognised for admission to the State Register.

E. The Rule might very easily be so amended as to provide against cases of hardship to certain General nurses whose qualification is not in conformity with existing Rules, and this without hardship to those who have joined under the present Rules, and without risk of minimising the value of the Register to the public.

For these and other reasons the Council of the Association respectfully urge that you will withhold your approval from the Rule as drafted.

I am, Sir,

Your obedient servant,

ISABEL MACDONALD,
Secretary.

It was reported that, so far, the Rule 21 (3) (D) had not been signed, and a new Rule had been sent to the General Nursing Council for consideration.

REPORT OF THE EXECUTIVE COMMITTEE.

The Report of the Executive Committee dealt chiefly with events which have already been reported in the official organ of the Corporation as they occurred.

It was stated that the alterations at the Settlement Home were now completed. The Home had been entirely redecorated, a new bathroom and hot-water system had been installed, new linoleum laid down throughout the house, and in every respect the property was in first-class repair.

Outside the Association's activities, the Report had reference to the decision of the Minister of Health not to sign the Syllabus of General Training, thereby causing it to be merely advisory and not obligatory. Arising out of the Report it was agreed that the Medical Parliamentary Committee of the House of Commons be asked to receive a Deputation from the Association, to lay before them the views of the Association in relation to the matters connected with Registration and Nursing Education.

A Prescribed Training.

The following letter has been forwarded to the Minister of Health in accordance with an instruction from the Executive Committee:—

SIR,—My Executive Committee have learnt with regret of your decision not to append your signature to the Syllabus of Training for Nurses on the General Part of the Register, drafted by the General Nursing Council for England and Wales. They consider that this decision and the failure of the Syllabus to receive the statutory power which would accrue to it from being laid before each of the Houses of Parliament is a serious blow to the prestige and advancement of Nursing Education in England. As the matter stands at present, the Syllabus will be merely advisory, and Hospitals, recognised by the General Nursing Council as Training Schools, will not be required to carry out the prescribed training provided for in the Nurses' Registration Act, 1919. Thus Nurses, entering upon their training, will be deprived of the right, actually accorded to them in the Act, to claim from their Hospitals a prescribed training preparatory to entering for the State Examination. My Committee consider that it is not only in the interests of the public that there should be a prescribed scheme for nursing education and training, but they hold, strongly, the view that it will enhance the status of the Profession of Nursing, and will attract to it women of the best general education if, in accordance with the provisions of the Act, "the prescribed training shall be carried out in an institution recognised by the Council"—see Section 3 (2) (b).

Further, my Committee desire me to point out that it is derogatory to the professional status

of the nurses on the General Part of the Register that, while Ministerial approval and Statutory recognition are granted to the Syllabus of Training for Nurses on the Supplementary Registers, such approval and recognition are withheld in connection with nurses whose names are placed on the General part of the Register.

My Committee respectfully urge that you will reconsider the whole position and provide that the "prescribed scheme of training" shall be carried out.

I am, Sir,

Your obedient Servant,

ISABEL MACDONALD, *Secretary.*

LECTURE.

"Florence Nightingale."

We had a very delightful lecture on Saturday evening last, when Miss Kathleen Smith, Matron of the London Temperance Hospital, gave an address on "Florence Nightingale."

Major Rigg, O.B.E. (Chairman of the London Temperance Hospital) presided, and said that Miss Smith had made a special study of Florence Nightingale, who was such a great pioneer in British nursing. He sketched shortly the progress of nursing from the days when she gave to it the modern impulse. He referred to the establishment of the Registration Acts and advised the nurses to see that these Acts were not misused or defeated by weak administration.

Miss Smith gave a comprehensive survey of the life of Florence Nightingale, of her characteristics and aspirations, of her great work in the Crimea, and of the activities of her declining years. We all felt, as she closed, that she had given us many glimpses of episodes in the life of this great Englishwoman, of which we knew little before. One American lady was particularly delighted with the lecture, and said, "We did so enjoy it I have heard no woman give such a lecture in America I was just thrilled."

THE NAPOLEON COTERIE.

We remind our members that the Napoleon Coterie is to hold its annual meeting at 194, Queen's Gate on Saturday, May 5th, at 4.45 p.m. Mr. Graham Bennet, a descendant of Captain Bennet, who was with the English garrison at St. Helena, will take the chair. Mr. H. S. A. Foy, C.C., whose ancestors were also closely connected with Napoleon, will be one of the speakers! Mrs. Woodrow (widow of the late chairman of the Napoleon Coterie) and Major Rigg, O.B.E., will also speak. Major Rigg hopes to be able to procure a number of the Napoleon relics for the inspection of those present, so that we shall have a very interesting meeting indeed. The Coterie have pleasure in extending to members of the Royal British Nurses' Association a cordial invitation to attend.

ISABEL MACDONALD,
Secretary to the Corporation.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Concluded from page 267).

Report of the Education and Examination Committee.

Miss LLOYD-STILL, Chairman of the Education and Examination Committee, moved that the Report be received.

I. REPORTED—That the Committee has met four times—on March 13th, 20th, 27th, April 10th.

II. REPORTED—That the following members were appointed a Committee of Selection to decide upon the Examinations. Officer:—Sir Wilmot Herringham, Miss Lloyd-Still, Miss Cox-Davies, Miss du Sautoy, Miss Bushby.

III. Recommendation (8).

"That the Scheme for the Training of Nurses be amended as follows to meet the requirements of Special Hospitals:—

To add after Rule 3 (ii).

"Provided that in exceptional cases, on the recommendation of the Education and Examination Committee, and after detailed consideration of each case, the Council may permit nurses to proceed from a Special to a General Hospital forthwith after passing the Preliminary Examination, or under special conditions after completing one year's training and after remaining for the two ensuing years at the said General Hospital, to return to the said Special Hospital for the completion of the fourth year of training, but that no such permission be granted unless the authorities of the Special Hospital satisfy the Council;

"(a) that the training of such nurses will be adequately continued; and

"(b) that the nursing of their patients presents difficulties which form a claim for special consideration."

IV. CONSIDERED—A letter from the Ministry of Health with enclosures (circulated).

As will be seen from the correspondence, there is a British Hospital in Buenos Aires at which training is given to probationers. The Matron wrote to the Registrar on July 19th, 1922, asking if admission to our Register was open to her nurses, and the Registrar in reply (Letter 6) quoted the only Rule that we have upon the subject, which does not, however, as she pointed out, apply to the case in question.

It appears that it had been supposed that the terms of the Act which only mentions H.M.'s Dominions, precluded the Council from admitting to the Register nurses trained in foreign countries. A few such applications had in previous years been brought to the notice of the then Chairman of the Registration Committee, but under this interpretation of the Act they do not seem to have been considered by the Registration Committee or by the Council. In October, 1922, however, such an application was brought before the Registration Committee, and as a result the Ministry of Health was asked to interpret the Act. The Ministry stated that under Clause 3 (2) (b) the Council had power to approve hospitals in foreign countries, and in the above case, after evidence had been

obtained of the size and character of the hospital, and of the training given therein, the applicant was admitted as an "existing nurse."

The case of nurses to be admitted in future under the system of State Examination is somewhat different.

The Council may approve a hospital as above mentioned, but it will probably not wish to approve hospitals which do not fulfil the conditions which it considers requisite in England and Wales for the training of nurses in future. It will also have to approve the training given therein.

Thirdly, it will be obliged to examine the nurses trained at such hospitals. A person registered in those parts of the Dominions in which State Registration exists under legal enactment can claim to be registered on the English Register provided that—

1. There are reciprocal arrangements admitting nurses on our Register to the Register of the country in question on equal terms.

2. The standard of training and examination is as good as our own.

Under such circumstances the Council accepts the official examination of the country in question.

But in the case of hospitals in foreign countries the Council would itself have to examine the nurses therein trained as it examines nurses trained at home. In future all nurses applying for State Registration will appear before the Council's examiners. Even supposing that the Council approved a foreign hospital as a Training School, it does not appear to the Committee that the Council could recognise an examination held at such a hospital, which it could neither supervise nor control.

Recommendation (9).

"That a reply in the sense of the above Report be sent to the Ministry of Health."

V. CONSIDERED.—Rule for Reciprocity with Scotland and Ireland.

Recommendation (10).

Identical with recommendation of the Registration Committee.

VI. CONSIDERED.—Question of Fees for Optional Examination in 1924 and for Preliminary and Final Examinations.

Recommendation (11) (subject to the Finance Committee's approval)—

(1) "That the Fee for the Preliminary Examination shall be £2 2s. and that for the Final Examination £3 3s."

(2) "That the Fee for the Optional Examination in July, 1924, shall be £3 3s."

VII. CONSIDERED.—Further list of General Hospitals and Poor Law Hospitals whose authorities have replied to enquiries instituted by the Council:—

Recommendation (12).

That the following Hospital be recognised as a complete Training School:—

"General—Providence Free Hospital, St. Helens."

Recommendation (13).

That the following Hospitals be recognised as Training Schools which in combination with other Public Hospitals give complete training under Section I (2) of the Scheme of Training—

General—Buchanan Hospital, St. Leonards-on-Sea. (Affiliated to London Homœopathic Hospital.)

Poor Law—Bath Union (Frome Road House). (Affiliated to Bristol Union.) Steyning Union. (Affiliated to Kensington Infirmary.)

CONSIDERED—Further list of Sick Children's Hospitals whose authorities have replied to enquiries instituted by the Council.

Recommendation (14).

That the following hospitals be recognised as complete Training Schools for Sick Children's Nurses—

Queen Mary's Hospital for Children, Carshalton (Metropolitan Asylums Board).

Booth Hall Infirmary, Manchester Union.

CONSIDERED—Further list of Fever Hospitals whose authorities have replied to enquiries instituted by the Council.

Recommendation (15).

That the following hospital be recognised as a complete Training School for Fever Nurses—
The Sanatorium, Cardiff.

Discussion.

In reference to Recommendation II, MISS WIESE said she considered the fees rather exorbitant. She would like to know whether they were estimated to cover the cost of the examinations only, or to be a source of income to the Council.

MISS ALSOP and MISS E. SMITH thought they were higher than nurses would be likely to pay, and MISS COWLIN thought them rather high.

SIR JENNER VERRALL said that the financial point was the one in which he was interested. He was more or less, in conjunction with the Council, in charge of the finances, and he could not be a party to any fee which would not cover the cost of the Examinations.

MR. R. DONALDSON said that he was one of those members who objected to the fees proposed in Committee and quoted the fee charged by the Medico-Psychological Association. Since then he had been in correspondence with the Secretary of that Association and had ascertained that the fee charged in no way represented the cost of the examination. He thought they ought to be on safe ground.

DR. GOODALL said that the Committee went most carefully into the question of expense. They would at least have to pay examiners, and for the use of rooms. They had obtained detailed information as to the fees paid to various examining bodies. The Nursing Profession was the only profession which obtained its training free and received a salary. He was aware that they rendered services which entitled them to some payment, but if nurses were going to have something worth having they would have to pay for it.

MR. STRATON said that many nurses had not sat for the certificate of the Medico-Psychological Association because they could not afford to pay 7s. 6d.

MISS SPARSHOTT was of opinion that nurses could afford to pay the fees suggested if they made up their minds to do so. Members of the nursing profession must learn to pay for what they got. At first nurses looked at the fees; then they came to realise the advantages of registration and were prepared to pay.

MISS BARRATT said that, in connection with intermediate education, girls of 16 and 17 paid £2 12s. 6d. for the first examination and £3 for the second, if taken externally.

MISS BUSHBY considered the fees too low. She would like to see the Preliminary as well as the Final Examination fee, £3 3s. Her nurses would be willing to pay it.

MISS COX DAVIES did not think there would be the smallest difficulty from the nurses.

THE CHAIRMAN enquired whether the Council would like the recommendation referred back for further consideration.

MISS LLOYD STILL thought it would be rather a shock to the nurses, and was willing to have the recommendation referred back.

SIR JENNER VERRALL said on their own heads be it, the Council must realise they were taking their life in their own hands. Further investigation might result in the fee being raised, not lowered.

THE CHAIRMAN reminded the Council of its two main functions—the Registration and Examination of Nurses. It was only just that each should be self-supporting. The Examinations ought to be self-supporting.

MISS LLOYD STILL then asked leave, which was granted, to withdraw Recommendation II from the Report.

The Report was then approved as a whole.

4.—Report of the Mental Nursing Committee.

Dr. Bedford Pierce presented the Report.

I. REPORTED—That the Committee has met once, on April 4th, 1923.

II. Recommendation (16).

"That the Syllabus of Training and for Examination of Mental Nurses which is now submitted to the Council for approval be provisionally passed, be sent to the Scottish and Northern Ireland Councils for consultation, and on their agreement be forwarded to the Minister of Health for his approval."

III. REPORTED—That a conference was held on April 4th with representatives of the Board of Control Committee on Nursing Service, which was attended by Dr. C. Hubert Bond (*Chairman*), Dame Louise Gilbert Samuel, Mrs. How-Martyn, Mr. Ernest Sanger, Miss M. M. Thorburn, Dr. H. Wolseley-Lewis, Dr. G. F. Barham.

The principal subjects for discussion at the Conference were the conditions under which training schools for mental nurses should be recognised, and several other matters affecting the welfare of mental nurses.

It was decided to defer reporting to the Council until the Mental Nursing Committee had further considered the questions raised.

The Report was approved.

5.—Report of the General Purposes Committee.
The Committee has not met.

6.—Report of the Special Committee.

Presented by the Chairman of the Council.

I. REPORTED—That the Committee has met twice, on March 19th and 28th.

Recommendation (17).

"That the Retention Fee Register with Card Index be retained for the present, and that the Registrar be instructed to issue before September 30th in each year a printed form notifying the nurse that her Retention Fee will be due on September 30th, in order that her name may be retained on the succeeding Register."

NOTE—Attached to this form will be a slip containing the nurse's name, registration number and the existing permanent address for correction if necessary.

Recommendation (18).

"That the present system of receiving registration fees be retained, and that a locked box be provided in which those letters which contain money but are unregistered, and therefore opened downstairs in the Assistant Registrar's office, may be sent up to the Accountant."

Recommendation (19).

Printed Register—"That a copy of the printed Register be provided with loose interleaves on which the fresh names can be entered opposite their appropriate place with all particulars ready for printing in the next Register."

Recommendation (20).

That the Assistant Registrar be instructed to act as Secretary of the following Committees:—Education and Examination Committee, Mental Nursing Committee, General Purposes Committee; her duties being to keep the Minutes, and to hand as soon as possible a copy of each Minutes to the Registrar for the purpose of making up the Agenda of the Council.

That the Examinations Officer be required to act under the supervision of the Assistant Registrar.

That nothing in the above provisions be allowed to interfere with the general right of the Registrar to be present at all Committees and to take part in the proceedings, or with the right of the Committees to require the attendance of the Registrar whenever they desire her assistance.

REPORTED—That an application having been received from Miss Finch, late Matron of University College Hospital, late Principal Matron of 2nd London Territorial Hospital, and Treasurer of the Association of Hospital Matrons, it was unanimously agreed that she be appointed temporary Interviewing Officer.

Discussion.

THE CHAIRMAN said he had to confess that his impression was that the appointment was put into the hands of the Special Committee, but it really was referred to the General Purposes Committee. This was pointed out to him by a member of the Council too late to prevent its going to the wrong Committee. He had told the lady in question that her appointment was out of order. The only thing to be done now was to withdraw the paragraph from the Report, and refer the appointment to the proper Committee. The words of the motion ("that in order to avoid delay the General Purposes Committee be empowered to interview

candidates and appoint a suitable person") quite admitted of advertising the post if the Council so desired.

MISS ALSOP enquired whether it was usual to advertise temporary appointments. She thought it would be waste of time. The appointment was an urgent one. She took exception, and she thought most people took exception to the statement that the lady appointed was a friend of the Registrar.

MISS LLOYD STILL said that a suitable lady offered her services and was appointed.

LADY HOBHOUSE enquired whether she would be in order in moving that the Council endorsed the action of the Special Committee.

THE CHAIRMAN replied in the negative. The appointment must be referred again to the right Committee.

SIR JENNER VERRALL said that in giving the General Purposes Committee power to make the appointment, the Council were anxious not to lose time, and, therefore, empowered the Committee to interview candidates, and appoint a suitable person. Apart from the question of nepotism this was a reasonable course to pursue.

MISS COX-DAVIES said it did occur to her that the appointment had been referred to the General Purposes Committee, but as the Chairman of all Standing Committees had been co-opted on to the Special Committee, she did not take exception to the action of the Special Committee.

MISS DU SAUTOY pointed out that the members of the Special Committee had had no intimation that the Committee contemplated making the appointment. It was not on the Agenda for the meeting at which the appointment was made.

THE CHAIRMAN said it was not put on to the Agenda. That was quite true. There was no question about it; the appointment must be referred to the General Purposes Committee.

MISS VILLIERS then moved, and MISS BUSHBY seconded, that the post be advertised.

On the Resolution being put to the vote, seven voted for the motion and twelve against. The motion was, therefore, lost. THE CHAIRMAN then asked members of the Committee to send in names of anyone they considered suitable for the post. He further asked leave, which was granted, to continue the present person in the post until the new person was appointed.

The Report, as amended, was then adopted.

7.—Report of Uniform Committee.

MISS VILLIERS, Chairman of the Uniform Committee intimated that it had nothing to report.

Resolution.

A Resolution, of which notice had been given by Miss Wiese, proposing that, when the Agenda is a long one, some of the business should be postponed until the next meeting, fell to the ground.

The public business was then concluded, and the Council sat *in camera* on the applications for Registration.

The Meeting then terminated.

REMARKS.

CORRESPONDENCE.

In connection with the letter from the Ministry of Health, published in our last issue, we are glad to note that the Minister of Health immediately fulfilled his pledge given to Major Barnett in the House of Commons on March 14th, that he would request the General Nursing Council to consider his Amendments to the proposed Election Schedule and has requested the Council to give this matter their consideration and to inform him of their conclusions in due course. We hope that Nurses on the General Register who desire a free vote for their representatives will make their wishes on the subject known.

FINANCE.

The Independent Candidates on the General Nursing Council have fair representation on the Finance Committee, and we believe we owe to these members the recommendation approved by the Council that some £5,000 to £7,000 lying on deposit at Hambro's Bank, Ltd., for which the low Bank Rate of interest is paid, be transferred to the London Joint City and Midland Bank, which alone is to be used in future.

This is the more satisfactory, because Hambro's Bank is largely a foreign affair, and the Nurses' Council should bank with a public British Bank.

We note, with pleasure, that the valuable services of Miss Parsloe, the Assistant Registrar for the last three years, are to be recognised by the increase of her salary from £300 to £400 per annum. It will be remembered that Miss Parsloe performed the duties of the Registrar not only during her holiday in the summer, but also in the autumn when that official had ten weeks' sick leave on full pay, *i.e.*, upwards of £10 10s. a week, for which no recompense was offered by the Council to Miss Parsloe.

We note that the recommendation of the Education and Examination Committee, assented to by the Finance Committee, that the combined fee for the Preliminary and Final Examinations conducted by the Council should be £5 5s., was referred back—the conjoint fee of the Chartered Society of Massage and Medical Gymnastics for its examination in these subjects, which is £6 6s. if they are taken separately, and half that charged by the University of Leeds for its Nursing Diploma.

No doubt nurses desire that the fees fixed for these examinations shall be on a scale which will not admit of extravagant administration, for they have been scandalised at the amount expended on administration in connection with the publication of the First Register, but they will realise that to conduct a State Examination in Nursing all over the country is a costly matter, and we feel sure that they will not grudge a fee of £5 5s. for two examinations through which they obtain legal status and professional rank, provided they are satisfied that their business is conducted with wisdom and thrift, and that for the future sinecure posts are not created for privileged persons at a salary out of proportion to the work demanded.

REGISTRATION COMMITTEE.

The Rules for Reciprocal Registration between the Councils of Scotland and Northern Ireland with that of England and Wales should be in identical terms. At present the English Council recognises Existing Nurses trained in Scotland on exactly the same terms as those trained in England and Wales, whether they intend to work at home or abroad, whereas the Scottish Rules exclude English and Welsh Nurses, unless they have had part of their training in Scotland or intend to practise in that country.

With regard to the 5,000 nurses and upwards who have applied for Registration, many of whom have been kept waiting for months by the Registrar and Registration Committee, it is high time that this deprivation of professional status should be seriously considered by the Ministry of Health. With a staff of thirty clerical workers at Headquarters, it is perfectly scandalous that the chief provision of the Nurses' Registration Act should be so mal-administered by Dr. Goodall, and the Committee of which he is Chairman.

MENTAL NURSING COMMITTEE.

We gather from Recommendation 16 that the Council does not propose to deprive Mental Nurses of the right granted them by Parliament of the "prescribed scheme" of training, as in the case of nurses to be registered on the General Part of the Register.

RETENTION FEE.

Recommendation 17 of the Special Committee makes it perfectly clear that a Retention Fee will be charged to have a name retained on the Register for the following year. Thus all nurses whose names will appear on the Register for 1923 (which is already four months late) must have paid the Retention Fee of 2s. 6d. by September 30th, 1922, and by September 30th, 1923, if their names are to appear in the 1924 Register.

ILLEGAL CONDUCT OF BUSINESS.

We alluded last week to the illegal conduct of business in the appointment of Miss Dora Finch as Interviewing Officer, and expressed our approval of the conduct of the Chairman of the Council in insisting upon the directions of the Council being carried out in regard to the appointment of this officer being made by the General Purposes Committee.

From the discussion it is evident that the College Matrons on the Council, including the Chairman of the General Purposes Committee, were quite prepared to condone the illegality.

Miss Alsop took exception to the statement that the lady appointed was a friend of the Registrar. Why take exception to facts? Miss Riddell and Miss Finch have been close personal friends, together with Miss Cox-Davies, ever since the former was Assistant Matron at University College Hospital, and as this is the second instance of the appointment of a close personal friend of the Registrar being provided with a highly paid—and

in our opinion quite unnecessary—post, it is to be regretted that Miss Alsop supports such methods at headquarters.

Lady Hobhouse, in her apparent ignorance of public business, was prevented by the Chairman from moving a Resolution condoning the irregular, and in our opinion, illegal conduct of business connected with this appointment.

Miss Cox-Davies also does not apparently realise that the General Purposes Committee is a Statutory Committee, and consequently that matters of business referred to it by the Council cannot be trifled with by a Special Committee merely because it may be largely composed of the same persons.

We are glad to note that the Independent Members took a firm stand and carried their point that the appointment should be dealt with by the Committee to which it was referred, though their wise recommendation that the post, in common with others, should be advertised, was prevented by the majority group, the voting being 7 in favour of advertising it, and 12 against.

THE PROTECTED UNIFORM.

We regret to note that apparently nothing further has been done in regard to the protected uniform. We are bound to say that the proposal that indigo serge should be the material used is very unpopular, and certainly will not be adopted by those nurses who have been in the habit of wearing a less dowdy and dusty material. And why should Welsh nurses be compelled to wear the distinctive English Rose when they have a national emblem of their own?

It is high time that sketches of the proposed uniform and badge were available. If the State uniform is to be popular it must be smart and becoming as well as useful.

NURSING IN THE HOUSE OF COMMONS.

TUESDAY, APRIL 24TH, 1923.

TRAINED NURSES.

SIR WALTER DE FRECE asked the Prime Minister if he is aware that there are still various matters causing much unrest and friction among the trained nurses in the country, and thereby prejudicing the care of the sick of all classes; and whether, in these circumstances, he will appoint a Select Committee of the House of Commons to investigate the whole issue?

MR. BALDWIN: I am not aware that the care of the sick is being prejudiced by professional controversies within the nursing profession. The questions at issue were fully discussed in connection with the passing of the Nurses' Registration Act at the end of 1919; and I do not think that any occasion has arisen for the appointment of a Select Committee.

Remarks.—We think Mr. Baldwin will, before long, have occasion to change his mind.

APRIL 25th, 1923.

GENERAL NURSING COUNCIL.

MR. T. GRIFFITHS asked the Minister of Health whether he is aware of the growing resentment amongst registered nurses that the authority of their governing body, *i.e.*, the General Nursing Council for England

and Wales, has been usurped by medical men; that the nurses' certificates of registration are signed by two medical men alone, not having the signature of one registered nurse member of the Council upon them; that medical men are chairmen of the Council, finance, mental, and registration committees; that although the nurses supply all the money for the administration of the Nurses' Registration Act, 1919, the medical man appointed to the chair of the finance committee was elected by the casting vote of the chairman of the Council, himself a medical man, in spite of the fact that the nurse on that committee nominated for the position has special experience of finance; and whether he will make representations to the Council on this matter?

MR. CHAMBERLAIN: There is no evidence of any such feeling in the nursing profession, and the marked increase in the number of recent applications for admission to the register seems to me to negative the suggestion contained in the hon. Member's question. The nurse members form two-thirds of the Council, and it is within their power to control the selection of committee. I understand that the chairman of three out of six standing committees are doctors, but I have no information as to the other points in the question, and I am not prepared to make representations to the Council on matters which are wholly within their discretion.

Remarks.—We note that the new Minister of Health has omitted to feel the pulse of the Nursing Profession. Nurses are now registering in large numbers because the term of grace terminates in a few weeks' time. We agree that the medical directorate has been set up by the (College) nurses on the Council.

MR. R. RICHARDSON asked the Minister of Health if he is aware that certain members of the General Nursing Council for England and Wales are appointing personal friends to lucrative posts in the General Nursing Council offices; that a lady who is a close personal friend of the Matron who is chairman of the general purposes committee, which committee was appointed by the Council to interview and appoint a suitable person, was appointed to the post of interviewing officer at a salary of £250 per annum without the full committee being summoned, thus making the appointment *ultra vires*; that, while this lady is already in receipt of a pension of £250 per annum from public funds and has no special qualifications for the post, many working nurses who have been incapacitated through war service from undertaking heavy work but who have fitted themselves for secretarial posts are needing employment; why, as all registered nurses are paying for the upkeep of the General Nursing Council offices, the nursing posts are not advertised, so that those belonging to other societies or to none can share in these appointments; and whether he will see that this is done with regard to the post of interviewing officer?

MR. CHAMBERLAIN: The General Nursing Council have not notified me whom they propose to appoint to the post of interviewing officer, nor are they under any obligation to do so, the selection being entirely within their discretion. This appointment is a temporary one for four months, and it is not customary to advertise for candidates to fill temporary posts of this kind.

Remarks.—We regret that the Minister did not condemn the evidence of graft in the illegal appointment of the Interviewing Officer, but we are informed that Miss Finch has had the grace to retire from a most untenable position.

APPOINTMENTS.

MATRON.

Blackwell Convalescent Home for Birmingham and Midland Counties.—Miss K. Warburton has been appointed Matron. She was trained at the General Hospital, Birmingham, where she was Sister for three years. She subsequently held the positions of Matron, Corbett Hospital, Stourbridge, and Matron, Private Hospital, Newhall Street, Birmingham. For the last five years Miss Warburton has been on the staff of Lady Minto's Indian Nursing Association.

Royal Infirmary, Huddersfield.—Miss M. E. Parsons has been appointed Matron. She was trained at St. Thomas' Hospital, and has been Matron of the Victoria Hospital, Southend-on-Sea.

Paignton and District Hospital, Paignton.—Miss Eleanor E. Hutchinson has been appointed Matron. She was trained at the Stanley Hospital, Liverpool, where she has held the position of Sister in the Out-Patient, X-ray, and Venereal Diseases Department, and has also been Sister at the Royal Infirmary, Wigan.

NIGHT SISTER.

Witton Babies' Hospital, College Road, Erdington, Birmingham.—Miss M. O'Callaghan has been appointed Night Sister. She was trained at the Infirmary, Burnley, Lancs, and at the City Fever Hospital, Dublin, and has been Sister of the Military Ward at the Infirmary, Burnley, and Sister of the Male Ward and Children's Ward at the City Sanatorium, Yardley Road, Birmingham.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date April 1st, 1923 —

ENGLAND AND WALES.

Florence M. Fletcher, Mary H. Driver, Sarah J. Harte, Mary G. Meneely, Frances M. Roberts, Mabel Garth, Nancy Lewis, Emma Eppy, Ethel F. Dawson, Jessie H. Kirkpatrick, Elizabeth Markham, Elizabeth Muirden, Emma Pattison, Mary P. Watson, Hilda M. C. Hannay, Louisa Spurling, Helen E. J. Baillie, Deborah Parry, Winifred E. Ponter, Ellen J. Young, Ronald M. Ginders, Emma Hemingway, Hannah B. Auckland, Emma L. Holmes, Rachel M. Bacon, Ruth D. Devlin, Mary P. Flanagan, Margaret C. Connolly, Elsie Jones, Ellen M. Newman, Lily A. Green, Mary Jones, Edith M. Prince, Daisy E. Robinson, Edith M. Stephenson, Hannah O'Driscoll, Mary G. Coulthard, Emily Forrest, Mary B. Pike, Mary H. Ward, Susannah Jenkins, Mary V. Meadway-Russell, Muriel F. Cranfield, Olive E. Ellen, Mary Ronaldson, Doris Matthews, Prudence B. Booth, Grace I. Hill, Constance J. Ibbott, Rose H. Leech, Sarah Walker, Florence Strong, Annie Hatton, Maria A. Lewis, Annie K. Meredith, Marianne I. S. Morris.

SCOTLAND.

Margaret Davidson, Alison W. Ferguson, Bella Fraser, Emily Gibbon, Jean B. Gunn, Elizabeth J. Jack, Peterina A. B. Macdonald, Helen McEwan, Jean S. Roberts, Elizabeth W. Stewart, Williamina Taylor, Bertha Watt, Annie W. Thorburn, Williamina M. Barclay, Dorothy Cooper, Janet Denholm, Marjory R. Fowler, Agnes Gallacher, Barbara Johnstone, Jessie Murray, Isabella T. Grant.

IRELAND.

May Saunders.

TRANSFERS AND APPOINTMENTS.

Miss Gertrude E. Davies is appointed to Norfolk N.F. as First Assistant Superintendent; Miss Sophie T. Grieves to Somerset C.N.A. as First Assistant Superintendent; Miss Elizabeth Foster to Coxhoe; Miss Ethel B. Holmes to Brixton; Miss Phyllis Kaye-Parry to Radstock; Miss Mary McKay to Burnhope Colliery; Miss Hilda Staniforth to Birmingham (Summer Hill Road); Miss Mary Todd to Swinton.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss E. C. Fox, R.R.C., relinquishes the appointment of Acting-Matron, January 14th, 1923. Staff Nurse Miss L. E. G. Murphy resigns her appointment, March 29th, 1923. To be Staff Nurses: Miss D. M. Beane, September 27th, 1922; Miss L. P. Robinson, October 2nd, 1922; Miss E. J. Smith, October 4th, 1922.

QUEEN ALEXANDRA'S MILITARY FAMILIES NURSING SERVICE.

Staff Nurses (acting Sisters-in-Charge) to be Sisters-in-Charge: Miss E. M. Carter, to complete establishment, February 1st, 1922; Miss M. S. Wright, vice Miss L. Badger, R.R.C., January 1st, 1923; Miss M. A. Kelly, vice Miss M. M. M. Brown, A.R.R.C., January 1st, 1923; Miss I. Pegg to be Staff Nurse, October 1st, 1922.

VOLUNTARY AID DETACHMENT COUNCIL.

It is officially announced that Dame Maud McCarthy, Matron-in-Chief, Territorial Army Nursing Service, has been appointed a War Office Representative on the Central Joint Voluntary Aid Detachment Council.

MEMORIAL TO A NURSE.

Mr. A. A. Hunt, the Chairman of the Bath Board of Guardians, recently unveiled in the Chapel at Frome Road House, a mural tablet in honour of a nurse, who died whilst on the staff about four months ago.

The Tablet is of white Sicilian marble on an under slab of Belgian black marble, and the carved black lettering on the white marble is as follows:—

"To the memory of Julia Emily Hennessey, aged 51, who was taken ill whilst in the performance of her duty, and died on the 30th December, 1922.

"This tablet is erected by the members of the Board of Guardians and the staff at Frome Road House as a memorial of respect and regret.

"Affectionately remembered by her colleagues and patients. R.I.P."

Nurse Hennessey served the institution for ten years, and in unveiling the tablet, Mr. Hunt expressed the hope that when they read the words on it, they would inspire in each one of them the desire to do their duty to brighten the lives of those around and about them.

Having been unveiled, the Tablet was dedicated by the Chaplain, who based his address on Wisdom iii, commencing "The souls of the righteous are in the hands of God," this portion of the Book having been read as the lesson.

THE PASSING BELL.

It is with deep regret we record the death of Nurse Clarice Turnier, a member of the staff of the Bradford Royal Infirmary. Nurse Turnier was taken ill quite suddenly on Sunday, April 16th, with internal hemorr-

hage. Although everything possible was done for her relief and recovery, she had another attack a week later and passed away on the evening of April 22nd. Nurse Turner would have completed her three years' training in May and had arranged to stay on in the service of the Infirmary for another year in the position of Staff Nurse. She was a most efficient and promising nurse, and her early death at the age of 25 is a loss not only to the nursing profession, but also to the Infirmary, and the sick, whom she has served so faithfully and well.—*R.I.P.*

EXAMINATIONS AND PRIZES.

ST. BARTHOLOMEW'S HOSPITAL, LONDON, APRIL, 1923.

Third Year Examination.

Nurse Gwendoline Taylor, *Gold Medallist.*

Nurses Butcher, Chandler, E. L. James, Hiscoke, Salway, Salter, S. M. Davies, Mercer, Pilcher, Boulden, Curnock, Buckley, L. Green, Shotter, E. Gill, Collins, McGregor, McCurdy, C. Jones, Rattenberry, Terry, D. Gregory, Edwards, Hoddinott.

First Year Examination.

Nurse Franklin, *Clothworkers' Prize of Books.*

Nurse Wright; Nurses Evers, Grant and E. K. Johnstone, bracketed equal; Nurses Sheaff and Gilbertson, bracketed equal; Nurse Lumley; Nurses Ormiston and Young, bracketed equal; Nurse S. Gardner; Nurses Duncan and Hotson, bracketed equal; Nurses A. Cowan and E. Green; Nurses Hobkirk and B. Johnstone, bracketed equal; Nurses Pole and Bradley, bracketed equal; Nurses Flunder, Gibberd, Milborne and Wiltshire, bracketed equal; Nurses K. Thompson, Robinson, W. Parker, and M. Payne; Nurses M. Bell and K. Knibbs, bracketed equal; Nurses Manning, Gilmore, Mahoney; Nurses Burrows, Nelson, and C. Watson, bracketed equal; Nurses Hillyer, Breach, and R. French; Nurses Butler and Robbins, bracketed equal.

HOSPITAL WORLD.

A private ward of twelve cubicles (six for male and six for female patients) will be opened at Guy's Hospital on Monday, May 14th, for the reception of persons of moderate means who require treatment for diabetes by insulin. Particulars may be obtained from the Superintendent, Guy's Hospital, S.E.1.

At a meeting of the monthly board of the Nottingham General Hospital recently, Mr. Frederick Acton, who presided, handed over a cheque which he had received for £20,000 towards the new ward to be erected on the Reservoir site, top of Park Row, which is to be known as "The Frederick Carver Ward."

WHY NOT?

Commander Kenworthy's Bill for the registering of medical herbalists proposes the establishment of a general medical herbalists' council, whose duty will be to keep a register of herbalists. Why not join up with the G.N.C.? When we have the untrained Gamps thrust on the General Part of the Register by the College policy, why not all the quacks on one list?

THE MONTHS.

THE MERRY MONTH OF MAY!

To bring you fresh breezes and nourishing rain
And Phœbus's help in the day-time,
 Towards filling your barns with good fodder and
 grain,
 Are privileged duties of May-time.
 A worthy achievement, tho' dated afar,
 I'm proud to look back upon—*very!*
 I once brought you home from his exile *à bas*,
 The Monarch (like me) who was merry!
 I've pretty maids now, whom necessity brings
 In search of the outward adorning,
 To rise with the earliest flutter of wings
 And wash in the dew of May morning!

* * * * *

And still to this day, there are flower-crowned
 queens,
 Belovéd of poets and dreamers,
 Who, planting a Maypole on old village greens,
 Revolve at the end of its streamers!
 I quicken the steps of adventurous lads,
 Where tricky Don Cupid will find them,
 And show them the visions their grey-headed
 dads
 Once saw in the May-days behind them.
 They will take the same vows in that wonderful
 light,
 While the stars and the moonshine tarry;
 Meanwhile, tho' I paint the whole landscape in
 white,
 Cast naught till I'm gone and don't *marry.*

—C. B. M.

COMING EVENTS.

May 4th.—The London Homœopathic Hospital, Great Ormond Street, W.C. The Matron and Nursing Staff beg to announce a Bazaar to provide new bedsteads and bedding. H.H. Princess Helena Victoria will open the Bazaar at the Hospital at 3 p.m. Tea from 4 p.m. Suppers from 7.30 p.m.

ROYAL BRITISH NURSES' ASSOCIATION.

May 5th.—Meeting Napoleon Coterie. 4.45 p.m.

May 12th.—Lecture on "Biology," by Dr. Sloan Chesser. Film, "Social Hygiene for Women," 3 p.m.

May 18th.—Anniversary of the Opening of the Club. American Tea in aid of Settlement Home.

May 11th.—Guy's Hospital Nurses' League. Annual Meeting and Annual Dinner. Dinner 7 p.m.; Meeting 8 p.m.

May 26th.—Jumble Sale, Restoration Fund, St. Helena's Church, Thoroton, Notts. 431, Oxford Street, W. Open 12 noon.

WORD FOR THE WEEK.

"We must go on showing that force cannot secure anything except its own downfall. It is the one certain fruit of force."—*Ramsay Macdonald.*

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.

ADMISSION OF EXISTING NURSES TO THE STATE REGISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I know you will do all you can to prevent further extension of Nurses being admitted to the State Register. Our one aim for State Registration was for Nurses fully trained and certificated. Why should we be classed with Nurses, or so-called Nurses, with no training?

Yours faithfully,

KATHERINE J. FAN COURT.

11, Cherry Orchard,
Staines.

THE HUMANE SLAUGHTER OF ANIMALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—As a great lover of animals please accept my sincere gratitude to you for the excellent articles you have from time to time written on all sorts and kinds of cruelty to animals. Surely the splendid editorial of April 21st will have aroused the readers of THE BRITISH JOURNAL OF NURSING to act upon your advice, viz., to write to their Members of Parliament begging them to support the Bill designed to promote the more humane slaughtering of animals killed for food. Some friends of mine as well as myself received very encouraging replies from members saying they were in sympathy and would do their utmost to get the Bill passed. Unfortunately, I hear there was not time last Friday for the Bill to get its second reading. I felt sorry and ashamed that you should have been disappointed because the readers of the B.J.N. had made no protest in its columns against the terrible acts of cruelty to animals we read of daily in the newspapers, and which fill me with the greatest indignation. Fines for such brutes are useless; nothing short of having their own skins hurt will make any impression upon them. Please continue to write on behalf of our dumb and helpless friends the animals.

Sincerely hoping you will be blessed with health and strength to carry on your many good works.

Believe me,

Yours very sincerely,

ANTOINETTE SCHULLER.

Mill Hill Lodge,
Barnes Common, S.W.

[The Slaughtering of Animals Bill, introduced by Sir A. Shirley Benn in the House of Commons on Friday, 27th ult., was blocked by Major Molloy, the Unionist Member for Blackpool, but the Bill is again to come before the House—so please Lancashire nurses send a few postcards to the Major inviting him to raise the blockade. The truth is

that the power of the Jew is behind the opposition to the Bill. The Jewish method of slaughtering animals for food, *Shechita*, is an essential part of the Jewish religion; and meat from animals killed by any other method is prohibited to Jews.

This method consists in throwing the animal down, and then deliberately cutting its throat; a method involving a lingering death and much cruelty.

Sir Arthur's Bill is acknowledged by the Chief Rabbi, in *The Times* of Monday, to be a permissive one as far as *Shechita* is concerned, and would enable the Minister of Health for the time being to allow or prohibit it; but this does not satisfy Jews, and the Chief Rabbi demands full Statutory exemption of *Shechita* as a provision of the Bill itself, as he claims that legislation interfering with *Shechita* would inflict cruel hardships upon "hundreds of thousands of law-abiding citizens."

This letter gives much pause for thought. We, the British people, are year by year becoming more and more subjected to the government and control of wealthy Jews in high places; and it is rapidly becoming a serious question if persons of alien races and religion—who cannot conform to progressive and humane legislation—can claim to be "law abiding citizens." We doubt it. We British nurses have not forgotten that it was a Jew who blocked our Registration Bill year after year in the House of Commons; and another Jew, who as Minister of Health, had the effrontery to threaten to have our Registration Act annulled, because we objected to the illegal conduct of its business by his Department. Surely, we are not going to permit obsolete religious tenets to prevent civilised legislation in the treatment of animals by aliens in our own country! If so, the pertinent question may be asked: Who rules England—the Briton or the Jew?—ED.]

CRUELTY TO ANIMALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—Thank you for your article in the B.J.N. about slight punishment for cruelty to animals.

It is extraordinary to think that people can torture helpless creatures to death and then be fined a pound or two only!

It has been made public in the newspapers lately, so we hope that the law will be made more strict.

Yours truly,

VICTORIA H. HEDGES (R.N.S.)

Gloucester Square, W.

THE TIME IS SHORT.

The General Nursing Council for England and Wales reminds Nurses that every person who desires to be Registered as an Existing Nurse must apply before July 14th, 1923, after which date no application can be entertained.

OUR PRIZE COMPETITION QUESTIONS

May 19th.—Describe a fifth type of nurse, as known to many a sufferer. (See article, "Four Types," on page 278).

The Midwife.

CENTRAL MIDWIVES' BOARD.

MONTHLY MEETING.

The Monthly Meeting of the Central Midwives' Board was held at the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on April 26th, the Chairman, Sir Francis Champneys, Bart., M.D., F.R.C.P., presiding.

The first business was the election of Chairman, and Sir Francis Champneys was unanimously elected. We may recall to mind that, in July next, the Midwives' Act will have been in force twenty-one years, and during the whole of that time Sir Francis Champneys has filled the position of Chairman, and is invariably in his place, as is also Miss Rosalind Paget, who has been a member of the Board for a similar period, and we believe has never missed a meeting.

CORRESPONDENCE.

The Correspondence included a letter from Miss Z. L. Puxley (of the Ministry of Health), stating that the Minister of Health approves for the purpose of the apportionment of contributions from Local Supervising Authorities the balance of £5,280 iis. shown against the Board in the Financial Statement for the year 1922.

REPORT OF STANDING COMMITTEE.

The Committee reported that they had appointed the following members to constitute the Approvals Sub-Committee: Lady Mabelle Egerton, Dr. J. S. Fairbairn, Miss M. O. Haydon, Dr. R. A. Lystor, Miss Rosalind Paget, and Mr. C. Sangstor.

Letters were received from the Hon. Secretary of the Chipping Norton Nursing Association; and a certain candidate for Examination asking for a reversal of the Board's decision at its meeting in June last not to admit such candidate to Examination.

It was resolved that, notwithstanding any previous decision to the contrary, the candidate in question be admitted to Examination.

APPLICATIONS.

The following applications were granted:—

For Approval as Lecturer.—Dr. Violet Ione Russell, Dr. John Wilson Tonks, F.R.C.S.; and, subject to certain conditions, Dr. Kathleen Lydia Cass, D.P.H., and Dr. Henry Evers, M.B., F.R.C.S.

For Approval as Teacher.—Midwives Sophia Coralie Billson (No. 23,299) and Dorothy Frances Anne Blizzard (No. 51,441); and, subject to conditions, Midwives Annie Eyre (No. 45,661), Florence Fox (No. 32,212), Lottie Emily Hart (No. 48,366), and Ada Hopwood (No. 24,101).

For Voluntary Removal from the Roll.—The names of three Midwives were removed from the

Roll on the grounds of old age and inability to comply with the Rules.

REVISION OF LIST OF LECTURERS.

The List of Lecturers submitted by the Secretary for the year ending March 31st, 1924, was approved, as was also the List of Institutions, Homes and Midwives at which, and under whom, pupil Midwives may be trained.

PENAL CASES.

At the Special Meeting of the Central Midwives' Board, held on the morning of April 26th, on a Final Report of Cases adjourned for judgment on the Report of the Local Supervising Authority, Midwife Rose Ann Barcroft (No. 46,704) was struck off the Roll.

In the cases of Midwives Mary Jane Alston (No. 3,355) and Ellen Emma Louisa Kett (No. 23,362), judgment was postponed for three and six months' reports.

BABY'S TOILET TRAY.

Louise Labriskie, R.N., has a few practical notes on Baby's Toilet Tray in this month's *American Journal of Nursing*.

The tray may be of glass, silver, papier mâché or white enamel, but whatever the tray it should contain:—

1. Container for the day's supply of sterile water for washing the mother's nipples before and after nursing.
 2. Container for day's supply of large cotton swabs for washing the mother's nipples.
 3. Container for day's supply of small swabs for cleansing baby's ears and nose.
 4. Container for day's supply of liquid albolene for cleansing buttocks when diapers are changed (shallow container like soap dish most practical).
 5. Hair receiver for day's supply of cotton to apply oil to cleanse buttocks.
 6. Cornucopia made of newspaper, fastened to edge of the tray for waste cotton and swabs.
 7. Bottle for day's supply of sterile water for "baby's drinks."
 8. Nursing bottle for giving baby water.
 9. Container for sterile nipples—the nipples to be boiled after using and kept in a dry jar.
 10. Cake of soap for use as a pin cushion. This is easier to keep clean than a pin cushion, it prevents pin pricks which are bound to occur if pin trays are used, and makes pins easier to use because the points are lubricated.
 11. Soap dish and cake of mild white soap for bath.
- If the eyes are to be washed, a jar of 2 per cent. Boric solution may be added.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
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EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

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SATURDAY, MAY 12, 1923.

Vol. LXX

EDITORIAL.

NURSING AND NURSING EDUCATION IN THE UNITED STATES.

The Final Report of the Committee for the Study of Nursing Education, a Report which has been made possible by the generosity of the Rockefeller Foundation, which originally convened, in New York in 1918, a Conference of persons interested in the development of Public Health Nursing, has now been published. The Committee includes such distinguished members of our Profession as Miss Mary Beard, R.N., Director, Instructive District Nursing Association, Boston, Mass.; Miss Lilian S. Clayton, R.N., Directress of Nurses, Training School for Nurses, Philadelphia General Hospital; Miss Annie W. Goodrich, R.N., Director of Nurses, Visiting Nurse Service, Henry Street Settlement, New York City; Miss Adelaide Nutting, R.N., Professor of Nursing and Health, Teachers' College, Columbia University, New York City; Miss Lilian D. Wald, R.N., Head Resident, Henry Street Settlement, New York City; Miss Helen Wood, R.N., Director, Training School for Nurses, Washington University, St. Louis, Mo.; its conclusions must therefore command widespread respect. Associated with these distinguished nurses are medical men of eminence, the Committee being under the Chairmanship of Dr. C. E. A. Winslow, with Miss Josephine Goldmark as Secretary.

The primary object of the Conference was a discussion of the status of Public Health Nursing in the United States, and of the education desirable for training the needed personnel. Financial support for the investigation was provided by the Rockefeller Foundation.

In February, 1920 (we quote the Introductory Note to the Report), again at the invitation of the Rockefeller Foundation, a second Conference on Nursing Education was called. At this second Conference, discussion centred on the proper training of nurses engaged not in public health work, but within hospitals and

on private duty. In effect, the entire trend of nursing education was considered. Following the Conference, the Committee on the Study of Public Health Nursing Education was asked by the Rockefeller Foundation to widen its scope so as to include the entire subject of Nursing Education. In accordance with this request, and upon assurance of further financial support from the Foundation, the Committee agreed to widen its scope as requested, and added to its membership six members, including Superintendents of hospitals and of nursing schools, a clinician, and a representative of Mental Hygiene. Miss Goldmark was assisted in the investigation by a strong staff.

The Committee state that "the new educational objective of the health administration may be approached to a limited extent by mass methods. The printed page, the public lecture, the exhibit, the cinematograph, the radiogram help to prepare the ground, and to make success easier. The ultimate victory over ignorance is, however, rarely attained in such ways. Direct personal contact with the conditions of the individual life is essential to success in a matter so truly personal as hygiene. We have sought during the past twenty years for a missionary to carry the message of health into each individual home; and in America we have found her in the public health nurse. . . . All public health authorities will probably agree that the need for nurses is the largest outstanding problem before the health administrator of the present day."

Miss Goldmark, in her introduction, points out that the Committee have dwelt on "the fatal error, on the part of both hospitals and schools, of generally accepting as inherent and final the existing relationship between the two, of having failed as yet even to give public expression to the inevitable consequences. To make clear this fundamental fallacy in the relationship of hospital and training school is, in a sense, the centre and focus of our study."

We hope to deal in detail with this splendid report, to which our present remarks are introductory.

OUR PRIZE COMPETITION.

NAME SIX PALATABLE TEMPERANCE DRINKS FOR THE SICK AND HOW TO MAKE THEM.

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

PRIZE PAPER.

In the matter of drinks the value of suggestion is very great. The patient should be able to feel that the proffered drink is precisely what he most desires! To this end his idiosyncrasy should be ascertained. Some chilly mortals want warm, or even hot, drinks during a heat wave. Others feel balked unless their drink carries a conviction of being iced. Some like sweet drinks; others prefer sour. The greater the importance attached to the serving of the drink the more intense will be the satisfaction it yields. Therefore, the glass should be of paper thinness and beautiful, and should stand on silver or lace-trimmed linen. Even a modest home can keep an engraved tumbler for the use of the sick. When the patient's allowance of fluid is limited, a wine or liqueur glass which just holds the maximum quantity should be used. With iced drinks the glass should be rolled in crushed ice before being filled, to give it a frosted appearance.

All home-made wines contain between five and twelve per cent. of alcohol. Liqueurs are not only strongly fortified with alcohol, but also contain intoxicating essences. Medicated wines consist of the ordinary wines to which other substances have been added, and the alcoholic content of these wines is very high. "Unfermented wines" usually contain the addition of alcohol, or antiseptics, to ensure their "keeping." Hence none of these can be included with temperance drinks.

Unfermented wine may be prepared at home (1) by sterilising fruit juice in bottles and sealing, so that no micro-organism can enter; (2) by keeping the juice at a temperature below 5°C. or 40° F. Such fruit juice, diluted with iced or soda water, forms a very beneficial drink. Failing this, a spoonful of jam in boiling water, strained, makes a good fruit drink.

Six thirst-quenching and palatable temperance drinks are:—

Grape fruit Drink.—Pour the juice of a grape-fruit, with a little of the pulp, over pounded ice, with sugar. Serve in a tumbler. This is good for influenza patients and assists digestion.

Lime Drink.—Squeeze the juice of a fresh lime into a tumbler, sweeten with two teaspoonfuls of white sugar, and fill up with soda

or plain water. Or unsweetened bottled lime-juice may be used. Limes may be obtained from the stores.

Iced Coffee.—Make some strong coffee with four large dessertspoonfuls of freshly ground coffee, a few grains of salt, and a quart of boiling water. Place by the fire for ten minutes. Strain through fine muslin. Add three small tablespoonfuls of castor sugar, half a pint of cold milk, and half a pint of cream. Place on ice for six hours before serving.

Imperial Drink.—One teaspoonful of cream of tartar, one teaspoonful of lemon juice, two teaspoonfuls of castor sugar to each pint of water.

Clear Barley Water.—(Less nutritious but more refreshing than the ordinary preparation.) Wash two ounces of pearl barley in a sieve under the cold-water tap. Put it in a saucepan with enough cold water to cover it. Bring it to the boil and boil for five minutes; drain off the barley, and discard the water. This is to "blanch the barley." Put the barley in a saucepan, with lump or white sugar to taste, a thinly pared lemon-rind, and a pint of boiling water. Cover closely till cold, then strain. This may be varied by flavouring with cinnamon-stick, a clove or two, nutmeg, or seeded raisins. Strain before use.

Egg Nbg.—Scald a teacupful of milk. Whilst heating, beat up the yolk of an egg with a very little sugar and enough lemon juice to flavour it. Beat the white of an egg to a stiff froth. Pour the scalded milk on the yolk and lemon, stirring carefully so that it shall not curdle; stir the stiffly beaten white lightly in, and serve at once.

For those who like it, buttermilk forms a refreshing and nutritious drink.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Foster, Miss Mary Ramsey, and Miss M. Cullen.

Miss Mary Ramsey gives six excellent receipts. No. 4, Toast Water and Cream, we know to be very palatable.

Take a slice of crusty stale bread, and toast it slowly all through without burning. Let it go cold, then pour over a quart of boiling water and let it stand till cold. Strain. Mix a tablespoonful of cream with half a tumbler of toast water. Add a little sugar, and serve. (If liked, an inch of stick cinnamon or a piece of ginger may be added to the toast water.)

QUESTION FOR NEXT WEEK.

Describe the Fifth Type of Nurse as known to many a sufferer. (See article, "Four Types," May 5th, page 278.)

BUBONIC AND PNEUMONIC PLAGUE.

[From the *China Quarterly Journal*.]

GERM.—These two forms of plague are caused by the same specific germ, *bacillus pestis bubonicæ*, but the mode of infection, the symptoms of invasion, and the prognosis differ greatly. The plague bacillus may be found in all the fluids and organs of the infected body.

MODE OF INFECTION.—Bubonic plague is generally conceded to be transmitted through the bite of animal fleas, especially those infesting the rat and ground squirrel. More recently it has been thought that the bed-bug may also be a carrier.

There have been rare instances when a patient primarily ill with bubonic plague developed a septicæmic pneumonia, and infected another person with the pneumonic form. Very rarely, also, has it happened that during an epidemic of the pneumonic variety one or two cases of the bubonic form have appeared. Just how these exceptions to the rule occur is not yet fully understood.

Pneumonic plague is infectious through the respiratory tract, from the germs expired from the patient's nose and mouth (droplet infection).

PERIOD OF INCUBATION.—One to six days, the same for both forms.

SYMPTOMS OF INVASION: BUBONIC PLAGUE.—Chills, fever (105 or higher), intense headache, nausea, diarrhœa, swelling and pain in the inguinal, axillary, and cervical lymph glands. The severe cases are often delirious, the prostration is marked, and such types usually end fatally in from three to four days. In the lighter infections (and these are all that live), the temperature on the third or fourth day falls, to rise again on the seventh or eighth, when the swollen glands begin to suppurate.

PNEUMONIC PLAGUE.—Malaise, headache, pain in back, chills, low fever, oppression in the chest, respiration rapid, out of proportion to the fever and pulse rate (viz., T. 101, P. 100, R. 50). On the second or third day the patient begins to cough, expectorating sputum containing bright blood. Not until this sputum can be obtained, and examined, can a positive diagnosis of pneumonic plague be made, except by inference from known previous contact, during an epidemic, of such.

Treatment.—For both types, a rigid, single quarantine (each person in a room by himself) must be observed for three classes, namely: (1) Those already ill; (2) contacts with such; (3) suspects. All of these should be compelled to wear a mask (made from gauze and non-

absorbent cotton), completely covering both nose and mouth. All doctors, nurses, or others attendant upon any of these three classes, as well as any investigators working in the region, should wear large goggles with padded rims fitting close to the brow and temple, a mask as above, special plague suit, rubber gloves, and rubbers. (These last-named to avoid wearing holes in the cloth feet of the suit.) All the workers in an epidemic of bubonic plague should be inoculated with a prophylactic dose of plague serum, and all patients with a therapeutic dose. To date, in the pneumonic form, it has proved ineffectual, and it is by no means a certain preventive or cure for the bubonic form, but it is considered worth trying. Cathartics should be administered, avoiding the salines, however, in order not to rob the system of fluids. Easily digested, but nourishing, soft and liquid diet should be given, and a plentiful amount of water. The fæces, urine, sputum and vomitus should be efficiently disinfected. It is not necessary to go further into detail *re* the usual routine which would be followed for those in quarantine, to prevent the spread of contagion, as it would not differ for these diseases from that observed for any other virulently infectious disease. For the pneumonic form, various treatments have been tried, as the intravenous use of 606, and of normal saline, but with no apparent effect, except in some instances the seeming prolonging of life for a day or two. In the bubonic form, when the lymph glands come to suppuration, surgical interference is indicated, followed by the usual daily aseptic dressings. Every means should be used to build up the system, but, at best, these cases are months convalescing.

Prognosis.—To date, all cases of pneumonic plague have proved fatal, all forms of treatment ineffectual.

Probably 70 per cent. of the bubonic patients die. It is to be presumed that of the 30 per cent. who recover most will have been inoculated with plague serum, but it is not to be inferred that none of the 70 per cent. had it, for it is by no means a specific remedy.

In due time it is to be hoped that science will be able to perfect this serum, as many others, and enable the medical profession to better grapple with these deadly epidemics. Not a few doctors and laboratory technicians are devoting their lives to this end.

CARE OF THE BODY AND SICKROOM AFTER DEATH.—Immediately following death, a large sheet, wet with strong disinfectant, should be spread on the ground outside the house, the body placed in the centre, and wrapped

securely. A layer of lime should be placed in the bottom of a coffin, the body surrounded and covered with the same, the lid nailed and the coffin sealed. Unless a trusted individual can personally supervise the immediate burning of all bedding and personal clothing in the sick-room, it is safer to bury such in the coffin with the body. The doors of the sickroom (or house, if a Chinese home) should be immediately sealed, leaving the windows open to permit free access for sun and fresh air. Nothing other than the above-mentioned bedding and clothing must be removed for at least five days. If the room is dark, ill ventilated, and windows few, it should remain sealed for a week, and either police or soldiers enforce this quarantine.

All physicians, nurses, and investigators will naturally be dressed in full plague costume, and are therefore sufficiently protected from danger in handling the dead. If, as must often be the case, others must serve as gravediggers, and assist in burying the dead, they must be fully masked, and must never touch the body with the bare hands, but avail themselves of the sheet, ropes, iron hooks, shovels, &c., to turn and move the corpse.

In severe epidemics, it is sometimes impossible to prepare coffins enough to meet the demand, or gravediggers, or suitable burying places for such a number of coffins. Under such circumstances the body, after wrapping it in the wet sheet, should be placed on a large mat, both ends folded in, and then wrapped securely, tying with strong rope. The bodies are carried to some place, designated by the physician in charge of the plague work, distant from any village, and left lying in the sunshine. This spot should be carefully patrolled, allowing no one but plague workers to approach. At stated intervals these bodies receive cremation. The public should be informed that this method is used, not from lack of desire to conform to ordinary customs, but for their best protection from a hygienic and sanitary standpoint. The graves should be dug at least eight feet deep.

At the end of five days, or one week, as the case may be, the worker, dressed in plague costume, may enter the sickroom, and take out everything that can be moved into the sunshine. All articles that can be boiled should receive this treatment. The rest should be scrubbed with disinfectant, followed by soap and water, and left in the sunshine for ten hours. (This applies to work in villages. In hospitals much could be put through the steriliser.) The room should receive a thorough cleaning with disinfectant solution and soap and water. When dry, the ceiling, walls, native bed (*k'ang*) and

floor should be whitewashed, and the room left open to sun and air.

Although we cannot place full reliance on sun and air to kill this germ, yet we believe it must have this power to a certain extent, or the death-rate would inevitably be larger. The epidemics of pneumonic plague usually occur in the cold months, and wane with the first warm days, which would seem to add weight to the above theory. Another helpful element enters in, too, in that with less crowded conditions in inns and homes with the coming of warm weather the danger of droplet infection decreases.

From what we have said, it will be easily understood that the duties of the medical and nursing profession in this disease must lie more along the line of prevention than of cure. The first step of the plague fighters is to gain the co-operation and authority of the Government, and of the local officials in the infected region, as without this one is handicapped most seriously. Every quarantine unit must be under the direct supervision of a doctor or a graduate nurse. But many volunteer workers must be had in addition, to supplement the inevitably limited number of physicians and nurses available. The local police and soldiery can help materially in many ways, freeing the medical workers for such work as necessitates their scientific knowledge, as supervision of quarantine units and direction of plague investigation. Police or soldiers can assume the extermination of rats, squirrels, and like carriers of bubonic plague, and all which will attract such, as refuse piles, &c., in the villages infected. Cordons of police or soldiers should surround the region to prevent contacts, through fright or ignorance, from fleeing to other places and spreading the disease, or those who, despite their understanding of the possible menace to others by so doing, wilfully ignore this, in their selfish desire that their business interests shall not suffer, and who break quarantine. If railroads pass through the infected district, under the supervision of doctors, with the aid of the militia, all passengers boarding and leaving trains are inspected. In severe epidemics it often becomes necessary to entirely suspend train traffic for a period, or order that no stops be made between certain points covering the danger zone.

DESCRIPTION OF PLAGUE SUIT.—Should be made of a closely woven dark material, in one-piece suit style, including feet and hood. Snaps should be used to fasten instead of buttons, for facility in removing, as infected hands would carry the germs through the buttonholes.

Tapes draw the hood closely about the face, and take up any extra fullness at waist and ankle line. The sleeves should be long so that the rubber gloves can easily cover in. The goggles go on first, then suit, mask, gloves, and rubbers. A cloth head mask, with slits for eyes, may be used instead of the gauze and cotton one, in which case it should go on before the suit. The suits cannot be made with any special fit, as they must be large enough to give perfect freedom of movement, and also capacious enough to suit any figure. Heavy, loose-fitting gloves should be provided. At Tehchow we provided the workers with big squares of heavy cloth and rope, which, when ready to take off their plague costumes, they spread on the ground in the sun, put all their clothes in it, rolled it securely, tied it with the rope, and sent it to me at the hospital by trusted messenger. We put these bundles at once into the dressing steriliser, and put them through 15 lb. pressure for an hour twice in succession, then opened and sunned thoroughly. In lieu of a dressing steriliser, one would need to soak these bundles in strong disinfectant, or boil them, and finish with sunning. Masks were usually burned, as they were too soiled after use in the dust and wind to be acceptable, even after sterilising.

THE INTERNATIONAL COUNCIL OF NURSES.

Miss M. Breay, Hon. Treasurer of the International Council of Nurses, has received from Messrs. G. P. Putnam's Sons, Ltd., a cheque for £7 12s. 10d., the American Royalities on the third and fourth volumes of "A History of Nursing" for the half-year ending January 31st, which, with characteristic generosity, Miss Dock has given to the Council. How much the Council is indebted to her generosity, genius, and altruism is fully known only to a few, for, with the modesty of greatness, her work has been so unostentatiously done that only those who have been in close association with it can form any idea as to its extent, but the Council bears the impress of her unselfish labours on its behalf, and of the wisdom and kindness with which she conducted its negotiations with the nurses of many countries in the first 23 years of its existence.

"The History of American Red Cross Nursing," by Lavinia L. Dock, R.N., assisted by five experts, is a magnificent tribute to American Red Cross Nurses. It has just been added to the International Library at 431, Oxford Street, W., and shall have our best attention anon.

NURSING ECHOES.

Under the auspices of the Royal Society of St. George (City of London Branch) Miss Kathleen A. Smith, R.R.C., Matron of the London Temperance Hospital, will give an Address on "Florence Nightingale: a Great Englishwoman," at St. Bartholomew's Hospital, Smithfield, E.C., on May 12th, at 3 p.m., by permission of the authorities. Major Richard Rigg, T.D., O.B.E., J.P. (Chairman of the Executive Council), will preside. The date is an auspicious one, as it is the birthday of the great lawgiver of our profession, whose influence over nursing is world wide, and who, in her old age (when, indeed, she was too old and feeble to attend the ceremony at the Guildhall, and scarcely able to realise its significance), was made a Freewoman of the City of London, and also received the Order of Merit from His Majesty the King.

We have to thank Miss E. Pell Smith, Leicester, for 10s.; Mrs. Walter Spencer for 5s.; and Miss E. Horton, Scottish Nurses' Club, Glasgow, for 1s., towards preserving Thoroton Church Spire. Don't forget our Sale at 431, Oxford Street, W., on May 26th.

We are always pleased to see a full report by the Matron of the activities of the Nursing Department incorporated in the Annual Report of a hospital. It proves that the Committee of Management appreciates the value of skilled nursing.

Miss H. M. Kendall, Matron of the General Hospital, Nottingham, in her report of the Nursing Department for the year 1922, is to be congratulated upon the first-class work accomplished by the nursing staff.

We learn: "While the demands upon the School have increased, the opportunities offered under the Syllabus of Training for Nurses, as laid down by the Nurses' Registration Act, and prepared by the General Nursing Council for England and Wales, for a broad general training as a Nurse, have likewise increased, and under the able direction of Miss McCheane, the Tutor Sister, these new facilities are being developed, and will make it possible to give the Pupils of the School a much more extensive and thorough training for the Profession of Nursing than in the past."

All over the country Schools of the standing of the General Hospital, Nottingham, are quite prepared to adopt the Syllabus and deal fairly with their pupils. It makes it, therefore, the more outrageous that after drafting and agree-

ing to an excellent Syllabus, the new Council and the Ministry of Health are being intimidated by a few inferior infirmaries and withholding the right to a Syllabus of Training from probationers, thus discouraging the right type of woman from adopting nursing as her profession.

Miss Kendall tells us that :—

In addition to the Lectures given by the Tutor Sister, courses of Lectures were kindly given by Dr. Wallace on Medical Work, and Mr. Webber on Surgical Work.

All Nurses passed the Examinations.

The Senior and Junior Nurses' Examinations resulted in Nurses Hallam and Mouncey heading the respective lists.

The following Nurses, all of whom passed the Examinations, availed themselves of the kind offer of the Committee to pay the fees for their respective courses of training :—

MIDWIFERY :—Nurse Edith Bainbridge, Ida Hallam, Jane Stephens, Maud Taylor, and Gladys Williams.

HOUSEKEEPING :—Sisters Ida Lane and May Stephens; Nurses Florence Appleyard and Dorothy Munro.

FEVER TRAINING :—Nurses Dorothy Sampson and Esme Slack.

On the recommendation of the Nursing Committee, the following appointments were made: Miss E. C. Cameron, X-Ray Sister; Miss Mary Dickens, Sister of the Terrace Huts; Miss Nora H. McCheane, Tutor Sister; Miss Fanny Owen, Night Sister; Miss Alice Reid, Home Sister; Miss Eleanor Roe, Out-Patient Sister; Miss Mary Smith, X-Ray Sister.

The new Home is rapidly nearing completion, and although no definite date for the opening can be given, it is confidently anticipated that the Nurses will be in occupation by the end of July, 1923. The new building will provide accommodation for 130 Nurses, allowing a separate bedroom to each Nurse, and for Lecture Rooms, Class Rooms, Sitting Rooms, and many other comforts which they have hitherto lacked.

The Sale of Work suggested by the Nursing Staff towards the cost of furnishing the Home, and held last November, was a great success, and Miss Kendall expresses grateful appreciation for the faithful co-operation of the various Heads of Departments, Nurses, and other Officers associated with her in the work.

The Enfield and Edmonton Joint Hospital Board have, at the request of the Matron,

granted the members of the staff board wages (£1 per week) on holiday. The Board also granted the Matron £20 per annum as uniform allowance.

Mr. John Paton, in a letter to the *Glasgow Herald* re the M'Alpin Nursing Home, incidentally writes: "The large number of patients in wards in our infirmaries necessitates, for example, their being wakened about 4 a.m., so that an overwrought nurse may have all the beds made and everything straight in time for the day staff. From experience as a patient and as a medical man in both nursing homes and institutions I much prefer the nursing home, but agree with Mr. Maylard that all homes should endeavour to be well equipped with modern X-ray appliances, and thereby attract more patients and relieve to that extent our over-congested hospitals."

Surely it cannot be true in these days that night nurses are so "overwrought" that they have to begin ward work and waken the patients at 4 a.m. If so, Scottish infirmaries must be away in the dark ages, and need drastic reform. No wonder nursing is not so popular a profession as it should be.

We wonder when the Duchesses and others who run County Nursing Associations will find time to read the Nurses' Registration Acts; when they do surely they will realise how unfair it is to continue spending thousands of public and charitable funds on training "nurse midwives" who after years of service will not be qualified to register as Nurses. It is time Registered Queen's Nurses holding the certificate of the Central Midwives' Board were alone eligible to fill the position of district nurse. The candidates are never instructed when making their contract how it will deprive them of professional status in the future. Non-wage-earning women should be prevented dabbling in the economic conditions of the wage-earners.

The *Johns Hopkins Nurses' Alumnae Magazine* is, we are inclined to think, the leading training school magazine in the States. It is always full of most interesting items, especially to those of us who know this splendid institution at Baltimore well. Recent changes in the Wards and in the Nurses' Home, contributed by Miss Helen Giddings, include some interesting details. We are told that "even a pupil nurse sees improvements since the time she was a 'pupil.' Every patient on admission is now given a toothbrush and toothpaste

of his own, made to use them while he is here, and urged to take them home when he is discharged. So many patients arrive with badly kept teeth—often an important factor in their illness—that we cannot over-emphasise the care of the mouth. We believe that this distribution of toothbrushes is a valuable and far-reaching piece of propaganda.

“Each person has also his individual soap-dish and soap, and comb. These, with the toothbrush, are kept in a white enamelled metal tray designed to hang inside the bedside table. The arrangement is much more sanitary and convenient than formerly. The ‘nurses’ baskets’ are still used, but are made smaller, since they need not contain so many articles.

“Serving meals on the public wards has been simplified. Each ward has a sort of tea-wagon, substantial, smoothly running. Just before meal time the kitchen sends up a ‘vacuum box,’ resembling a fireless cooker, containing tightly covered receptacles with the food piping hot. This box is set on the wagon, with the dishes and silver. Wooden standing trays have previously been taken into the ward for those patients who need them. The nurses push their carts down the ward, serving from the vacuum box as they go, following the diet list which hangs on the back of the cart. A ward can be served in 10 or 15 minutes with scarcely an extra trip, and the food keeps hot.

“The nurses are allowed more privileges generally than a few years ago. Pupil nurses may now use the elevators. They may go out with doctors and students or entertain them at the Nurses’ Home. They may have many more dances. The unmarked laundry, kept in the office, may be claimed at any time.

“It is such small things as these, which creep in almost unobserved, that eventually contribute definitely to the comfort of the patient and the convenience of the nurses.”

The National League of Nursing Education, U.S.A., of which we are happy to be an honorary member, is going ahead, and, with other National Nursing Organisations, now has its headquarters in New York City, each represented there by its own Executive Secretary. With this progressive step, it is hoped that the work of the League will be greatly stimulated and that it will be able to render the greatest possible service to its members, to institutions and organisations in need of the services of nurses, and to all those interested in the problems of nursing education.

NURSES’ MISSIONARY LEAGUE.

The Annual Meetings of the Nurses’ Missionary League, held on May 3rd, were a very special occasion, being the twentieth anniversary of its foundation. The morning session illustrated the growth of the work. Mrs. Basden (Mildmay Mission Hospital and Nigeria) and Mrs. Arnold Hughes (Manchester Royal Infirmary and Hong Kong) spoke about the League in 1903 and 1913—the years in which they respectively became members. Mrs. Basden contrasted the tiny beginnings with the present, as illustrated by the long list of Matrons who have become Vice-Presidents, and by the fact that members are now working overseas in connection with thirty-six Missionary Societies. Mrs. Hughes spoke of some of the ways in which the League had helped, by the little meetings in hospital and afterwards by its literature, by the link of intercession, and by the fellowship with other members, especially when they meet in distant parts of the earth. A “Demonstration Study Circle” was then held by nurses representing three hospitals, and this was followed by reports of the work during the past year, from branches in Scotland, the Provinces, and London. These reports showed the great variety of the present work—the activities including the performance of a missionary play, weekly walks in summer, needlework guilds, circles for the study of the Bible, and of missionary problems and meetings for intercession.

At the afternoon conversation there were, as usual, members present from many parts of the world—India, China, South America, and various places in Africa—and little groups gathered around to listen and to compare experiences. The beautiful songs were much enjoyed, and two interesting addresses were given by Miss Darbyshire on the work of the Minto Nursing Association in India, and by Dr. Cochrane about his experiences during some twenty years’ service in China.

In the evening, after the adoption of the Report, a message was passed to be sent to Mrs. Starr, who had been a member since 1908, and had been closely connected with the League. Miss Maud Lamb then spoke of her work as Sister in a Women’s Hospital in Amritsar, emphasising the terrible sufferings of the Indian women under the *pardah* system, which forbids them to see a man doctor. She explained that the chief work of the English Sister is necessarily to train Indian nurses, and she spoke in highest terms of the skill and reliability of some of the Indians when fully trained. Some of her nurses, under an Indian woman doctor, had carried on the hospital unaided, when the English staff had to leave during the riots four years ago.

The day closed with an address on “The Care of the Inner Life,” by the Rev. C. C. B. Bardsley, D.D.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 233.)

After the two days' hearing by the Privy Council of the Royal British Nurses' Association's Petition for a Royal Charter—the opposition to which by the Training Schools cost the Petitioners £1,500—and the granting of the same, in 1893, one would have hoped that the free associated nurses would have been permitted, as the nurses of all other countries have been, to go steadily forward in the attainment of their altruistic aims.

But no.

No sooner had the Association the legal powers to effect improvement and reform in nursing standards, and economic conditions, for nurses, than the Anti-registration Party began its discreditable campaign of sowing dissension in registration ranks, and to control, through medical intolerance of nursing independence, the Association's policy.

Unfortunately, Mr. E. A. Fardon, the Resident Medical Officer of Middlesex Hospital (whose Governors at that time were strongly "anti"), held the position of Hon. Medical Secretary. The test of his loyalty to the Association came when, in 1896, a vote was taken at a Conference convened by the Parliamentary Bills Committee of the British Medical Association and certain nursing bodies, on registration, when Mr. Fardon voted against the principle. When indignantly questioned later, on his conduct by nurse members of the R.B.N.A., his excuse was "that he represented the Governors of Middlesex Hospital at the Conference, and not the Association," of which he was one of the chief honorary officers.

From that time onwards the medical element on the Council and Executive Committee of the Association ranged themselves on the side of reaction, and did all in their power to minimise the benefits conferred on the nurses by their Royal Charter. In 1897 they, with the help of certain Matrons, packed the Council and re-cast the liberal Bye-Laws, depriving the nurses of certain powers, and eliminated myself from the recognition bestowed upon me in the Bye-Laws as initiator of the Registration Movement. The majority of the founder Matrons resigned (I did not) in protest, and for many years the Association was entirely controlled by the Medical Executive, which naturally stultified its natural growth, and it

was not for many years, and until the pioneers of nursing reform organised independently in the Matrons' Council, and later in the Society for the State Registration of Trained Nurses, and after the advent of Miss Isabel Macdonald as Secretary to the Association, that a more enlightened policy was again apparent in the work of the R.B.N.A.

In 1903 the Society for the State Registration of Nurses drafted the first Nurses' Registration Bill, which was introduced into the House of Commons by the late Dr. Farquharson, of Haughton, in 1904. The R.B.N.A. followed with a sister Bill for the same purpose, and happily in 1910 all the Societies supporting the principle of State Registration—English, Scottish, and Irish—associated themselves, together with the British Medical Association, and after conferences agreed to heartily support the same Bill, which was successively introduced into Parliament by Lord Novar, then Mr. R. C. Munro-Ferguson, and later by Dr. Chapple, from 1910 to 1914.

By this time the Anti-registration Party, led by the Governors of St. Thomas's Hospital and the London Hospital, and supported, of course, by their Matrons, the strings quietly manipulated by Sir E. Cooper Perry, then Medical Superintendent of Guy's Hospital, and voiced by a venal nursing press, had realised that the game was up, so far as opposing the State Registration of Nurses in Parliament was concerned. A flank movement had therefore to be made, and it is the inner working of this movement, with the determined aim of controlling the Nursing Profession, which I shall begin to expose next week.

ETHEL G. FENWICK.

NURSES MUST ACT WITH COURAGE.

We learn that the College of Nursing, Ltd., had an interview with the Parliamentary Medical Committee at the House of Commons on Monday, in support of the proposal to place persons with no hospital training on the General Part of the Register.

The Parliamentary Medical Committee has arranged to see a delegation from the Organised Nurses' Societies on May 14th, when the injustice to Nurses registered under present Statutory Rules, and the danger to the public of granting the title of "Registered Nurse" to untrained persons will be urged.

As some of the Members of the G.N.C. feel very strongly on the proposals of the Parliamentary Medical Committee, a Special Meeting of the Council has been summoned to consider the question this week.

PARLIAMENTARY MEDICAL COMMITTEE, HOUSE OF COMMONS, AND REGISTRA- TION OF NURSES.

In reference to the proposals of the Parliamentary Medical Committee—that persons without any hospital training should be placed on the General Part of the Register, which appeared in the *British Medical Journal* of April 28th—the following letter from the Medical Chairman of the General Nursing Council for England and Wales appears in last week's issue:—

REGISTRATION OF NURSES.

SIR,—You published in your issue of April 28th (p. 740) a set of rules for the registration of nurses, proposed by the medical Members of Parliament.

The effect of them will be that everyone who has been nursing the sick for three years before November 31st, 1919, will be entitled to registration. The proposed rules take no account of training whatever. It is suggested that the Council should examine such nurses, but the examination would necessarily be of so narrow a scope that it would be wholly unsatisfactory to the examining body, and if it was of a searching character in the small area open to it would certainly be considered unfair by the candidates.

Medical men have co-operated heartily with nurses in raising the standard of nursing for the benefit both of the public and of nurses themselves. It seems to me a pity that medical men should now propose that all the efforts of the last twenty years should be of no account.

The Council has itself proposed that nurses in practice before 1900 should be admitted on evidence of competence, and it might be wise to extend that limit, but I cannot look upon the present proposal as other than retrograde. I may add that I should think it highly doubtful whether any trained nurses would have registered at all if these proposals had been made a part of the Act.

Since, however, I am expressing merely my own opinion, I should be glad if other medical men would state their views in your columns.—I am, &c.,

W. P. HERRINGHAM,
Chairman of the General Nursing
Council for England and Wales.

GRAVE INJUSTICE TO TRAINED NURSES.

Sir Wilmot Herringham need have no doubts concerning the attitude of trained nurses had the present most unjust proposal been incorporated in the Statutory Rules in 1921. The State Register would have simply fizzled out—no certificated nurse would have placed her name on it; and it is therefore all the more unjust to the twenty thousand trained and certificated nurses who have registered under the Rules approved by Parliament that the agitation of the Controllers, lay and medical, of the College of Nursing, Ltd., should incite the G.N.C. to effect a gross breach of contract with nurses who have come forward to support the State Register. The new Rule—which proposes that nurses in practice without hospital experience before 1900 shall be placed on the General Part of the Register—is bad enough, but that all the women who could and should have trained and who shirked doing so during the past 23 years, and who have, in private homes and otherwise, victimised the sick by their ignorance,

should now have preferential treatment, and share the privilege of legal status with nurses who have earned it, is grossly unfair.

Take the highly trained and certificated nurses who have been side-tracked on the Supplementary Sick Children's and Fever Registers. Many of these specialists are highly qualified, have had three or two years' systematic training, have passed examinations and received certificates, and still are not eligible to be placed on the General Part of the Register. Compare the position of these nurses with that of the totally untrained persons the Parliamentary Medical Committee propose to make eligible for the General Part of the Register—women who may have never worked in a hospital for a day, who have received no systematic theoretical or practical teaching, who have never been examined, and who hold no evidence of real efficiency whatever. We repeat, the proposal is grossly unfair to every nurse who has conformed to the present Statutory Rules, both on the General and Supplementary Registers, and we believe that already women who have worked in special hospitals and are not qualified to be placed on the Supplementary Registers, are being recommended by the Registration Committee and will be foisted *in camera* by the Council on to the General Part of the Register. Is it any wonder that there are still at least 20,000 certificated nurses who are standing out? From one large hospital not a dozen nurses have registered, whilst from another some 300 only out of 1,500 certificated nurses have applied.

Instead of repeating vamped replies to questions in the House, we advise Mr. Neville Chamberlain, the new Minister of Health, to learn the truth outside his own Department.

PROBATIONERS DEPRIVED OF THE RIGHT TO A SYLLABUS OF TRAINING.

Mr. Chamberlain has supported Sir Wilmot Herringham in depriving probationers in training of their *right* to a compulsory Syllabus of Training, and by maintaining the present intolerable lack of educational standards, they are rendering the Nurses' Registration Act a dead letter so far as co-ordination and efficiency of teaching and training are concerned, and are, like dancing mice, revolving in a little cage in the old vicious circle, which has resulted in a terrible shortage of educated probationers, and a serious lack of nursing efficiency.

As we have said before, there is absolutely no reason to pander to the little inferior institutions, as the majority of the best Training Schools are not in opposition to the "prescribed scheme of training" provided in the Syllabus of Training. The whole attitude of the majority of the present Council is one of crass ignorance and invertebrate futility, and if the Chairman of its Education Committee—Miss Lloyd Still—had only stood firmly for our rights instead of weakly conceding them, there would have been no question of scrapping the Syllabus and compelling us to enter upon an agitation to compel the Council to conform to the law.

APPOINTMENTS.

MATRON.

North Riding Infirmary, Middlesbrough.—Miss Nellie Stringer has been appointed Matron. She was trained at St. George's Hospital, London, and has been Assistant Matron of the Royal Gwent Hospital, Newport, Mon.

Staffordshire Orthopaedic Hospital, Biddulph Grange, Biddulph.—Miss E. Baynes has been appointed Matron. She was trained at King's College Hospital, London, and has held positions at the South London Hospital, Leasows Orthopaedic Hospital, Liverpool, and Ancoats Hospital, Manchester.

Ashington Hospital, Northumberland.—Miss A. Rensson has been appointed Matron. She was trained at the Royal Hospital, Portsmouth, where she subsequently held the position of Sister, Theatre Sister, and Night Superintendent. She did War Nursing from 1915 to 1920, when she was appointed Matron of Belvidere Hospital, Glasgow.

ASSISTANT-MATRON AND SISTER-TUTOR.

Severalls Mental Hospital, Colchester.—Miss Alice Nixon has been appointed Assistant Matron and Sister-Tutor. She was trained at Hartlepool Hospital, where she subsequently held the position of Night Sister. She has also been Night Superintendent at the Northumberland War Hospital, and Assistant Matron at Sir James Murray's Royal Asylum, Perth, and at the City Mental Hospital, Gosforth.

THEATRE SISTER AND SISTER-TUTOR.

Metropolitan Hospital, Kingsland Road, E.—Miss M. Camp has been appointed Theatre Sister and Sister-Tutor. She was trained at the Prince of Wales' Hospital, Tottenham, where she was Sister. She has also been Ward Sister and Sister-Tutor at the General Hospital, Tunbridge Wells.

SISTER.

Whipps Cross Hospital, Leytonstone.—The following have been appointed Sisters:—Miss Rachel Annereau. Trained at the London Hospital; has been Sister at Forest Lodge Convalescent Home, Whipps Cross, Leytonstone. Miss Eleanor F. Godwin; trained at Kensington Infirmary; has been Nursing Sister in India; previously Ward Sister, Kensington Infirmary. Miss Elsie G. Prior; trained at St. Leonard's Hospital, Shoreditch; has been Staff Nurse at St. Leonard's Hospital. Miss Winifred K. Ford; trained at Willesden Infirmary; has been Staff Nurse at New End Hospital, Hampstead, and Wellhouse Hospital, High Barnet.

District Hospital, West Bromwich.—Miss G. Hamilton Wilson has been appointed Sister. She was trained at the Royal Infirmary, Leicester, and has held the position of Sister at the Harrogate Infirmary.

Borough of Leamington Spa.—Miss Emily Wright has been appointed School Nurse. She was trained at the Royal Infirmary, Manchester, and the Fever Hospital, Bolton, and has been Sister and Divisional Sister in Queen Alexandra's Military Nursing Service Reserve.

General Hospital, Grantham.—Miss E. Airey has been appointed Sister. She was trained at the Bromley Infirmary, and has been Staff Nurse at Colne Cottage Hospital.

SISTER-TUTOR.

General Hospital, Cheltenham, and Royal Infirmary, Gloucester.—Miss Evelyn Harris has been appointed Sister-Tutor. She was trained at St. Bartholomew's Hospital, Rochester, and has held the position of Sister at Tiverton Hospital, and Sister-Tutor at New End Hospital, Hampstead. She is a Certified Midwife, and holds the Certificate of the Chartered Society of Massage and Medical Gymnastics.

INTERVIEWING OFFICER G.N.C.

We hear that Miss Mary I. Burdett has been appointed to the temporary position of Interviewing Officer at G.N.C. Headquarters. As the post was not advertised only four applications were received, of these Miss Burdett was the only member of the College of Nursing, Ltd. It is indeed the irony of fate that a sister of the life-long anti-registration protagonist—the late Sir Henry Burdett—should apply for an official post in the State Registration Office.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Caroline A. I. van Crans is appointed to St. Helens, as Superintendent; Miss Ida L. Benson, to Reading, as Assistant Superintendent; Miss Jemima N. Armstrong, to Windermere; Miss Kathleen I. Elliott, to Ryde; Miss Mabel E. Gould, to St. Mary Extra; Miss Phyllis Kaye-Parry, to Radstock; Miss Harriet E. Nixon, to Elland.

DEPARTMENT OF HEALTH, NEW ZEALAND.

DIRECTOR OF DIVISION OF NURSING.

Miss Jessie Bicknell, A.R.R.C., has been appointed Director of the Division of Nursing in the Department of Health, New Zealand. Miss Bicknell has for many years acted as deputy to Miss Hester Maclean, R.R.C., whom she now succeeds in this important position. Miss Bicknell is at present travelling in Europe before taking up her new duties; meanwhile Miss Maclean is remaining in office.

Miss Hester Maclean, R.R.C., who has discharged the duties of this responsible office for many years with distinction, will retire on the return of Miss Bicknell to New Zealand. We are glad to know that she will continue to edit *Kai-Tiaki*, the excellent journal of the New Zealand Trained Nurses' Association. So few trained nurses in each country combine literary talent with professional knowledge and conscience that we cannot afford to spare one who has given conspicuous evidence of their possession. We hope that Miss Maclean will enjoy the comparative leisure of her retirement, but no one who is editor of a Journal for Nurses can enjoy a life of ease.

WEDDING BELLS.

On May 22nd Miss Katharine Blenkarn, of the Registered Nurses' Society, is to be married to Mr. George Augustus Herbert, at St. John's Church, Paddington. The vicar of the parish, the Rev. H. F. S. Adams, will perform the ceremony.

Miss Blenkarn has made many friends during eight and a-half happy years of very successful work on the Registered Nurses' Society, of which her sister is also a member, and they will desire to offer her their congratulations and their best wishes for her happiness in her new life.

FEVER NURSES' ASSOCIATION.

Miss A. Stewart Bryson, Matron of the Northern Hospital, Winchmore Hill, N., was elected President of the Association at the half-yearly meeting of the Council. The Presidential address will be delivered at the Annual Meeting, which is to be held by kind permission of the Metropolitan Asylums Board, at their Offices on Saturday, May 26th, at 3 p.m., when it is hoped that every member who can will attend that meeting.

At the half-yearly examination, held in April last, there were no less than 297 candidates—a record in the history of the Association.

LEGAL MATTERS.

The story related in the Divorce Court of the marriage, and other relations, of Mrs. Susan Ann Cardwell, stated to be a nurse, is not the less unsavoury because Mr. Justice Hill permitted her decree nisi to stand in spite of the intervention of the King's Proctor.

Mrs. Cardwell appeared in court in nursing uniform.

Unhappily married to Thomas Lewis Cardwell, she was granted a decree nisi on March 13th, 1922, on the ground of his bigamous adultery.

The day after her husband was sentenced for bigamy, as admitted by Mr. Walter Frampton, who represented her, she met William John Joseph Keyte at Cheddar, and "found the man had engaged only one room at the hotel." They remained there till the end of the month.

Mr. Justice Hill, in using his discretion to allow the decree nisi to stand, said he thought Mrs. Cardwell had been gravely wronged by her husband and "by the man with whom unfortunately she was foolish enough to spend a holiday." The King's Proctor was allowed his costs.

COMING EVENTS.

May 12th.—Royal British Nurses' Association. Lecture on "Biology," by Dr. Sloan Chesser. Film, "Social Hygiene for Women." 3 p.m.

May 12th.—The Royal Society of St. George (City of London Branch). Address on "Florence Nightingale—A Great Englishwoman," by Miss Kathleen Anna Smith, R.R.C. St. Bartholomew's Hospital, E.C. 3 p.m.

May 16th.—East-End Mothers' Lying-in Home. Annual Meeting, 396, Commercial Road, E.1. 4 p.m.

May 18th.—General Nursing Council for England and Wales. Monthly Meeting. Ministry of Health, Whitehall. 2.30 p.m.

May 18th.—Royal British Nurses' Association. Anniversary of the Opening of the Club. American Tea in aid of Settlement Home.

May 26th.—Jumble Sale, Restoration Fund, St. Helena's Church, Thoroton, Notts. 431, Oxford Street, W. Open 12 noon.

May 26th.—Fever Nurses' Association. Annual Meeting, Metropolitan Asylums Board Offices, Embankment, E.C. 3 p.m.

VERSE.

Out of the strain of the Doing,
 Into the peace of the Done;
 Out of the thirst of Pursuing,
 Into the rapture of Won;
 Out of gray mist into brightness,
 Out of pale dusk into dawn—
 Out of all wrong into rightness,
 We from these fields shall be gone.
 "Nay," say the Saints, "not gone, but come,
 Into Eternity's Harvest Home!"

—W. M. L. Jay.

WORD FOR THE WEEK.

Not one person in fifty uses his or her brain to half of its real capacity.—*Sir Arthur Keith.*

HOSPITAL WORLD.

The University College Hospital Ladies' Association, during its twenty-three years' existence, has endowed four beds in addition to maintaining three beds in the hospital, for which it has given the sum of £10,312 9s. 10d. It also has provided more than 32,500 garments. It was stated at the annual meeting last week, at which Lady Elizabeth Dawson presided, that the members now numbered 743, and 862 garments had been contributed to the hospital during the year.

The University of London is considering an application from the Maudsley Hospital to become a School of the University. The Hospital is to be inspected and a report will be made to the Senate on questions relating to research, teaching, and equipment of the several departments of the hospital. It is likely that the application will be granted, for Maudsley Hospital is an institution of good standing. The hospital would, in the event of acceptance, become a teaching school in psychological medicine.

A further anonymous donor has generously given £2,500 towards the urgent appeal for £30,000 now being made by the Cancer Hospital (Free), Fulham Road, London, S.W.3, for the immediate need of an operating theatre.

A special appeal on behalf of the Manchester Hospitals, issued by the Lord Mayor of Manchester, has resulted in the receipt of £20,000. Messrs. Rylands & Co., Ltd., in celebration of their centenary, contribute £5,000. The aim of the Lord Mayor is to raise £100,000.

The *British Medical Journal* has published a summary of the experiences of workers in the eight hospitals in which selected cases of diabetes have been treated with insulin. Except in cases which have already reached the stage of coma, all the patients treated; it is stated, have shown admirable improvement. The effect of insulin in diabetic patients who have passed into a condition of coma is often very striking. In one instance, that of a man admitted to hospital on the verge of coma, just conscious, but with extreme air hunger, treatment with insulin was followed by such improvement that for the next three weeks the discharge of sugar entirely ceased.

The appointment of Sister-Tutors is causing much discussion at P.L.G. Meetings. The proposal to appoint one for the nurses of the Belfast Union, at a salary of £200, with board, apartments, laundry and uniform, aroused a keen discussion, and was only carried by one vote—and a motion to rescind was given. We are glad to see the medical officers advised that a lady doctor would not be suitable for the post. Quite so. Probationers need expert teaching in the theory and practice of Nursing—not of Medicine—and such teaching can only be given by skilled and experienced nurse educators.

REAL MATERNITY.

BY MARJORIE BOWEN.

Poverty usually overburdens women with children and leaves them neither health nor leisure in which to enjoy them, while riches tend to shift all burdens altogether and leave a woman barren of her duties and obligations. First the nurse, then the governess, then the school undertakes the charge, care, and training of the children, and if the mother gives these an intelligent supervision, she is considered to have her full share of responsibility.

If the nurse leaves or is incapable, if the governess is a failure; if, in any way, even during short holidays, the children are left to the sole care of the mother, she is usually reduced to a state of worry, almost panic despair.

She does not know her own children; she has no control over them; very often their clothes, their games, are mysteries to her, and she is an enigma to them. It is the character and behaviour of the hired person that is forming the child, the school, not the home, that shapes his future.

To bring up her own children herself should not be beyond the strength of any woman who does not have to earn her own living; a certain partial help is desirable to relieve "tedium" or the sense of being tied, but the mother should be the head nurse and the first governess. It is quite easy to learn all there is to know about babies, and to give little children their first lessons is only a matter of average intelligence and plenty of patience. If a woman does not know as much as the usual hired nurse or nursery governess she must be an incompetent creature, and if she finds these tasks boring or irksome, what will they be to a person to whom her child is a stranger and who is doing for a pittance what she won't do for love?

If the child is not interesting to the mother, it will be tiresome indeed to an outsider, and what chance has it to expand and develop served by reluctant hired labour, taught by a disinterested, perfunctory stranger who is (generally unwillingly) earning a livelihood impossible to procure by any other means. These people find the child a "bother"; it is endured, not relished; the atmosphere is stale, dull; nurse and governess have their own interests to consider, their own boredoms to combat; if the one is careless, lying, uncleanly, lazy, the other incompetent, hysterical, ignorant or faddy, it is the child that suffers; the adults have a freemasonry among themselves before which the child is helpless.

Useless for the mother to compromise by an occasional walk or "half-hour" in the nursery, a chance fairy-tale or treat, a decorous romp when all is clean or tidy, to be photographed with baby in a lace frock, and little sister with her hair smooth (for once) and little brother looking angelic with a pet lamb.

Real maternity is not like that. The demand of the children is enormous, more than the

necessities of modern conditions will allow some women to give, but a great number could and do not.

It is not easy; indeed, it means the sacrifice almost of a woman's entire time and vitality, and the exercise of a boundless patience. Nurse and governess repress and punish and gain some "peace and quiet," but the mother cannot; she must see that the children are well and happy and steel her nerves to the noise, damage, and work this entails; she must learn to give sensible answers to incessant questions instead of saying, "Oh, I don't know," or "Children should be seen and not heard"; she must watch diet and the effect of diet, study budding likes and dislikes, talk of cheerful and interesting things until they become part of the daily life; she must be prepared for complete selfishness, heartlessness, and lack of logic on the part of tiny children, and bewildering reserves, sensitiveness and fancies on the part of the older ones.

Above all, she must strive to be the one person who is never cross or unjust, or rude or lazy or slovenly; she must, from the very first, have her moral standard high, and her principles firm, and her manners fine; she must look as pretty and be as pleasant as she possibly can.

All this premises good health—and if a woman has not good health she had better abdicate first as last; "nerves" and the care of children is a fatal combination. And even given health and leisure and sufficient means, the task may appear overwhelming and the reward doubtful.

For who shall say that the children will be grateful or even understanding?

And the mother must not want them to be; she is equipping them for their own lives, not for hers, she must not strive to keep them, to hang love round them like fetters, to chain them with obligations and sentiments.

When the fledglings can fly the nest is empty; to see the straight, strong flight and to hear the joyous song is the sole return for the toil of the forgotten mother bird.

QUEEN ELENA'S TRAINING SCHOOL FOR HOSPITAL NURSES AT THE POLICLINICO HOSPITAL, ROME.

Our King and Queen have received a most splendid reception in Rome, where, as the guests of the King and Queen of Italy, they are having a lovely time. Every minute has been mapped out with great social functions, visits of historic and artistic interest, and of homage to the glorious dead. We fear Queen Mary may not have time to visit Queen Elena's fine Training School for Nurses at the Policlinico Hospital, but will, no doubt, learn something of its very successful pioneer work, as the Queen of Italy is very proud of its success, and we are very proud that to an Englishwoman, Miss Dorothy Snell, much of its success is due.

The following article from the *Giornale d'Italia*



A Gas Wash Copper

can be lighted in a moment, and makes no smoke. Since there are no smuts, there is no risk of your morning's work being spoiled with dirt.

And a Gas Iron

ensures smooth easy ironing without danger of smearing the clean linen, through dirt from the stove accumulating on the face of the iron.

If you instal these modern economical appliances in your home you will immediately

Banish Wash Day Worries

which, during times of family illness, when washing is apt to be more heavy and more urgent, are specially fatiguing.

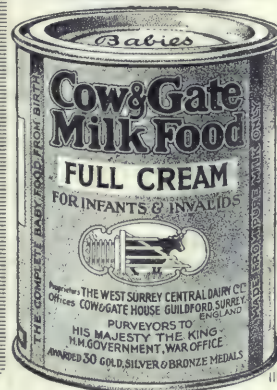
Ask to see these labour-savers at the nearest gas showrooms.



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of all Publishers; one account fills the bill; discarded texts exchanged.

SEND FOR OUR NEW LIST.

L. S. MATTHEWS & CO.
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gives an interesting sketch of the Scuola Convitto Regina Elena :—

"From 1910, under the patronage of Her Majesty Queen Elena, whose name now in Italy is synonymous with the protection of the sick, and through the initiative of a noble lady, the late Princess Emilia Doria Pamphily (sister of the present Duke of Newcastle), a Committee was composed in Rome whose programme was the reform of nursing in the public Hospital, to be obtained by means of a new organisation of women of high professional standing, similar to that which, in the Anglo-Saxon countries, has radically systematised, on bases of scientific seriousness and social justice, the great question of Hospital Nursing.

The first group of this organisation, which then could not be formed with Italian women, was brought over from England by the above-mentioned committee, and was composed of fully-trained English Nurses, among whom were Miss Dorothy A. Snell (who from 1910 has been Matron of the training school) and Miss Ada M. Whyte, late Assistant Matron.

The English Nurses adopted the Italian cause as their own, so far as to dedicate themselves entirely to our soldiers during the war at the front, together with the Italian Nurses of the School, and obtaining the highest testimonials. The gold medal was conferred both on the School and on the Matron.

Thus gradually, as the young Italian Nurses received Certificates from the School and assumed posts as Staff Nurses and Sisters in the wards nursed by the School at the Policlinico, a new kind of organisation arose in the midst of the public Hospitals based on hierarchy (authority), on the lines of Trained Nursing as practised in England, America, and other countries.

Whilst being an advantage to Hospital service, the "Queen Elena's Training School" turned out professional nurses of indisputable technical and moral seriousness who should have found posts of authority in other fields of Nursing and in public Hospitals (thus propagating, as is natural, the training and reform).

It was therefore a continual defence on the part of the Committee for the interests of the sick patients in Public Hospitals, bringing the question before the public and the Government. This defence found a staunch supporter from the very beginning of the Training School in the Minister of Public Health, Comm. Lutraio, and aroused the interest of the Government so far as to appoint a commission for the reform of the Hospitals, of which the late-lamented Hon. Bertolini (one profoundly versed in the matter) was President, and the project of a law was discussed, and was to be again discussed in the Senate House. Meanwhile, the Italian Red Cross, on revising its after-war programme, found it just to co-operate in the increase of Hospital reform, and entered to form part of the Committee for Queen Elena's Training School at the moment of its erection into an Incorporated Society.

Her Sovereign Majesty, always awake to the greatest problems of social charity and justice, has

always, as Honorary President of the Institution, represented the high tutelage of the School, and recently gave proof of her wish for its development by the munificent donation of 100,000 lire, to be used for the enlarging of the Home.

The Incorporated Society for the Queen Elena's Training School at the Policlinico Hospital is now composed of the following persons :—

Comm. Lutraio	} Director-Gen. of Public Health.
Professor Comm. Torti, Director of the Policlinico	
Baron Comm. Mazzolani	} For the United Hospitals.
Comm. Corelli	
Marchesa Targiani Guinti	} As Representatives of the Italian Red Cross.
Professor Ilvento	
Comm. Lavia	} For the Home Office.
Donna Maria Maraini Guerrieri Gonzaga	
Contessa Segri Sartorio	} Members of the Committee of Promoters.
Signora Emilia Dalla Vedova	
Madame Edith Boselli ...	
Prof. Raffaelli Bastianelli	
Hon. Mario Cingolani ...	
Hon. Luigi Rossi	
Professor Vittorio Ascoli	
Commanda Guiseppe Boselli, R.N.	
Avv. Bruno Martini	

At the first meeting, which took place last Saturday at the General Direction of Public Health, the following distribution of charges was voted :—

- Donna Maria Maraini Guerrieri Gonzaga, President;
- Professor Raffaelli Bastianelli, Vice-President;
- Marchesa de Targiani Guinti;
- Baron Mazzolani;
- Commander Boselli.

The programme of the Incorporated Society was summed up and ratified by the President with the faith and energy of one who works for a cause of social justice. We wish the new Incorporated Society, which has been so many times defended in these columns, a success proportionate to its faith.

We have watched the growth in popularity in Italy of this movement for many years, and we must all feel proud in that it is an Englishwoman who has, with such admirable understanding and patience, and under very great difficulties, brought the organisation of Queen Elena's School of Nursing in Rome to such wonderful success. The Mother House in Rome is already sending out its highly efficient Sisters to inaugurate Nursing Schools in other Italian cities. So we may hope the good work will grow, until it spreads throughout the land. Health, so priceless and all important to the status of a people, is the basis from which national progress and success must spring in the future. The healthiest nations must inevitably come out on top.

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.

REPLIES TO CORRESPONDENTS.

During the past month we have received many letters from friends from Dominions Overseas expressing indignation at the College tactics in removing the genuine registrationists and free nurses from the General Nursing Council, to place in power those formerly belonging to the opposition and amenable to lay control and patronage. We thank these friends. We do not take a gloomy view of the situation. Evolution is inevitable; and, indeed, in this country the "College" attitude towards the working nurse and her supporters (reaction *in excelsis*) cannot last. The treatment of the free nurses who dare to form and express opinions concerning their own lives, by autocrats and bureaucrats, in and out of Parliament, is a growing weapon in the hands of Socialists and Communists. We make a point of conversing with men of the various political parties, and find "nurse ragging" in the G.N.C. is becoming quite well realised and understood.

KERNELS FROM CORRESPONDENCE.

Mother of Poor Law Probationer writes :—"Miss Cumberbatch, the Chairman of the West Middlesex Hospital, is evidently a very autocratic woman, to judge from the report of an interview with her which appears in the *Ealing Gazette* on the recent Slatter case. The lady was not satisfied with the compromise. I was strongly in favour of fighting on, but I understand the difficulties of doing that when you have had a clear indication from the Judge that he does not want to be bothered further with the case.' Then she, of course, has a dig at the Poor Law Workers Union, who took up the discharged nurses' case, whom, she surmises, 'must be very sick.'

"Even if we could have foreseen the sequel we should still have done what we did. There was rot and we stopped it. The case was operative and we operated. And the operation was successful." The manner in which Miss Slatter was 'hoofed out' of the hospital by Mr. Greville Smith, the Chairman, was evidently highly approved by his colleague, Miss Cumberbatch. Why does power over wage-earners 'so fly to the head' of non-self-supporting women? A subconscious knowledge of their own inferior status in the body politic, I surmise. Anyway, their arrogance is colossal. The Slatter case has quite determined us to prevent our second daughter training as a nurse."

[Those of us who resent the odious patronage of Lady Hobhouse and the Hon. Mrs. Hills on the G.N.C. are fully alive to the obnoxious methods of lay "operators" on professional "subjects."
—Ed.]

THE MAKING OF "NURSE MIDWIVES" UNFAIR.

Another Queen's Nurse.—"I quite agree with 'Queen's Nurse's' views of how unfair it is now that Registration is in force, to make 'Nurse Midwives' who will not be qualified for the Nurses' Register. Neither should Nurses be taxed to subsidise County Nursing Associations in making inferior practitioners to take the bread out of their own mouths. But Nurses are such hopeless creatures where social economics are concerned—they know nothing."

ASK THE EDITORS.

Registered Fever Nurse.—"Can you tell me why both *The Lancet* and *British Medical Journal* omit all reference to the unrest in the nursing world, evidenced by questions in the House of Commons, and also why they do not insist upon justice to probationers by the G.N.C.? What right have the medical men on the Council to deprive us of rights granted by Parliament?"

[We should advise our correspondent to write to the Editors of the two medical journals.—Ed.]

A LEGAL OPINION.

Miss J. M., Fulham.—As the Minister of Health has agreed to the vote of the new Council to deprive us of our Syllabus of Training preparatory to the State Examination for the General Part of the Register, may I suggest we obtain Counsel's opinion as to our rights under the Nurses' Registration Act? We are enfranchised citizens with professional legal status—why accept without protest the position of serfs? The treatment of the Nursing Profession by the College Caucus which now composes the G.N.C. is arousing resentment and hatred which can only find expression in undesirable directions! The Bourbons were of exactly the like calibre—and where are they?

THE TIME IS SHORT.

The General Nursing Council for England and Wales reminds Nurses that every person who desires to be Registered as an Existing Nurse must apply before July 14th, 1923, after which date no application can be entertained.

WHERE TO REGISTER.

Apply for Application Form to the Registrar :—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

May 19th.—Describe a fifth type of nurse, as known to many a sufferer. (See article, "Four Types," on page 278 in our issue of May 5th).

May 26th.—What do you know of Psoriasis, the different types, and their local and constitutional treatment?

The Midwife.

CENTRAL MIDWIVES' BOARD.

The list of successful candidates at the April Examination (No. 98) of the Central Midwives Board is now published. The number of candidates examined was 622, and those successful in passing the examiners 487. The percentage of failure was 21.7.

EAST END MOTHERS' LYING-IN HOME.

The East End Mothers' Lying-in Home, which will hold its Annual Meeting on Wednesday, May 16th, at 4 p.m. at the Home, 396, Commercial Road, E.1, has issued its Annual Report, which is always an interesting document. This year the excess of income over expenditure shows a credit balance, but this is due to the receipt of a legacy of £200, a grant of £200 from Smith's Kensington Charity, and a grant of £580 from the combined appeal, from none of which sources may the Committee expect any assistance during 1923.

The donations show an increase, but there is a falling off in annual subscriptions. It is much to be hoped that those which have lapsed will be renewed, and that others will be obtained, as they form the reliable income of such a charity.

The report of the Hon. Medical Officer, Dr. Cursham Corner, J.P., shows that in the Home, 1,024 mothers were delivered, and 1,012 infants born alive, 25 infants were still-born, and there were 13 sets of twins. Of Out-patients, 1,340 mothers were delivered, 1,324 infants born alive, 29 infants were still-born, there were 13 sets of twins, and 20,282 home visits were paid.

The work done in the Ante-Natal department for the last 16 years has, Dr. Corner states, proved the need of such work, and the results obtained by careful attention to the mothers' health during pregnancy are beyond anticipation. The mothers are very willing to help themselves, and by guidance in the right direction good confinements result.

Miss Margaret Anderson, the Resident Lady Superintendent, contributes as usual a delightful report, overflowing with professional knowledge, altruism, practical sympathy, and humour.

"That the work is appreciated by whom it benefits the following story shows. A mother coming in recently for the fifth time greeted me at the door with an embrace, and these words: When I turn the corner to the Home I always say to myself, 'Come unto me all ye that labour and are heavy laden and I will give you rest.' She misinterpreted our Lord's words to her own need, poor soul, but surely no sweeter compliment could be paid to your work, and it must be grateful hearing to the Committee and Subscribers that their endeavour and self-sacrifice is so fully acknowledged by those they desire to help. The mothers come in, not as

strangers, but with the ease and affection of guests certain of a welcome, and interested in all that concerns the Home.

"The world is full of wonderful things, but the most wonderful thing is a baby. This year we have brought 2,364 babies into the world. God grows weary of great kingdoms, but never of little flowers. Our every day seems a life, and our whole life but a day full of life and death, for our work means not only bringing a life in the world, but saving the mothers of the world. The courage and contentment of the mothers is wonderful. They enjoy the blessings of the day if God sends them, and the evils they bear patiently and sweetly, and the thought of the children at home often gives them nerve to take up life again. There is no velvet so soft as a mother's lap—no path so flowery as that imprinted with her footsteps."

"District work is the hardest part of our work, yet the Midwives go on smilingly night after night, day after day, in all weathers. The hours they spend in destitute homes wear them out, for they see every variety of human need and endeavour, and the actual want of the necessities of life is common. The patience and endurance of the mothers fills them with humility and a desire to alleviate their suffering, for the mothers seem to draw upon content for the deficiencies of fortune and rise above their depressing circumstances in an amazing manner."

STERILISED SURGICAL AND ACCOUCHEMENT DRESSINGS.

Messrs. Squire & Sons, Ltd., chemists to the King, of 413, Oxford Street, have opened a department in their well-known business for the supply of sterilised surgical and accouchement dressings. The most up-to-date plant for the proper sterilisation of these articles has been fitted up on their premises, and a full range of operation outfits is always held ready.

A special feature of the sterilising process is the use of a mechanical arrangement whereby the drums containing the dressings are closed while still in the sterilising chamber, and before exposure to the outside air. This effectively prevents any likelihood of contamination of the dressings in handling after sterilisation—a distinct advance—and should appeal to the medical and nursing professions.

The materials employed in the dressings are of the same high standard as the other products of the firm, and the drums are attractively put up and clearly labelled. Nurses, and particularly maternity nurses, should apply to Messrs. Squire for the price lists of these dressings and Accouchement outfits.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,833.

SATURDAY, MAY 19, 1923.

Vol. LXX

EDITORIAL.

A NEW ERA IN NURSING.

In a letter just received from Professor M. Adelaide Nutting, Department of Nursing and Health, Teachers' College, Columbia University, New York, she conveys splendid news. "These are wonderful days for nursing," she writes, "as the accompanying enclosures will show you. I am sending them on with merely a word, as you, more than myself, will understand what these great gifts for the education of nurses really mean. They place Schools of Nursing, for the first time in history, on a sound, economic basis, and they thus establish that principle for which we have so long contended. To me, it seems as though a new era in nursing is opening. You will also rejoice in knowing that our brilliant and gifted Miss Goodrich is to be the first Dean of the new School of Nursing at Yale University. No greater opportunity ever existed, and no better woman could be found to make these opportunities yield to the uttermost for the benefit of future nurses. Her loss to us at the College is very great indeed, but the gain to all Nursing is such that we dare not think of ourselves at this moment."

The enclosures sent by Miss Nutting report the announcement by President Angell, of Yale University, of the First University Undergraduate School of Nursing in the United States, the funds for which are to be provided by the Rockefeller Foundation. This will be the first School of Nursing organised as a separate school in a university, with its own Dean, its own faculty, building and budget. Heretofore Nursing Schools have been dependent upon medical schools and hospitals. In its curriculum the Yale school will break away from the present apprenticeship system of nurse-training, which, subject as it

is to hospital labour needs, no longer provides satisfactory preparation for the Nursing Profession. The Yale School of Nursing will focus attention upon the educational training of the student, eliminating many routine tasks which contribute little or nothing to this training.

The requirements for admission to the Yale University School of Nursing will be a high-school course or its equivalent. Primarily for the girl without college training, provision will be made for an elective, pre-nursing period of university work, chiefly in the sciences.

In the course, patients will not be considered as hospital "cases" only, but such factors as heredity, environment, child development, psychology, economics, sociology, industry and public health will be prescribed. Such a plan will emphasise sickness in its true relationship as a family, community and public health problem; and properly to develop such a conception, the new school will embrace field work and community nursing as part of the basic training. The general plan will permit graduates to enter directly into community, hospital or private duty nursing, or to proceed into one of the various special branches of nursing, opportunities for which will ultimately be developed as a part of the Yale programme.

Whether the graduate intends to go into administrative nursing, nursing education, school or industrial nursing, into the nursing of contagious diseases, tuberculosis and mental diseases, she will have a well-rounded preparation and understanding of the community as well as the bedside aspects of nursing, and some understanding of the factors which contribute to sickness, the control of which makes prevention of disease possible.

The plan includes a co-ordination of the educational work of the Connecticut Training School for Nurses in the New Haven Hospital,

which has all services effectively represented, and by the New Haven Visiting Nurses' Association, one of the best community nursing organisations in the States.

The Rockefeller Foundation has appropriated funds to maintain for a five-year period the new School of Nursing at Yale University.

Commenting on the establishment of the School, Mr. Edwin R. Embree, Secretary of the Rockefeller Foundation, said:—

"The plans include three significant features: the basing of students' instruction and experience upon an educational system, the shortening of the period of training, and the inclusion in the course of public health and community work, as well as hospital service.

"These changes are introduced in the belief that the nurse is a significant factor in gaining results for humanity from curative and preventive medicine, and that the training for so important a service should be based upon the soundest educational principles."

THE DEAN.

Miss Annie W. Goodrich, R.N., Sc.D., of New York, has been appointed Dean of the new School of Nursing at Yale University.

Miss Goodrich is at present Assistant Professor of Nursing at Teachers' College, Columbia University, and director of nurses of the Henry Street Settlement, New York. In 1921 Mount Holyoke College gave her an honorary degree, and the War Department recently awarded her the Distinguished Service Medal.

Miss Goodrich has been described as the "outstanding figure in nursing education in America to-day." Commenting on the appointment of Miss Goodrich, President James R. Angell said: "It would have been impossible to find anyone more competent to undertake the difficult work of organising the new institution."

Miss Goodrich won all hearts when attending the Meeting of the International Council of Nurses in London in 1909, and was unanimously elected President at Cologne in 1912, which office she held until 1915. All being well, we hope to have her with us at Helsingfors in 1925.

Hearty congratulations. Love and kisses from THE BRITISH JOURNAL OF NURSING.

OUR PRIZE COMPETITION.

DESCRIBE THE FIFTH TYPE OF NURSE AS KNOWN TO MANY A SUFFERER. (SEE ARTICLE, "FOUR TYPES," MAY 5th, PAGE 278.)

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

PRIZE PAPER.

Thank Heaven there is a Fifth Type of Nurse, blessed by countless patients around the earth, and who should certainly be placed first; but as she is modest and content to play her part without limelight, her excellence is often known only to those for whom she has formed oases in the desert places of life.

This type may vary widely within certain limits, but she always possesses the bedrock essentials of the "born nurse"—an overwhelming desire to alleviate suffering in every living thing; a passionate interest in the well-being of our marvellous human mechanism; and a very large allowance of the maternal principle. Her martial qualities find a congenial field in the battle against disease and death; evidences of her conquests are contented patients and happy convalescents. If she be highly strung, as the finest nurses often are, she transmutes this apparent defect into finer perceptions and sympathy regarding her patients.

In the homes of private patients she is the trusted confidante and adviser to the household on many points of difficulty, bringing them a sense of acquisition instead of intrusion. To the patient, she represents health personified, radiating a healing magnetism and offering him rescue from the depths into which he has been plunged by fate or folly. She anticipates his desires concerning his mental and physical comfort, recognising and sympathising with unavoidable discomfort and leading his mind on to the approaching hour when it will have passed.

She neither talks nor thinks of ill-health, knowing that her thoughts constitute the mental and moral atmosphere she supplies to the patient. Her training has subsided into its proper place—that of bedrock principles. Her technical skill is merged into quiet facility and general efficiency. On this foundation is reared the structure of a human, lovable woman, dispensing courage, strength and comfort. The stores of her mind are such that the patient never lacks entertainment, and she readily adapts herself to his needs of the moment. She has an abundant sense of humour, and when the time for laughter

arrives, she readily supplies the valuable tonic of a kindly laugh. Her care of her own body is as unobtrusive as her training. She lives so as to keep it efficient. Her fastidious personal cleanliness reminds one of daisies and apple-blossom. She neither rustles, jingles nor creaks. The size of her waist does not provoke speculation as to the rearrangement of her internal organs. Her soft tread spares the patient the torturing tapping of high heels. She is quiet, firm, and decisive in all her movements; orderly and serene under all circumstances. Her voice is sweet, gentle and tender.

No matter how tragic the circumstances, she is always able to see the silver lining in the clouds and to bestow consolation. Nothing can exhaust her patience, because she realises that the sick are temporarily in the position of babies, having lost control of their physical vehicles, and that she is there to help them regain it. Her refinement is so real that embarrassment of any kind is superfluous in her presence. She has an intuitive understanding of all human experiences, and a profound sympathy for human failings.

Constantly in touch with sorrow and suffering, she realises the superficiality of social differences in this connection, and, as a rule, she is able to ignore them completely. *Amour propre* cannot be ruffled without injury, so she treats it gently.

She may not avow any religion, but she "has no thought which is not essentially religious, and which in its quest after the secrets of nature is moved primarily by a sincere devotion to the Spirit of Nature."

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss M. Ramsey, Mrs. J. E. Taylor, Miss May Dawson, and Miss C. Elizabeth Jeffs. Papers excellent this week.

Miss C. E. Jeffs writes:—"She has an air of capability about her which gives one the impression that she can be depended upon. She is the sort of person who wants to 'mother' everyone with whom she comes in contact, from the tiniest babe to the poor old helpless 'daddy' in the senile ward."

Miss Amy Phipps writes:—"Our real nurse will be a woman of broad outlook and many social interests: she will not confine her thoughts and activities to hospital or other nursing work—this for her own sake and for the sake of her patients."

QUESTION FOR NEXT WEEK.

What do you know of Psoriasis, the different types, and their local and constitutional treatment?

NURSING ECHOES.

On a debate in the House of Lords on the North-West Frontier of India, and referring to the recent abduction of Miss Ellis, Lord Chelmsford suggested that their lordships should join in paying tribute to the gallantry of Mrs. Starr and the Indian officer who accompanied her. He also thought that a tribute should be paid to the Commissioner, Sir John Maffey, for what he had done. A suggestion in which their lordships concurred.

On May 12th, the Anniversary of the birth of Florence Nightingale, Miss Kathleen Anna Smith, R.R.C., Matron of the London Temperance Hospital, delivered an Address in the Great Hall of St. Bartholomew's Hospital, under the auspices of the Royal Society of St. George, on "Florence Nightingale—a Great Englishwoman."

In introducing the lecturer, Major Richard Rigg, T.D., O.B.E., J.P., Chairman of the Executive Council, said those present foregathered under the auspices of the City Branch of the Royal Society of St. George, and there could be no finer setting for their meeting than the beautiful Hall of this historic hospital, in which they were assembled practically on the eve of the 80th anniversary of its foundation. The object of the Royal Society of St. George was the promotion of the spirit of patriotism, and in fulfilment of this object they arranged lectures on great Englishmen and Englishwomen. Thus during his term of office lectures had been given on Cecil Rhodes and General Wolfe, and now, on the birthday of that Great Englishwoman, Florence Nightingale, they were fortunate in having this subject dealt with by one who had made her life a special study.

In opening her address, Miss Smith said that Florence Nightingale kept practically all her papers. In her will of 1896 she directed that these papers should be destroyed, but subsequently revoked this direction, and it was from these documents that her life had mainly been compiled. Points emphasised in the lecture were that in Miss Nightingale were to be found the co-ordination of masterful powers with winning gentleness, and that it was a mistake to regard her work in the Crimea as the consummation of her life's work—rather was it the starting point. Her subsequent ill-health involved her seclusion, but she had a genius for administration and order, and exercised a potent influence from her sick room.

At the conclusion of the lecture Mr. Musgrave presented to Miss Smith a lovely bouquet of roses—the flower of England—on behalf of the City Branch of the Society, and a vote of thanks was presented to her, moved by Lady Vesey Strong and seconded by Lady Baddeley. The meeting concluded with votes of thanks to the Governors of the Hospital for the use of the Hall, and to the Chairman.

Those who pass along Little Britain, E.C., nowadays see a new landmark, the first portion of Queen Mary's Home for Nurses, which it is hoped may be sufficiently completed to permit of inspection during the week of the Octocentenary celebrations. To tread the floors of the Home which for forty years has been a will-of-the-wisp to generations of Bart.'s nurses will not be the least of the pleasures of that historic week. From its flat roof there should be a fine view of the Dome of St. Paul's, and its surroundings, which has charmed those with eyes to see during their years of residence in the grand old hospital.

We learn with pleasure that at the three-days' bazaar held at the General Infirmary, Leeds, last week, to raise money for the proposed extension of the Nurses' Home at the Infirmary, organised by the Nursing Staff, the receipts are already well over £3,200, and there is still quite a good sum of money to come in. The bazaar was opened by the Lord Mayor (Alderman F. Fountain).

The increasing cost of Nursing Schools is a question which general hospital Committees have under consideration, and no doubt, now that nursing education has to be considered in earnest, and a teaching staff appointed, and paid, the Nightingale School system, where pupils pay an honorarium, may have to be adopted. Personally we approve of the system. In the 'seventies educated probationers were called upon in many hospitals to pay a guinea a week for one year. They were relieved of some domestic drudgery in return, but in these days regular probationers have been relieved of much ward work which P.P.s had to do in our day. We appear to have covered the circle, and it will not be unreasonable in the future, when thorough theoretical and practical teaching must be paid for, in preparing pupils for the State Examination and Registration, that parents should contribute to the professional education of their daughter stu-

dent of nursing, as they have to do for their son and daughter student of medicine.

We have received the following letter from Dublin, since which time we have written to the Governor of the North Dublin Union Prison asking for news of Miss Albinia Brodrick. The world to-day is indeed a sad, sad place:—

DEAR MADAM,—In reference to your paragraph under "Nursing Echoes," concerning the Hon. Albinia Brodrick, I regret to say that she is at present on hunger strike in Prison at the North Dublin Union. She has been on hunger strike now since her arrest fourteen days ago, and as the prisoners' letters and parcels have been stopped since May 6th, it is difficult to obtain information as to her condition.

Yours faithfully,
K. N. PRICE.

29, South Anne-street, Dublin,
May 10th, 1923.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

We have pleasure in announcing that the Annual Meeting of the National Council of Trained Nurses will be held at the Royal British Nurses' Association Club, 194, Queen's Gate, S.W., on Thursday, June 14th, and will be open to all members of the affiliated Leagues and Associations. The Chair will be taken by the President, Mrs. Bedford Fenwick.

So far the arrangements are as follows:—

- 1 p.m.—Luncheon for those who desire it, by arrangement with Miss Isabel Macdonald
- 2.30.—Meeting of the Grand Council and members of affiliated Societies.

AGENDA.

1. Minutes.
2. Correspondence.
3. Report of Hon. Secretary.
4. Financial Statement of Hon. Treasurer.
5. Election of Hon. Officers.
6. Applications of Societies for Admission to the Council.
7. Papers and Discussions on Nursing Activities at home and abroad.
8. Report and Discussion on the forthcoming Meeting of the International Council of Nurses at Helsingfors, Finland, in 1925.
9. Other Business.

Further details will be issued later. Members of National Councils of Nurses from European Countries or British Dominions will be warmly welcomed as fraternal delegates.

THE PARLIAMENTARY MEDICAL COMMITTEE.

WIDENING THE POWER OF ACCESS TO THE STATE REGISTER.

Three Deputations from Nurses' Societies were received on Monday, May 14th, by the Parliamentary Medical Committee of the House of Commons, the Chairman, Dr. F. E. Fremantle, M.A., F.R.C.P., O.B.E., presiding, in reference to the proposal, published in the *British Medical Journal*, as emanating from the Committee, to admit applicants without any hospital training to the first State Register of Nurses.

The organisations represented were :—

1. *The Registered Nurses' Parliamentary Council.*—Councillor Beatrice Kent, President; Mrs. Bedford Fenwick, Hon. Secretary Central Committee for the State Registration of Nurses; Miss H. L. Pearse, President National Union of Trained Nurses; Miss M. Drakard, Matron Plaistow Fever Hospital, Chairman Fever Nurses' Section R.N.P.C.; and Miss M. Breay, Hon. Secretary R.N.P.C.

2. *The Royal British Nurses' Association.*—Sir A. J. Rice-Oxley, M.A., M.D., Herbert Paterson, Esq., C.B.E., F.R.C.S., M.C. Cantab., Miss A. Cattell, Miss Denham, and Miss Isabel Macdonald, Secretary.

3. *The Professional Union of Trained Nurses*, which also sent an expert deputation.

It will thus be seen that this disastrous proposal has aroused an immense amount of interest.

The proceedings were private, but we take this opportunity of stating that Sir Sydney Russell Wells, Hon. Secretary to the Parliamentary Medical Committee, announced that the statement in the *British Medical Journal*, which has aroused so much comment in nursing circles, was not the decision of the Parliamentary Medical Committee, nor was it issued under its authority. They desired to hear the opinions of all concerned before arriving at any decision.

The following Memorandum was submitted by the Registered Nurses' Parliamentary Council.

REGISTERED NURSES' PARLIAMENTARY COUNCIL MEMORANDUM.

RE THE PROPOSAL TO ADMIT TO THE GENERAL PART OF THE REGISTER NURSES WHO HAVE HAD NO TRAINING IN GENERAL HOSPITALS OR INFIRMARIES, SUBMITTED TO THE PARLIAMENTARY MEDICAL COMMITTEE OF THE HOUSE OF COMMONS, MAY 14TH, 1923.

The Nurses' Registration Act, 1919, requires the General Nursing Council for England and Wales to make Rules "enabling persons who, within a period of two years after the date on which the Rules to be made under the provisions of this paragraph (section 3 (2) (c)) first came into operation . . . to be admitted to the Register . . . under conditions which appear to the Council to be satisfactory for the purposes of this provision, and have adequate knowledge and experience of the nursing of the sick."

The first General Nursing Council gave much consideration to this question, and in the case of admission to the General Part of the Register framed Rules which have been approved by the Minister of Health, and by Parliament, requiring the following evidence of adequate knowledge and experience from every person who makes application as an existing nurse (Rule 9 (1)) :—

(a) *A Certificate* that the applicant has had not less than three years' training before the 1st November, 1919, in a General Hospital . . . or in a Poor Law Infirmary approved by the Council; or

(b) *Evidence* that the applicant has had not less than *one year's training* in a Hospital or Infirmary approved by the Council as aforesaid, together with evidence that she has subsequently been *bona fide* engaged in practice as a nurse in attendance on the sick for not less than two years before 1st November, 1919.

This was the minimum amount of training which the Council considered could be regarded as "satisfactory for the purposes of this provision" or as ensuring that the applicant had "adequate knowledge and experience of the nursing of the sick."

At its meeting on July 21st, 1922, the General Nursing Council for England and Wales, recognising that certain exceptional cases of hardship might arise, passed the following Rule, applying to all parts of the Register, which was not approved by the General Nursing Council for Scotland :—

Rule 9 (b),

"Notwithstanding anything in the preceding Rules, the Council shall have power to consider any application for Registration which shall be referred to it in detail by the Registration Committee as being of an exceptional character, and, if it thinks fit, to approve the applicant for registration."

We submit that this Rule, if approved, would permit of cases of exceptional hardship in relation to all Parts of the Register receiving consideration, without annulling Rule 9 (1) (b) requiring one year's training in a hospital or

infirmaries, followed by two years' experience before November 1st, 1919—a very low standard when it is realised that in most hospitals of repute the three years' standard of training and certification has been in force for at least thirty years.

Moreover, the Act prohibits no one from nursing for gain, but only provides penalties for the unlawful use of the name or title of "registered nurse."

The attention of the Registered Nurses' Parliamentary Council has been called to two recent proposals.

1. *Draft Rule 9 (1) (g)*. Approved by the General Nursing Council for England and Wales, at its meeting on March 16th ult., which, it is understood, has not yet been approved by the Minister of Health.

"In the case of a nurse who was at 1st November, 1919, engaged in actual practice, and who was also bona-fide engaged in nursing prior to 1st January, 1900, and who does not comply with the above requirements, such special evidence of knowledge and experience as may be accepted by the Council in each individual case."

This Rule, if approved, would open the General Part of the Register to numbers of nurses who have not had the minimum training defined in Rule 9 (1) (b) which, as already pointed out, has been approved by Parliament, and on the strength of which some 20,000 nurses have applied and paid for Registration. Many of them would certainly not have done so had the General Nursing Council for England and Wales stated that they proposed to open the General Part of the Register to untrained persons, and, by giving them this status, which they have not earned, would place them in professional and economic competition with nurses who have conscientiously qualified themselves for the performance of their responsible duties, and would mislead the public.

In this connection we desire to draw attention to the following paragraph in a letter addressed by the late Minister of Health to the General Nursing Council for England and Wales, dated February 7th, in relation to the minimum qualification for the admission of an Existing Nurse to the Register:—

"It has been represented that a very large number of nurses have now applied for registration on the basis of the existing Rules, and that it would be inequitable at this late stage to make any substantial alteration, unless it was clearly endorsed by the bulk of the profession. The Minister cannot but recognise the force of this contention." . . .

The second proposal for "widening the power of access to the first Register for Exist-

ing Nurses" emanates from the Parliamentary Medical Committee, the effect of which would be to flood the Register with every class of untrained nurse, village nurses, cottage nurses, women who without previous experience have been employed as nurses in private nursing homes, which profess to supply the patients with skilled nursing and charge fees on this basis, V.A.D.s, and others, and thus place them on economic equality with Registered Nurses.

Both these proposals, in the opinion of the Registered Nurses' Parliamentary Council, contravene the intention of the Nurses' Registration Act, which requires the General Nursing Council to satisfy itself that applicants for Registration have "adequate knowledge and experience of the nursing of the sick"; and it is open to legal argument whether, if such breaches of faith with Registered Nurses occur, those already registered, who wish to remove their names from the Register, are entitled to recover the fees paid by them to the Council, on the guarantee of the present Rules.

In this connection the Registered Nurses' Parliamentary Council desires to inform the Parliamentary Medical Committee that the First Register of Nurses has already been published, and is obtainable from the offices of the General Nursing Council for England and Wales.

The Registered Nurses' Parliamentary Council begs, further, to point out that if the suggestion of the Parliamentary Medical Committee were carried into effect, there would no longer be any necessity for the Supplementary Registers provided for in the Nurses Registration Act, since all "Existing Nurses," ineligible for the Supplementary Parts of the Register, for which they have had insufficient training or experience, will be eligible for the General Part of the Register, from which, consequently, it will be obviously unfair to exclude those who are qualified for the Supplementary Parts.

That the Rule, as drafted by the General Nursing Council for England and Wales, applies only to the General Part of the Register, the standards defined for the Supplementary Parts of the Register remaining intact. It is obviously most unjust that specialist applicants, ineligible for the Supplementary Parts of the Register, should be admitted to, and thus degrade, the General Part of the Register, which is largely composed of the most highly skilled nurses in the profession.

431, Oxford Street,
London, W.1.

NURSES' REGISTRATION: DATES OF EXPIRATION OF PERIODS OF GRACE.

OFFICIAL NOTICE.

There are reasons for believing that there are still a considerable number of nurses who are either ignorant of the fact that the period of grace for the registration of existing nurses comes to an end on July 14th of the present year, or, not being ignorant, are under the impression that they will be able to register somehow or other even after the period of grace has expired.

An *Existing Nurse* is, according to the Act, a nurse who was for at least three years before the first day of November, 1919, *bona fide* engaged in practice as a nurse in attendance on the sick under conditions which appear to the Council to be satisfactory for the purposes of the provision of the Act, and has adequate knowledge and experience of the nursing of the sick. The rules made by the Council under this section of the Act are too lengthy for insertion here; they can be obtained at the office of the Council, 12, York Gate, Regent's Park.

Any nurse eligible under these rules, who fails to apply for registration before July 14th next, will not be able to be registered except by passing the Council's examinations after having undergone a training of at least three years in a hospital approved by the Council. The first of the final or qualifying examinations will be held in July, 1925.

Intermediate Nurses.—These are nurses who began their training on or after November 1st, 1916; that is to say, too late to complete a three years' period of nursing before November 1st, 1919. These nurses will be able to register without undergoing the Council's examinations provided they apply for registration before July, 1925, and produce a certificate that they have had not less than three years' training before July, 1925, in a hospital, voluntary or Poor Law, approved by the Council.

The foregoing statements refer to nurses who wish to register on the General Part of the Register, but so far as the dates of the expiration of the periods of grace for existing and intermediate nurses are concerned, they apply also to nurses who desire to register on the Supplementary Parts of the Register for male, mental, sick children's and fever nurses.

THE RETENTION FEE FOR REGISTRATION IN SCOTLAND.

Miss Emma Horton writes from the Scottish Nurses' Club, Glasgow, enclosing a letter from the Registrar, General Nursing Council for Scotland, in reply to an enquiry as to payment of the retention fee for registration in Scotland. Mr. Farmer writes: "What was decided by my Council was that no Retention Fee was payable by a nurse in the year during which she registered. That is to say if she registered in 1922 a nurse pays no retention

fee for that year. If, however, she registered in 1921 a nurse pays a retention fee for 1922, and so on.

In our issue of September 30th, 1922, the following official notice was sent and inserted in this JOURNAL:—

"The General Nursing Council for Scotland desires that attention should be directed to the fact that nurses on the Scottish Register whose Certificates of Registration are dated after December, 1921, do not require to pay a retention fee or to send in their Certificates of Registration for endorsement this year."

That is for the year 1922.

What Scottish Nurses should begin to enquire about is: When is their Register to be published? so that they may have the advantage of publicity? It is now three years and a half since the Nurses' Registration Acts became law, and it is high time the Nurses' State Registers were procurable by the public in Scotland and Ireland; and that the 1923 Register was available in England. It is already four months behind time.

LEGAL MATTERS.

Miss Ellen Yates, a nurse residing at the Y.W.C.A. Home, Hanover Square, Leeds, was the plaintiff recently in an action in the Otley County Court for wrongful dismissal against Mrs. F. A. Smith, Matron of the Wharfedale Nursing Home, Leeds Road, Otley.

For the plaintiff it was stated that she became engaged on January 15th last, and on February 15th she arranged to go for a walk with her fiancé, who called for her at the Home and was introduced to the other nurses. It came on to rain and they returned to the Home, where they had tea together. When Mrs. Smith returned to the Home some days later she at once dismissed Miss Yates, who thereupon asked for a month's salary, and was told she would have to fight for it. She denied that she had been told that it would be instant dismissal if she brought a male friend home.

After hearing the evidence on this point, His Honour Judge Turner gave judgment for the defendant with costs, and said he was satisfied that there was a rule of the Home that "no followers would be allowed," and that no permission had been given for a deviation from the Rule. It was unfortunate that the action had been brought, but there was not an atom of reflection on the moral character of the nurse and her fiancé.

Rose Artliff, a charwoman, was indicted at the Leeds Assizes for the murder of Ada Bradley, a nurse at Wadsley Asylum, Sheffield. A friendship sprang up between the two women, and after Artliff's discharge they lived together. She apparently resented Nurse Bradley's engagement to be married, and on April 11th suddenly attacked her with a razor and hammer. Artliff was found guilty but insane, and ordered to be detained during His Majesty's pleasure. On hearing the verdict she exclaimed: "Thank you, but I was guilty and sane."

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

THE POLICY OF THE R.B.N.A. AS REGARDS THE SYLLABUS OF TRAINING.

We have heard many comments lately on the decision that the Syllabus of Training in General Nursing is neither to be signed by the Minister of Health nor to be laid before the Houses of Parliament. In simple language this decision means that the Syllabus is to be merely advisory and that whether it be followed or not is to depend upon the whim of this or that hospital, that it is in fact a chattel which those responsible for the education of the nurses may regard or disregard according to their inclination or convenience. Yet this Syllabus, which we are now told is to be so lightly regarded, emanated from the body entrusted by Parliament to carry out the provisions of the Act and to see that the prescribed training "shall be carried out." It is, indeed, difficult to understand why the Education Committee devoted so much earnest thought and labour, so much precious time and so many consultations to the Syllabus if they were not prepared to push it to its ultimate limits of usefulness to the sick and to the nurses. It seems inconceivable that they should not be fully desirous, anxious indeed, to place this important piece of work on the sound foundation of Ministerial approval and Parliamentary recognition and upon it to build up a great superstructure of nursing education. Surely, if there is one thing to which a woman is entitled when commencing her career, it is definite and irrefutable information as to what her professional education should comprise.

The decision to make the Syllabus advisory and not obligatory will but perpetuate the difficulties with which many aspirants to professional efficiency have been met in the past when those, in authority, in certain wards, were so overburdened with work and responsibility that for a probationer to ask for any item of information on nursing was to court, if not insult, at least rebuff, to arouse in her superior officer a feeling that she aimed at becoming a sort of "high brow" rather than training herself in qualities of sacrifice and self-effacement. All too often such prejudices arose from a lack of ability to understand the impelling force of the desire for knowledge inherent, in greater or less degree, in all of us.

In retrospective mood we see history repeating itself again in the attitude adopted by nursing educationalists towards the Syllabus. In other days, ere life had opened its vistas before us, we thought in terms of the microcosm, the individual, and thirsted for the wide knowledge that would make us efficient for the performance of our own little part in the stage of life. And it is through the individual first that one must learn to think in terms of the macrocosm, of the race, the community, the profession which one represents. It is for the sake of progress and evolution in the nursing profession that we demand that there shall be a prescribed scheme for the training of nurses who are to become eligible for admission to the State Register. Without such a scheme the quality of the Register and of the Profession generally must be seriously and prejudicially affected. We base our claim to such a scheme not merely upon the letter of the law as we find it in the Nurses' Registration Act, not merely upon the contention that the law makers are not to be permitted to become the law breakers of our profession, but because a legalised standard of education gives that moral force, that hall mark of a due education and intellect that can place nursing unmistakably among the great professions and cause it to become one of the most beneficent and useful of any.

In all movements that make for progress there is a strong impulse towards a greater expansion and growth and, side by side with this, there is invariably a negative aspect as well. This negative aspect is necessary often to give balance, but if it becomes too strong there must lie in the movement a weakness which is more dangerous than opposition from outside. The weakness and lack of enterprise which have been shown in connection with the Syllabus, and the consequent loss of the statutory force to which it is clearly entitled, are bound to retard the progress of nursing education and to affect adversely the nurses themselves. Hence it is that the organised societies of independent nurses feel in honour bound to contend for the prescribed training provided for in the Act, and we are determined to press to the uttermost the nurses' rights in this connection. We look to our Members to give us their support in every direction they can. It is a matter which closely affects themselves. Public

opinion will not be so easily nor so long deceived but that it will recognise at last that State Registration, a College if you like, hospital certificates, badges, uniform, are but so many trappings *unless behind them there lies "a prescribed training that shall be carried out in an institution approved by the Council."* Unless, indeed, we build up our professional education on such a rock, we shall yet wake up to find that we have but built upon the shifting sands of hospital convenience, and that, consequently, it will be in some later generation, if ever, that nurses will obtain the privileges, professional status and economic advancement which directly and indirectly should arise for them if the Act were properly administered. For the rest, we consider that those who are so determined to stand behind professional evolution as to stultify even the educational privileges granted to the nurses by Act of Parliament take upon themselves the most serious of all responsibilities, that which retards progress and prevents future generations from reaping those fruits, the seeds of which it has been given to us to sow.

THE NEW SISTER-IN-CHARGE AT THE SETTLEMENT HOME.

Miss Sadleir has been appointed Sister-in-Charge at the Princess Christian Settlement Home at Clapton Square. She was trained at the Royal Free Hospital, is a Registered Nurse, and holds the Certificate of the Central Midwives' Board; she joined the R.B.N.A. in 1895. Miss Sadleir, after doing private work for many years, worked during the war at three different Military Hospitals in Harrow in various capacities. One of these hospitals she organised from its commencement, and later, when the Committee decided after the Armistice to continue it as a War Memorial Maternity Hospital, she was entrusted with the work of reorganising it on suitable lines. Its new Committee of Management had hoped that she would continue to act as its Matron but, by this time, she was feeling overmuch the strain involved in the management of a hospital, and decided to return to London, where she built up a private visiting practice of her own. Her career has been such as to teach her a large-hearted sympathy with nurses, a knowledge of their needs, and we were not surprised to hear from a lady, who took down one of the retired nurses going into residence, of the warm welcome they received at the Home and of many little delicacies, provided as a dainty meal for the new-comer by our thoughtful Sister-in-Charge, out of her own purse. Miss Sadleir has entered upon her new duties with great enthusiasm and the determination to do all that she can to make the Settlement a very happy Home for those who enter it to enjoy a well-earned rest after their years of arduous work. They will find her a cheery and sympathetic friend, while at the same time she will see that the few rules, all made for the comfort of the occupants of the Home, are enforced; the Association has secured

in her a dignified, courteous, and capable Sister for the Home, as well as one who holds high professional credentials. She has the warm good wishes of the members of her Association for the fine piece of work with which she intends to close her professional career, and members of the Association will find a warm and courteous welcome from her whenever they feel inclined to visit their property at Clapton.

The Committee are now considering applications from members for admission to the Home, and nurses desiring to enter it should write to the Secretary at an early date if they wish to secure a room.

ANNIVERSARY OF THE OPENING OF THE CLUB.

AMERICAN TEA IN AID OF THE SETTLEMENT HOME.

The anniversary of the opening of our Club at 194, Queen's Gate, by Her Royal Highness the President, falls on Friday, May 18th, and we have arranged to celebrate it by having an American Tea in aid of our Home for Aged Nurses, to commence at 2.30 p.m. We hope that the Members who realise the many and varied ways in which their Club has served their Profession and their Association and given pleasure to themselves and their friends, will now do their very utmost to cause this piece of work for the Settlement Home, on the 18th, to have a very satisfactory result. Each visitor should bring an article worth a shilling, buy an article to the value of one shilling, and pay a shilling for tea. We shall be glad if our Country Members will help us by sending either some small article or a shilling towards the Sale in order that we may reach another rung of the ladder towards paying off the cost of alterations and repairs at the Home which Members of the Royal British Nurses' Association maintain for the benefit of Members of the Nursing Profession who joined and helped to build up the Association in earlier days.

LITERARY AND DEBATING SOCIETY.

It has been decided that there will be no meetings of the Literary and Debating Society throughout the summer. They will recommence at the beginning of November next. During the past month we have had several interesting discussions. We had a lively debate on the Shakespeare-Bacon controversy, and on the following Monday evening "Five-Minute Papers" were read on various subjects.

MEETING OF THE NAPOLEON COTERIE.

The Napoleon Coterie held its annual meeting at 194, Queen's Gate on May 5th (the 102nd anniversary of the death of Napoleon), when very interesting addresses were given by Major Rigg, O.B.E., and Mr. Reginald Wilson. Both speakers have studied deeply the life and work of Napoleon, and we learnt many things about this great man of which we had been ignorant before.

DEPUTATION TO THE PARLIAMENTARY MEDICAL COMMITTEE OF THE HOUSE OF COMMONS.

Recently the Council of the Association requested the Parliamentary Medical Committee of the House of Commons to receive a Deputation to lay before it the views of the Association with reference to the suggestions made by the Committee for widening the power of access to the State Register. In the opinion of the Council of the Royal British Nurses' Association these suggestions were dangerous to the quality and standards of the State Register and calculated, should they come into operation, to prejudice very greatly the position of highly qualified nurses who had registered on the understanding that a certain minimum standard of training set up by the Council was to be adhered to.

The Deputation went to the House on Monday last and was introduced by Mr. Herbert Paterson, C.B.E., F.R.C.S., who laid before the Parliamentary Medical Committee the point of view of members of the Medical Profession in connection with the qualifications for admission to the Register. The other members of the Deputation were Sir Alfred Rice-Oxley, Miss Cattell, Miss Denham and Miss Isabel Macdonald.

MARRIAGE.

On April 17th a wedding of some interest to a certain number of Members of the R.B.N.A. was solemnised at Launceston Wesleyan Church, when Miss Nellie Burt Lillecrapp, M.R.B.N.A., daughter of the late Mr. Lillecrapp, of Netherbridge, Warrington, was married to Mr. Walter Hawke, of College Farm, Ardingley, Sussex, son of Mr. R. Hawke, J.P. The bride, who was given away by her mother, wore a costume of grey and a hat of the same colour and carried a bouquet of pink carnations and white heather. Among the telegrams of congratulation received was one from the bride's friends in the Royal British Nurses' Association.

GIFTS TO THE CLUB.

Miss Spencer-Edwards, lock of Napoleon's hair (given by his servant Marchand to her grandfather); Miss Gordon-Wright, Devonshire cream; Miss Kelly, "Brer Rabbit"; Mrs. Paton and Misses Bromley, Collins, Dunsford, Eden, A. E. Macdonald, and Ward, flowers.

Misses Bennett, Bishop, Collins, Cope, M. Dempster, Dunsford, Forbes, Gilligan, Howard, Holmes, Hollinshed, Kirkup, Liddiatt, Sendall, and Mrs. Temple flowers; Miss Cattell and Miss Liddiatt plants; Miss M. Dempster and Mrs. Springfield illustrated papers; Miss K. Walker book; Mrs. Perkins cake; Anonymous, cream cakes and flowers.

Settlement Home.—Miss Liddiatt domestic equipment.

(Signed) ISABEL MACDONALD.
Secretary to the Corporation.

GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

Some two hundred-and-ten members of the Guy's Past and Present Nurses' League dined together in the beautiful dining hall of Guy's Hospital on Friday, May 11th, the Matron, Miss Margaret Hogg, C.B.E., R.R.C., presiding. The room looked very charming, freshly decorated in duck-egg, blue and brown; and on the tables, at which the Sisters presided, vases of lovely yellow tulips, flanked with lemonade, made a charmingly gay decoration. We wish the Home Sister would divulge the secret of how to provide an excellent four-course dinner, followed by coffee, at a shilling a head. Many Leagues would like to know; and she would add to their indebtedness if she included the recipe for that novel and excellent sweet named Abbot's Delight!

The annual meeting was held in the nurses' sitting-room, when the Matron, as Hon. Secretary, opened the meeting by saying she was delighted to see, and welcome so many old friends. She reported letters of regret at inability to be present from members in New Zealand, Australia, America, India, Baghdad, South Africa, South China, North China, Egypt, and the Federated Malay States. Also the following telegram from Dublin: "Anniversary greetings; congratulations to all.—Misses Haughton, Ford, Johnstone, Mann, Crawford, McComas."

Miss Hogg also said she had received a charming letter from Miss Victoria Jones, who was Matron at Guy's 41 years ago, saying how sorry she was that she was unable to be present, and referred to the pleasure it was to have with them Dame Sarah Swift.

She hoped that as members left the meeting they would admire the wilde beste antlers sent by Mrs. MacRae, who had shot the animal while hunting. She also drew attention to the bazaar, the proceeds of which would go towards defraying the debt of £900 remaining on the original debt on the cottage; she had large ideas in connection with the League, but she felt that this debt must first be defrayed. In her Christmas letter she had asked for ideas, but had not had one.

HON. SECRETARY'S REPORT.

A satisfactory report of the year's work was presented, about eighty Present Members have been transferred to the Past Section during the year, but fifty or sixty whose subscriptions are several years in arrears, and have not replied to inquiries sent them, have had their names removed from the list of members.

A new edition of the "Guy's Nurses' League Book and Register" is shortly to be published.

OBITUARY.

Miss Hogg referred with deep regret to the deaths of three past members—Mrs. Sarah Brown (*née* Clarke), who died in May, 1922, at the Queen Victoria Hospital for Women, Johannesburg,

South Africa, of which she was Matron. She entered Guy's as a probationer in 1894.

Mrs. Christine Magill (*née* Snelling) died in June, 1922, at Hawera, New Zealand. She entered Guy's as a probationer in 1910, and on completion of her training was appointed Sister, leaving in 1917 to be married.

Miss H. Denney died very suddenly on March 7th, at Ladysmith, while on a trip to South Africa, from heart failure following an attack of acute malaria. She entered as a probationer in 1904, and after holding several appointments at home and abroad, returned to Guy's as Hospital Housekeeper in 1918.

HON. TREASURER'S REPORT.

In the absence of Mrs. Hughes (the Hon. Treasurer), Miss Hogg presented her report, which showed a balance of £153 14s. 8d., which, however, will be absorbed in printing the *Nursing Guide*.

Miss F. A. Sheldon then took the chair, and urged all League Members to apply for Registration by the State. She wished she could think everyone had done so. She had suggested to Matron that dinner should only be provided for Registered Nurses, and that the tables for the others should be supplied with Schedules and pens and ink! The profession was now put on a legal basis and it was the duty of everyone to uphold it. We heartily concur.

Miss Sheldon then presented the prizes won in the various sections.

LIST OF PRIZES.

SECTION I.

Class A—Plain Needlework, Patching.—1st Prize, Nurse Masters; 2nd Prize, Nurse Thorpe.

Class B—Fancy Work.—1st Prize, Miss Norah Davies; 2nd Prize, Miss Grace Mannell; Highly Commended, Miss J. Hills and Nurse Buchanan.

Class C—Lace.—1st Prize, Nurse Knowlton; Very Highly Commended, Nurse Lyons.

Crochet.—1st Prize, Miss C. Pearse.

Knitting.—1st Prize, Mrs. A. Hawes; Highly Commended, Miss E. Dunn.

Class D—Dressmaking.—1st Prize, Sister Crocker.

Millinery.—Highly Commended, Nurse Thorpe.

Class E—Miscellaneous.—Highly Commended, Mrs. Burrell.

SECTION II.

Class A—Plain Needlework.—Very Highly Commended, Mrs. Eason and Sister Lazarus.

Class C—Crochet.—1st Prize, Mrs. Murrow; Highly Commended, Nurse Ferguson.

NURSES' PHOTOGRAPHIC EXHIBITION.

Class A—*Entire Work of Exhibitor* (who has already won an award).—1st Prize, Miss M. Phillips, "Near Land's End."

Class B—*Entire Work of Exhibitor*.—No award.

Class C—*Not the Entire Work of Exhibitor*.—1st Prize, Miss C. Purse, "Through an Old Archway"; 2nd Prize, Miss G. M. Hockin, "Peter"; 3rd Prize, Miss B. Binning, "Quai du Rosaire"; 4th Prize, Nurse Hummerstone, "Ice Grotto."

Result of Ballot for Members of Council for the Ensuing Year.

Choral.—Sister Cornelius, Miss Cortwall, Nurse Evans (re-elected).

Needlework.—Sister Theatres, Miss Evershed, Nurse Buchanan (re-elected).

Swimming.—Sister Kathleen (re-elected), Nurse D. C. James.

Garden.—Sister Anne (re-elected), Nurse Tatham (re-elected).

Tennis.—Sister Evelyn, Miss Johnson (re-elected), Nurse D. Stubbs (re-elected).

Library.—Sister Margery, S. N. Page.

Photographic.—Sister Osborne, Nurse Bishop (re-elected).

Debating.—Sister Naaman, Miss Dearman (re-elected), Nurse Watkins (re-elected).

Dramatic.—Sister Hilda, Nurse Strain.

At the conclusion of the meeting votes of thanks were passed to the Matron, Miss Sheldon, and Miss Smith, and those present then adjourned to visit the bazaar and the needlework and photographic exhibits.

THE CARE OF THE DEAD.

An important duty of hospital authorities is the care of the bodies of patients who die in their institutions, and their due delivery to the relatives. There is nothing which appeals more to the friends of a deceased patient, or creates greater confidence in a hospital, than sympathetic and scrupulous care in this particular.

Within the last week two cases have been reported in the Press, in one a father whose young daughter died in a hospital, on opening the coffin sent to his house, found that it contained the body of an elderly woman; in the other, the body of a man who died in a Poor Law Infirmary was buried before the mistake was discovered, and an order for his disinterment had to be obtained from the Home Secretary.

In the first instance, the young girl and the old woman were of the same name. In the Poor Law case its officers called for a body, and, "in the absence of the mortuary attendant," removed that of the wrong man; but, presumably, if the mortuary attendant was not there someone was responsible for delivering up the body.

The avoidance of such regrettable errors is only possible by the adoption of a precise system; and it is a good plan to place the care of the mortuary in the charge of a member of the nursing staff—the Sister in Charge of the Out-patients' Department or of a responsible nurse. It should be the duty of the Ward Sister to see that a body bears the name, sex, age, and address of relatives of the dead person. The Outpatient Sister or responsible nurse should accompany the bier or shell to the ward, should take over the charge of the body, and see it so placed in the mortuary that the relatives can see it with as little shock as possible. She should be responsible also if a post-mortem examination is made for the removal of the body to the post-mortem room, and its seemly disposition subsequently. Lastly, she is responsible for handing over the body to the relatives.

If this procedure is adopted, the risk of mistakes is reduced to a minimum. We should be glad to hear from any of our readers of a routine practice which they have found satisfactory in relation to this important duty.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 298.)

From the day the trained nurses associated themselves together in 1887 to think and act for themselves, the majority of the managers and matrons of the Training Schools let it be known that the movement had not their approval, and through the pages of the *Hospital* joined a campaign of intimidation, initiated and carried on for years by the late Sir Henry Burdett, its chief promoter, which can be studied in its pages by those interested in the history of the registration movement. As the years passed, and the organised nurses with great courage made their movement a success, certain of the enemy realised that if they could effect a flank movement, and detach certain influential persons, including those leading Matrons, like the ever-revered Isla Stewart of St. Bartholomew's Hospital, they might capture the nurses and control them. Several proposals to this effect were made to Miss Stewart—especially were they to "drop the pilot" (your humble servant), who, then married, and holding an independent position, could not be suppressed by economic pressure. One medical man at Bart.'s informed the Matron "that St. Thomas's was quite ready to come along and support registration if Mrs. B. F. and her followers could be dropped out"; and two others went so far as to tell her that they would have her turned out of Bart.'s if she opposed the policy of the medical men on the R.B.N.A."

It was on that historic occasion that Miss Stewart is reported to have said: "I will have you to know I am a Stewart of Appin," and those who know Scottish history will realise how this clan estimated treachery. Anyway, this scandalous attempt at coercion went no further.

In the year 1905, Miss Stewart rang me up to inform me that she had had a visit from the Matron of Guy's Hospital, who had invited her to join a new movement which some of the managers, and Sir E. Cooper Perry, the Medical Superintendent, were promoting, called "The Incorporated Society for Promoting the Higher Education and Training of Nurses," and asked me if I had heard of it. I replied in the negative, and advised her not to join any movement until she had its proposed constitution in writing before her. This, she replied, had been handed to her as a "private and confidential" document, but as it dealt with nurses' registration in a very dangerous form, she had at once given notice she did not intend to keep it so. I then obtained a copy of the said Memorandum, and dealt with the whole scheme in this Journal in no uncertain terms, proving that the chief enemies of State Registration were attempting, through a voluntary scheme, to grasp control of the Nursing Profession.

I wrote on February 11th, 1905:—"We make no apology to our readers for devoting the greater part of our space this week to a matter which we consider touches their liberties and their well being very nearly. We shall adopt no half measures in criticising the latest

movement to grasp control of trained nurses, and to keep this in the hands of their employers. We feel it our duty to warn the whole profession of nursing of the terrible danger which gaps at their feet, owing to the fact that seven wealthy financiers in the City of London have petitioned the Board of Trade to incorporate them as 'The Incorporated Society for Promoting the Higher Education and Training of Nurses,' with powers constituting them the organisers, disciplinarians, and masters of every trained nurse and training school in the United Kingdom. For, the powers for which they ask, mean control of the most despotic and unconstitutional character, which, if granted, would result in the reduction of a great body of educated, intelligent, professional women workers to the position of absolute serfs in the body politic. If we write strongly, it is because we feel strongly, and we realise the appalling danger with which we are confronted. We do not for a moment suppose that the gentlemen applying for incorporation by the Board of Trade know what will be the effect of the document to which they have set their hands, or that they have sought or received the opinion of any self-governing Association of Nurses on their scheme. . . . Secretly, without consulting the leaders of nursing reform, a scheme has been conceived, a constitution (which we now print in full) has been drawn up and adopted, and a Petition presented to the Board of Trade for the incorporation of a Society composed of seven laymen* which claims powers to examine, certificate, control, and discipline a body of professional women workers. . . . It is an attempt to utilise suggestions made in the Bill for the Registration of Nurses introduced into the House of Commons, and to grasp power over those nurses who for nearly twenty years have stood firmly for the great principle upon which alone a reputable profession of nursing can be founded and built up—the personal responsibility of every individual nurse.

"This essential professional principle has been totally ignored in the constitution of the Society for the Higher Education and Training of Nurses. Without it, no organisation can satisfy the aspirations of women who are worthy to form the great and noble Profession of Nursing. . . .

"Before granting the request of the signatories to the Memorandum, notice of application will be given in the public press, and an opportunity afforded to objectors to state their views, an opportunity of which the Nurses' Associations should avail themselves."

How successfully we fought, and for the time being defeated, this scheme emanating from Guy's Hospital, I will show in due course. Suffice it to say that when Sir Arthur Stanley and Sir E. Cooper Perry launched their College of Nursing Scheme for voluntary registration in 1915, its "Memorandum" was almost word for word the same old bogey. ETHEL G. FENWICK.

* The names of the seven subscribers to the Memorandum were: Lord Rothschild, Lord Revelstoke, Mr. E. A. Hambro, Mr. S. Hope Morley, Mr. C. H. Goschen, Mr. Hugh C. Smith, and Mr. H. Cosmo O. Bonsor, all very wealthy financiers, several of alien Jewish origin, and with no right whatever to control economically the work of British Nurses.

**THE OCTOCENTENARY CELEBRATIONS
AT BART.'S.**

THE PROGRAMME.

The Programme of the Octocentenary Celebrations has been arranged as follows:—

Tuesday, June 5th, 1923.

*10.30 a.m. Service at the Priory Church of St. Bartholomew-the-Great.

Preacher: The Rt. Rev. the Lord Bishop of Chester, D.D.

*12.0 noon. Solemnity in the Hospital Quadrangle.

1.30 p.m. The Rt. Hon. the Lord Mayor will entertain the Delegates at Luncheon at the Mansion House.

*3.0 p.m. Reception of Addresses from the Delegates by H.R.H. the Prince of Wales, K.G., President of the Hospital, at the Guildhall.

Wednesday, June 6th, 1923.

*1 p.m. Bartholomew Fair will be opened by the Rt. Hon. the Lord Mayor.

It is proposed to present the Fair as in the reign of Henry VIII. Booths, &c., of the period will be erected, at which various goods will be sold; there will be reproductions of old English Sports—tumbling and acrobatic performances—and an attempt made to show the Fair as it was in the Middle Ages in most of its details. The Students' Union has kindly undertaken to organise the various items.

2 p.m.—7 p.m. The Fair will be open to the Public. Tickets, 5s. each (inclusive of tax).

*2.30 p.m. Tableaux in the Great Hall, illustrative of events in the history of the Hospital.

The Tableaux will be performed on five or six occasions. Sir Alexander Mackenzie, Mus.D., F.R.A.M., Principal of the Royal Academy of Music, has kindly consented to provide appropriate music.

Reception of Delegates at the Royal College of Surgeons of England, Lincoln's Inn Fields. 4 to 6 p.m.

7 p.m. for 7.30 p.m. Old Students' Dinner at Merchant Taylors' Hall.

Thursday, June 7th, 1923.

Tableaux in the Great Hall. Tickets 10s. 6d. each (including tax).

2 p.m.—7 p.m. Bartholomew Fair will be open to the Public. Tickets, 5s. each (inclusive of tax).

*8.30 p.m. Conversazione in the Hospital and Medical College, during which Bartholomew Fair will be open to guests.

Friday, June 8th, 1923.

2 p.m. to 7 p.m. Bartholomew Fair will be open to the Public. Tickets, 2s. 6d. each (inclusive of tax).

A meeting of the Rahere Masonic Lodge will be held at Freemasons' Hall. The Duke of Connaught will be present.

* By invitation only.

Saturday, June 9th, 1923.

*A Cricket Match, "Past v. Present," will be played on the Hospital Ground at Winchmore Hill.

*4 p.m.—6 p.m. League of St. Bartholomew's Nurses "At Home" to the Delegates in the Great Hall.

An Exhibition of Historical and Scientific interest will be held within the Hospital during the Celebrations, which will include (1) Charters and other MSS. of historical interest; (2) Some of the Hospital possessions, such as the silver, &c.; (3) Portraits and prints; (4) Books by, or connected with, the Hospital Staff; (5) Maps of the Hospital and neighbourhood; (6) Surgical instruments connected with the Hospital Staff.

All tickets for the Fair and for the Tableaux must be purchased in advance at the Box Office in the Hospital, or from the usual agents.

APPOINTMENTS.

MATRON.

Isolation Hospital and Sanatorium, Burton-on-Trent.—Miss Minnie Heapy has been appointed Matron. She was trained at Bucknall Hospital, Stoke-on-Trent, and has held the positions of Charge Nurse and Assistant Matron there, and has had three years' Fever training. Miss Heapy has previously held the positions of Night Superintendent, General Hospital, Southport, and Home Sister, Borough Isolation and Tuberculosis Hospital, Derby, and is at present at the Infectious Hospital, Tanfield, Tantobie, Co. Durham.

HOME SISTER AND NIGHT SISTER.

Royal Berkshire Hospital, Reading.—Miss Beryl Johnstone has been appointed Home Sister and Night Sister alternately. She was trained at the City Hospital, Little Bromwich, Birmingham, and at the Royal Infirmary, Sunderland, where she held the position of Ward and Theatre Sister. She holds a house-keeping certificate from the General Hospital, Nottingham, and has been Sister Housekeeper at the Royal Liverpool Children's Hospital.

THEATRE SISTER.

Royal Northern Hospital, Holloway.—Miss H. Koste has been appointed Theatre Sister. She was trained at the West London Hospital and has been Theatre Sister at Queen Mary's Hospital, Stratford.

SISTER.

South London Hospital for Women, South Side, Clapham Common, S.W.4.—Miss Marjorie Ball has been appointed Sister. She was trained at Guy's Hospital, and has been Sister at the Royal Hants County Hospital, Winchester, and at King Edward VII's Hospital, Windsor. She holds the certificate of the Central Midwives Board.

Miss A. Rennison, whose appointment as Matron of the Ashington Hospital, Northumberland, we reported last week, held, we are informed, the position of second Assistant Matron, not Matron, at the Belvedere Hospital, Glasgow, as stated.

RESIGNATION.

Miss Katharine Scott has resigned the position of Matron of the Royal Sussex County Hospital, which she has held with distinction for over 30 years.

PROFESSIONAL UNION OF TRAINED NURSES.

NOTICE.

By kind permission of Mrs. Northwood there will be an American Tea and Concert at 6, Nottingham Place, W.1 (nearest station: Baker Street), on Saturday, May 26th, 1923, from 3.30—6 p.m. Tea 1s.

Will those who wish to attend, please notify the Hon. Secretary as soon as possible?

Come yourself and bring your friends.

MAUDE MACCALLUM,

Hon. Secretary.

A GREAT PUBLIC SERVANT.

A memoir of the late Sir Robert Morant, formerly Secretary of the Board of Education and First Secretary of the Ministry of Health, is in course of preparation. Lady Morant will be grateful if those who possess letters or documents of any kind relating to her husband's life and work will send them to her at 15, Chester Terrace, Eaton Square, London, S.W. The receipt of each document will be immediately acknowledged. In every case each letter or other document will either be copied (the original being returned to the owner as speedily as possible) or will be retained and filed for the purpose of the memoir as the owner may desire.

COMING EVENTS.

May 18th.—General Nursing Council for England and Wales. Monthly Meeting. Ministry of Health, Whitehall. 2.30 p.m.

May 18th.—Royal British Nurses' Association. 194, Queen's Gate, S.W. Anniversary of the Opening of the Club. American Tea in aid of Settlement Home. 2.30 p.m.

May 26th.—Jumble Sale, Restoration Fund, St. Helena's Church, Thoroton, Notts. 431, Oxford Street, W. Open 12 noon.

May 26th.—Fever Nurses' Association. Annual Meeting, Metropolitan Asylums Board Offices, Embankment, E.C. 3 p.m.

May 26th.—Professional Union of Trained Nurses. American Tea and Concert, 6, Nottingham Place, W.1. 3.30 to 6 p.m.

May 28th to June 1st.—Eleventh Annual Post-Graduate Week for Midwives. General Lying-in Hospital, York Road, Lambeth. S.E.1.

June 5th to 9th.—St. Bartholomew's Hospital Octocentenary Celebrations.

June 9th.—League of St. Bartholomew's Hospital Nurses. General Meeting. 3 p.m. "At Home," Great Hall. 4 to 6 p.m. On view. Part of Queen Mary's Nurses' Home.

WORD FOR THE WEEK.

"By God's help, and as far as lies in the power of men entrusted with power, war shall not henceforth be accepted as a burden recurrent and inevitable upon mankind."—*His Majesty the King on the Asiatic Battlefield.*

BOOK OF THE WEEK.

BLACK OXEN.*

This is the story of a famous beauty who successfully underwent treatment for rejuvenescence at the age of fifty-eight, and returned after thirty years to New York, where she had once been a reigning belle.

Her old flame, Mr. Dinwiddie, meets her at a first night, and is completely mystified as to her identity, as were many others of her old circle.

Was she the daughter of Mary Ogden? Mr. Dinwiddie was positive she never had a child. But she must have had a daughter stowed away somewhere—that must be the explanation. No two women except mother and daughter could be as alike as that. It was certainly very extraordinary.

Clavering, the writer, at thirty-four, was bored with life. He also was at the first night. The unknown beautiful stranger gripped his attention. Instead of rushing out when that blessed curtain went down, he would wait and study her profile.

She lowered the glasses through which she had been surveying the audience, and glanced over the row of upturned faces immediately before her, scrutinising them carefully as if they were fish in an aquarium. Her eyes were very dark grey, Greek in the curve of the lid, and inconceivably wise, cold, and disillusioned. She did not look a day over twenty-eight. There were no marks of dissipation on her face. The eyes seemed to gaze out of an infinitely remote past.

Clavering was at once intrigued, and before long hopelessly in love with this unknown woman.

Chance obtained for him an introduction, and he became a constant and intimate visitor of the lady, who styled herself the Countess Zathany, and who as yet shut herself away from the curiosity of New York society. She intended to return to Austria to spend her time and money in the famine area, and her purpose in coming to New York was ultimately to collect money for that object.

Recognising Clavering's infatuation, and to some extent returning it, the Countess Zathany determines to disclose her identity with the beautiful Mary Ogden of thirty years ago. She settled on the bold course of collecting together the friends of her youth and telling them the simple truth, or rather the very complicated scientific method by which she had regained the appearance of youth.

She leaned back and lit a cigarette, looking over the audience with mischievous eyes.

"With me it has been a complete success—mentally, physically."

One of her old friends asks her the pertinent question: "What are you going to do with this new youth?—I never saw anyone look less indifferent to life—make fools of men again—of our sons?"

"Who can tell?" asked Mary maliciously. "Could anything be more amusing than to come back to New York after thirty-four years and be a

* By Gertrude Atherton. (John Murray.)

belle again, with the sons and grandsons of my old friends proposing to me?"

Naturally her revelations were a great blow to Clavering. "Her real age! Could he ever forget it? Should he not always see the old face under the new mask as the X-rays reveal man's hideous interior under the merciful covering of flesh?"

"He was thirty-four; She herself was an abyss of wisdom. How could he ever cross it? Her body might be young again, but never her mind—never her mind. And then he had a flash of insight. Perhaps he alone could rejuvenate that mind. Could he make her forget? Men and women would be old at thirty but for the beneficent gift of forgetting. . . . He could make the present vivid enough."

Did he love her? Comprehensively and utterly!

There came a revulsion of feeling towards Mary Zathany from New York society, and it decided to cut her, and this treatment strengthened Clavering's devotion.

The visit of Hohenhauer, the Austrian statesman and Mary's former lover, brought matters to a head. He tells her bluntly that she had better abandon her engagement and marry him instead. He points out to her that her cherished project of succouring Austria must be abandoned if she marries Clavering, who will be an alien in that country.

He bent forward and said harshly: "Marie, glance inward. Do you see nothing that causes you to feel ashamed and foolish? Can you love with unsullied memory? You have no more illusion in your soul than when you were a withered old woman in Vienna."

"If I have been brutal there was no other way to fling you out of your fool's paradise. You, your ego, your mind, your *self* are no younger than your fifty-eight hard-lived years."

Mary Zathany breaks the truth to Clavering while driving in her car. "I have not the courage to marry you."

Clavering picked up the tube and told the driver to stop.

He closed the door and lifted his hat.

"Good-bye, Madame Zathany," he said, and as the driver was listening he added, "a pleasant journey."

H. H.

SESTET.

Thus in the winter stands the lonely tree,
Nor knows what birds have vanished one by one,
Yet knows its boughs more silent than before.
I cannot say what loves have come and gone;
I only know what summer sang in me
A little while, that in me sings no more.

Signor Mussolini, in receiving a deputation from the International Women's Congress now being held in Rome, said he would put before the next Cabinet Council a scheme for the granting of the administrative vote to women.

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.

DEFECTIVE HEARING DANGEROUS.

An Old-Fashioned Matron.—"Years ago, when I applied to train at Barts. you put me through my paces:—

"Please stand up. Five feet five?"

"Yes."

"Perfect height for a nurse."

"Then questions as to the various senses:—

"Good hearing?"

"Keen," I replied.

"Good. Nothing is more necessary excepting perfect sight. Every tone and breath of a sick person is instructive. Nothing more annoying to them than an attendant whose hearing is defective, and indeed it may be dangerous."

"Lately I have had reason to remember these words. The present habit of Probationers covering their ears with tufts of hair, and half over the cheek, and then plastering the cap end over these wads to keep them in place, most certainly obstructs the sense of hearing. The rule has now been made in this hospital that the hair must be worn above and not over the ears; but so strong is female vanity that objections have been made to this rule as 'interfering with personal liberty.' But when 'personal liberty' interferes with the comfort and safety of the patients (several directions have been misunderstood, and wrong reports made) surely the good of the many must be considered before the silly whims of fashion."

[We quite agree.—Ed.]

THE EFFECT OF BUREAUCRACY.

From Several Correspondents.—"It is now six months since I sent in my application for registration. I hold a three years' certificate from one of the largest provincial hospitals. So far, no intimation that my application has been considered. Writing to the office is no good."—"I have been waiting to join a company of registered nurses ever since the autumn. Months after I applied and had made several enquiries, I was told one of my referees had not replied. Why was I not told this at once, so that another might be given? Our letters of remonstrance cannot be placed before the Registration Committee, or surely we should not be treated with the lack of courtesy which is apparently permitted."

OUR PRIZE COMPETITION QUESTIONS.

May 26th.—What do you know of Psoriasis, the different types, and their local and constitutional treatment?

June 2nd.—What do you understand by a diphtheria carrier? What are the possible causes, and how are they to be guarded against?

The Midwife.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

The Examination of the Board held simultaneously in Edinburgh, Glasgow, Dundee and Aberdeen, has just concluded with the following results:—

Out of 95 candidates who appeared for the Examination, 87 passed. Of the successful candidates, 27 were trained at the Royal Maternity Hospital, Edinburgh; 20 at the Royal Maternity Hospital, Glasgow; 3 at the Maternity Hospital, Aberdeen; 9 at the Maternity Hospital, Dundee; 7 at the Queen Victoria Jubilee Institute, Edinburgh; 4 at the Cottage Nurses' Training Home, Govan, Glasgow, and the remainder at various recognised institutions.

DANISH METHOD OF DELIVERY.*

BY MISS RODTNESS.

(*Matron of Copenhagen Maternity Hospital.*)

I now have the pleasure of briefly acquainting you with the manner in which our midwives attend a normal birth.

We examine the patient by means of four external manipulations if the foetus lies in a normal head presentation. At the beginning of parturition we give a water clyster, test the urine for albumen and take the temperature and pulse.

The progress of delivery is controlled by palpating the presenting part as it passes down into the parturient canal and by observing the labour of the uterus and the foetal heart. If the presenting part is engaged in the plane of the inlet the patient is, for the present, allowed to remain up, but as parturition proceeds she is supported so as to give her the most comfort, for example across her loins. The midwife is responsible that all that may possibly be required under parturition is ready for use.

When delivery is expected to commence soon, the midwife cleanses her hands. The vulva and the adjoining parts of the patient are washed with soap and water and lastly with diluted solution of sublimate. The hands are cleansed by brushing them with soap and water for five minutes, then for cleansing out the nails and thereupon again brushing for five minutes with soap and water. The hands are then thoroughly dried in a sterilised towel and brushed for four minutes in spirits and lastly in solution of sublimate. After having then prepared the patient we repeat the cleansing of the hands.

Generally the patient, during parturition, lies on her back. When the head of the foetus, with its maximum periphery, reaches the distended

vulva, we begin supporting the perineum with our one hand, this hand being protected by an intervening sterilised piece of jute from the anus. With the other hand we restrain the head and first allow it to glide out over the perineum when the patient is asked to press downwards during a period between two pains. The perineum is now pressed a little backwards while at the same time an upwards pressure is exerted. Now the anterior shoulder will appear beneath the arch of the pelvis, whereupon the posterior shoulder glides out over the perineum. The remaining part of the body will then generally follow quickly and smoothly. If the cord should be twisted around the neck of the child, but not tightly, it is left untouched. The mucus is removed from the throat of the child and its eyes are treated with a drop of solution of argentic nitrate (one to one hundred and fifty), and then the cord is bound, a ligature being made about two centimetres from the body. Just above this ligature the cord is doubled backwards and again bound to the first ligature. For thus binding the cord we use a piece of sterilised unbleached cotton thread.

With regard to the treatment of the eyes with argentic nitrate it may interest you that this treatment has been compulsory at the lying-in hospital and in general midwifery practice ever since the eighties of the last century. The result of this compulsory treatment is that blindness caused by infection of the eyes of the new-born baby is now practically unknown in Denmark.

Speaking about blindness, I may add that also blindness as a consequence of smallpox has no more occurred in Denmark since eighteen hundred and fifty-eight, and also this gratifying fact is the consequence of smallpox vaccination having been compulsory since eighteen hundred and ten.

When the placenta is detached and the uterus feels firm the patient is asked to bear downwards. If the abdominal muscles are relaxed, they are grasped on both sides, and, while the patient is bearing downwards, a pressure is sometimes, but by no means always, exerted downwards, and the placenta will be spontaneously expelled.

Small superficial tears in the vulva and perineum, not reaching further than half-way down towards the anus, are stitched by the midwife herself. After delivery the genital regions of the patient are washed with sterilised water and covered with a sterilised piece of jute. The uterus is now observed till all danger of hæmorrhage has passed, and the fundus is only massaged in case of hæmorrhage, partly to thus avoid disturbing the natural contractions of the uterus and partly to not increase the after-pains of the multipara. In cases of relaxation and hæmorrhage the midwife is allowed to administer ergot, forty drops up to three times with an interval of twenty minutes.

(To be concluded.)

* Read at the Hospital, Nursing and Midwifery Conference, May 14.

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EDITORIAL.

SMOKE ABATEMENT AND CHILD WELFARE.

In the life of the people, and especially of little children, pure air and sunshine are the most essential factors, and when we permit the air of our cities to be fouled with smoke we deprive them of an elementary right.

The Medical Officer of Health for the City of London states in his annual report for 1921 that in the month of June alone no fewer than 54 tons of dirt of various kinds were deposited from the air in the City of London, which has an area of one square mile. This mass included eighteen tons of soluble matter—sulphates, chlorine, and ammonia—and thirty-six tons of insoluble matter—tar, soot, and grit.

It was therefore highly expedient that an influential deputation, which included amongst other societies representatives of the British Medical Association, the Society of Medical Officers of Health, the National Housing and Town-Planning Association, and the Central Council for Infant and Child Welfare, should last week be received by Lord Onslow, on behalf of the Minister of Health, to submit the views of these Societies with regard to the effect of an undue amount of smoke on the child life of this country. The deputation was introduced by Lieut.-Col. F. E. Fremantle, M.P., who pointed out that all are agreed as to the unhealthiness of the smoke evil, and the need to get rid of it, which could be done if the present powers were exercised to the full.

Points put forward by the deputation were that recent discoveries as to the therapeutic effect of sunlight rendered it necessary to do away with the obscuring effect of smoke. To restore the sunlight to our cities was, said Dr. Saleeby, the next great task of Public Health Authorities, and was no less important than was the giving of pure water two generations ago. In Essen, Pittsburg, and other industrial centres, where they had been compelled to reduce smoke, they had managed to do so to the extent of 85 per cent.

Dr. Eric Pritchard pointed out that the education of the mother had to a large extent put an end to the deaths and disease caused by wrong feeding, but no amount of instruction of the mother could defend her against the evils of smoke. The Medical Research Committee had pointed out the close connection between infant mortality and atmospheric pollution, and there was no doubt but that the cutting off of sunlight lessens resistance to tuberculosis and respiratory disease. The mortality rate for the latter was 35 per million in boroughs, 25 per million for England and Wales, taken as a whole, and only 13 per million in country districts. In Leeds, after six days of fog, the infant mortality rate increased from 50 to 175 per thousand.

Dr. Scurfield said it was impossible to expect decent homecraft from people who had to live under a pall of smoke; and Dr. L. Fairfield made the point that the budget of a working-class family showed far too much spent in proportion on cleaning materials, the cost of which greatly reduced the money available for other vital items.

Dr. Woolsey Stocks pointed out that there were frequently on Local Authorities, and on the Bench, people whose interests were against smoke-abatement, and who therefore prevented effective action being taken. He urged that the recommendations of the Committee on Smoke Abatement, which transferred to County Authorities the duty of enforcing the law and made possible the formation of Joint Committees for the purpose, be carried out.

Lord Onslow, in replying, said that everybody, even the manufacturers, agreed that everything possible must be done to minimise the admitted evils caused by excessive smoke. Last year, after the appearance of Lord Newton's Report, he introduced a Bill into the House of Lords on behalf of the late Government, and had given a promise on behalf of the new Government that a Bill should be introduced this Session, adding that it was necessary not to interfere with industry. We hope a Smoke Abatement Bill may speedily become law.

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF PSORIASIS, THE DIFFERENT TYPES, AND THEIR LOCAL AND CONSTITUTIONAL TREATMENT?

We have pleasure in awarding the prize this week to Miss Mary Ramsey, Registered Nurse, Enmore Road, South Norwood.

PRIZE PAPER.

Psoriasis is a well-marked skin disease of common occurrence. The lesions begin as minute scaly points in the epidermis on a more or less reddened basis, which increase or extend so as to form circumscribed scaly patches covering areas of all sizes. A chronic inflammatory process takes place in the true skin, the papillæ of which become considerably lengthened and more vascular than usual, together with changes in the cuticle which cause a defect in the horny formation that usually takes place on the surface. It is chronic in course and tends to relapse. Psoriasis is sometimes classed as a form of impetigo, and may develop at any age, but rarely after fifty years of age.

Causes.—The condition generally appears for the first time in childhood or adolescence, afterwards disappearing and reappearing from time to time. Some authorities consider that the disease is due to the action of a parasite ingested with the food, and entering the blood stream finds its way to the skin, thus giving rise to the eruption. It is usually not contagious, but hereditary in some families, occurring in different generations of one stock. It cannot be inoculated, but its appearance may be incited by local irritation or injuries; it also has a distinct connection with asthma, gout, and rheumatism, and is also liable to appear in neurotic patients. In some persons psoriasis appears repeatedly at a particular season of the year. The chief factor is the hyperæmia which is due to irritation of the vaso-motor nerves.

Symptoms.—The eruption has a preference for extensor surfaces, such as the back of the elbows and front of the knees. There is no heat or pain, nor suppuration, nor does it form granulations. It begins as small pimples, each covered with a white cap of scales, which enlarge in breadth till they form patches two or three inches in width. At the same time patches may appear on the face and scalp, and it may be present in combination with other skin diseases, as seborrhœa, eczema, ichthyosis, prurigo, &c. The redness present is of a dull tinge. As the patches enlarge the scaling becomes more marked, and it may become

slightly raised above the surface. After a certain size has been reached the patches cease to extend, and sooner or later begin to fade. If present on the scalp the patches are usually smaller. Psoriasis may appear after scarlet fever. The general symptoms are usually very few, if any. A general lowering of vitality might usher it in. Irritation is often present. The patches may develop into quasi-eczematous types, especially behind the ears, and the skin may thicken and infiltrate. The disease is divided into several varieties according to the size, shape, and distribution of the patches.

The medical *treatment* consists, first of all, in attention to the general health and relief of any constitutional condition by the appropriate remedies. There is no internal specific, although arsenic and thyroid extract are often prescribed. Frequent baths should be taken. Locally, inunctions of tar, ung. chrysarobin, and ammoniate of mercury ointment, well rubbed in, are employed. Only a very small number of cases are permanently cured. In the great majority of cases it recurs periodically. Intelligence and long-continued perseverance in the treatment are essential. These patients should not take a holiday in their treatment and gain a false sense of security. It might be likened to weeding a garden. One must carry on till no more weeds appear. Even then, fresh infection may be conveyed by articles of clothing. Patients afflicted with this disease should not lose heart, or neglect the never-ending treatment. Occasionally cases occur in which all treatment seems of very little use.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Annie Sutton and Miss May Dawson.

Miss May Dawson draws attention to the following note as to psoriasis by Dr. Whitla in his Dictionary of Treatment: "Some authorities still regard psoriasis as evidence of a gouty or scrofulous diathesis, and recommend treatment accordingly, but, as a rule, such drugging, based as it is upon a wrong hypothesis, only leads to disappointment and mischief. Diet should be such as will be best calculated to maintain a perfect standard of health, and the fancy dietaries insisted upon by some specialists are as useless as they are irksome to the patient."

QUESTION FOR NEXT WEEK.

What do you understand by a diphtheria carrier? What are the possible causes, and how are they to be guarded against?

NURSING ECHOES.

As there are so many functions being held on the 26th inst., don't forget that the Frills and Furbelows Sale opens at 12 noon on that date at 431, Oxford Street, W. We are very anxious to send a nice little cheque towards saving Thoroton Church Spire, in the Vale of Belvoir; and now that so many nurses belong to Dramatic Sections of Leagues or Hospitals, we recommend them to secure the gowns for these wardrobes.

The Editor and Assistant Editor of THE BRITISH JOURNAL OF NURSING will be obliged if their correspondents will place the titular letters "S.R.N." after their names. Mrs. Bedford Fenwick and Miss Margaret Breay have been consistent State Registrationists for the past thirty-five years, and having helped to secure legal status and a distinctive title for members of the Nursing Profession, desire to avail themselves of all the privileges bestowed upon their Profession by the passing of the Nurses' Registration Act. The right to a "prescribed training" is denied by the present Council, temperamentally "Anti" and extraordinarily ignorant; but this arrogant clique must not be permitted to override the provisions of the Act, even if supported by the "legal advisers" of the Ministry of Health. The Irish "deportees" case proves the fallibility of even the Law Officers of the Crown. Anyway, what we have we must hold. "Up, the Syllabus of Training"!

The Annual Meeting of the Ranyard Mission will be held on Friday, June 1st, at 3 p.m., in the Central Hall (Small), Westminster. The Chair will be taken by the Lord Bishop of Woolwich, D.D., and the Speakers will be the Lady Sydenham, Miss Irene M. Hett (Hon. Sec., Ranyard Mission), J. Prescott Hedley, Esq., F.R.C.S. (St. Thomas's Hospital), the Rev. Cyril C. B. Bardsley, D.D., and the Rev. Ivor J. Robertson. Organ Recital at 2.30 p.m. by Mr. R. Bertram Hudson, F.R.C.O.

The sixty-sixth Birthday Gathering of the Workers will be held immediately after the Meeting, and friends are asked to stay and take this opportunity of talking with those actually engaged in the work. (Tea, 1s. each.)

The London Diocesan Bandette has kindly promised to play during tea.

Gifts in money or kind for Pound Day will be gratefully received, either at the Hall on June 1st, or at Ranyard House, 25, Russell Square, London, W.C., on Saturday, June 9th.

The Annual Nurses' Reunion of the Whipps Cross Hospital, Leytonstone, will be held on Friday, June 8th. Dr. Muir and Matron hope to see as many as possible of the past Members of the Nursing Staff. There will be a Service in the Chapel at 5 p.m. Address by the Rev. F. W. M. Woodward, M.A., D.D., Rector of Buckhurst Hill. Tea and Reception in the Nurses' Home from 5.30 to 6.30 p.m. A limited number, coming from a distance, can be put up for the night if they will let Matron know.

The Council of the Jewish Hospital report that the General Nursing Council for England and Wales has approved the hospital as a complete training school for nurses. The Council rightly realises that this will not only tend to ensure a supply of Jewish probationers for the hospital, but also a supply of Jewish nurses for other institutions which may require them.

So far as we are aware, Jewish girls have not largely adopted nursing as a profession; hence many Jewish patients, when ill, cannot be attended by those of their own nationality.

Friends will be pleased to learn that Sister Cartwright is now enjoying the fine sea air at Swanage, after a visit to friends in Warwickshire from which she has derived much benefit. Letters are welcome. Address, c/o Mrs. Stagg, Elwyn, Stafford Road, Swanage.

Many years ago, before the Government had made a move to provide trained nursing skill and care for prisoners, we proposed the formation of an Elizabeth Fry League of Nurses to promote this very important reform. Something now is being done in England (although not nearly enough) to bring trained physical and psychological experience to help defectives with criminal tendencies who gravitate to durance vile. We hope the Registered Nursing Profession, now that they enjoy legal status, will show more interest in the future than they have done in the past in prison reform.

These preliminary remarks may be taken to refer to an article sent to us for publication by the Hon. Albinia Brodrick, who has recently—presumably as a political prisoner—been incarcerated in the North Dublin Union Prison, and is now recovering from wounds and hunger-strike in "a delightful nursing home" in Dublin. Her experiences prove how greatly an Elizabeth Fry League is required in the Irish Free State, and will be read with interest, whatever our politics, throughout the Nursing World.

The affection of well-trained nurses for their Alma Mater has brought thousands of pounds to the support of voluntary hospitals of late years, and the great success at Leeds will encourage other Schools to give a helping hand.

As we reported last week, upwards of £3,000 had already been made by the General Infirmary Leeds Nurses' Bazaar towards the new Nurses' Home, and we are not surprised that Alderman Lupton, a warm friend of the nurses, believes that "we offer the best training and turn out the best product of any hospital in the country. . . . Citizens who had benefited by sick nursing ought to help out of gratitude to the nurses."

Leeds University finds no difficulty in securing £10 for its Diploma in Nursing, and has set a good example to the wobbling General Nursing Council for England and Wales, which evidently has little faith in its own status, or desire to secure prestige for the Nursing Profession.

Another magnificent gift for the establishment of a University School of Nursing is announced from the United States. Mrs. Chester C. Bolton, who is a member of the Board of the Visiting Nurse Association of Cleveland, Ohio, has endowed with half a million dollars the new School of Nursing at Western Reserve University.

"Mrs. Bolton's gift is the most wonderful thing that Western Reserve has been offered in years," said Rev. J. D. Williamson, acting president, when making the announcement. "Everyone connected with the University is deeply appreciative, realising that this contribution practically assures for the University a school of nursing that will be a source of pride to the institution, the city, and the State."

ST. BARTHOLOMEW'S HOSPITAL NURSES' LEAGUE.

Mrs. Hayward sends us splendid news of the result to date of the League of St. Bartholomew's Nurses' Octocentenary Bed Endowment Fund. £700 of the £1,000 has already been collected, and sums are coming in every day; but to ensure the £300 being to hand to enable an announcement to be made that the whole sum has been subscribed on June 9th, at the Annual Meeting of the League, a whip has been sent out, and donations may be sent to the Hon. Treasurer, Mrs. de Segundo, 39, Howitt Road, Belsize Park, N.W.3.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The thirty-fifth Meeting of the General Nursing Council for England and Wales was held at the Ministry of Health on Friday, May 18th, at 2.30 p.m., SIR WILMOT P. HERRINGHAM, K.C.M.G., C.B., M.D., F.R.C.P., Chairman of the Council, presiding.

Minutes.

The Minutes of the last meeting were taken as read and confirmed.

Arising out of the Minutes THE CHAIRMAN said he desired to correct an omission he had made when he read the letter from the College of Nursing, Ltd. He had only just received the letter and read the first paragraph, thinking it all referred to the same thing.

THE CHAIRMAN then asked permission to sign the Minutes of the special meeting on May 11th, and this was agreed.

THE CHAIRMAN reported, arising out of the Minutes, that a deputation did go to the House of Commons and interview the Parliamentary Medical Committee in relation to its recommendation as to existing nurses. No conclusion was come to, and there was nothing particular to report, but the Committee thanked them for their attendance, which they said had been of assistance to them.

Correspondence.

APOLOGIES FOR ABSENCE.

THE CHAIRMAN reported letters of regret at inability to attend the Council Meeting from Miss Smith, Miss Alsop, Miss Musson, Miss Villiers, the Hon. Mrs. Eustace Hills.

LETTERS FROM THE MINISTER OF HEALTH.

THE CHAIRMAN reported a letter from the Minister of Health, dated April 30th, 1923, approving of amendments to Rules 11 (6) and 12 (1). Also a letter from the Minister enclosing a signed copy of the Examination Syllabus.

(The Amendment to Rule 11 (6) deals with the qualifications for the admission of Intermediate Fever Nurses to the Supplementary Part of the Register, and Rule 12 (1) provides for the recognition of the certificate of the Medico-Psychological Association of proficiency in mental nursing, obtained prior to the first State Examination as a qualification for admission to the General Part of the Register if the candidate has, in addition, had two years additional training in a General Hospital or Poor Law Infirmary.)

Reports of Committees.

1.—Report of the Finance Committee.

SIR JENNER VERRALL, Chairman of the Finance Committee, presented the Report, and moved that it be received.

I. REPORTED—That the Committee has met once—on May 10th, 1923.

II. Recommendation 1.

"That the Bills and Claims submitted for payment be approved."

III. Recommendation 2.

"That the sum of £200 for stamps for general purposes for the ensuing month be allowed."

IV. REPORTED—That the Committee raise no objection to Recommendations 13 and 14 of the General Purposes Committee.

The Report was agreed.

2.—Report of the Registration Committee.

DR. GOODALL, Chairman of the Registration Committee, moved that the report be received, and moved Recommendation 3.

I. REPORTED—That the Committee has met three times—on April 27th, May 4th and May 11th.

II. CONSIDERED—*Recommendation of the Mental Nursing Committee* (see Report of Mental Nursing Committee, Para. VI.). This was forwarded to the Registration Committee by the Mental Nursing Committee for consideration. The Committee agrees with the recommendation of the Mental Nursing Committee, and makes the following recommendation:—

Recommendation 3.

"That the procedure recommended by the Mental Nursing Committee in the case of Mental Nurses be adopted as far as possible also in the case of Male, Sick Children's, and Fever Nurses."

III. REPORTED—That in view of the fact that the period of grace for Existing Nurses terminates on July 14th next, the Committee has instructed the Registrar to forward to the Nursing Press a short statement pointing out that no nurse who is eligible to register as an Existing Nurse up to that date will be able to register afterwards unless she passes the Council's examination after having undergone a period of at least three years' training in a hospital approved by the Council.

IV. APPLICATIONS FOR REGISTRATION.

The following statements have been forwarded to the Minister of Health:—

Applications received during the week ending—

April 14th, 1923	.. .. .	645
" 21st "	.. .. .	630
" 28th, "	.. .. .	544
May 5th, "	.. .. .	707

V. REGISTRATION TO MAY 5TH, 1923.

Applications received 25,446

Applications approved by the Council to		
April 20th .. .. .	.. .. .	16,856
Applications for approval at meeting on		
May 18th .. .. .	.. .. .	1,566
Applicants ineligible to meeting on April 20th ..	.. .. .	846
Applicants ineligible, to be brought before		
meeting on May 18th .. .. .	.. .. .	52
Applications withdrawn .. .. .	.. .. .	75
Applications incomplete .. .. .	.. .. .	6,051

25,446

General Register	1,257
Male "	4
Mental "	134
Sick Children's Register	78
Fever Register	93

1,566

VI. (To be taken *in camera*.)

Lists of 1,566 applicants for registration, whose applications have been found to be in conformity with the rules, are appended, as also is a list of applicants whose applications are not in conformity with the rules.

The Committee recommends:—

Recommendation 4.

"That the 1,566 applicants whose applications have been found to be in order be approved for registration, and that the Registrar be instructed to enter their names in the appropriate parts of the Register."

Recommendation 5.

"That the appropriate certificate be granted to each of these applicants, and that authority be hereby given to affix the seal of the Council to each certificate."

Consideration of Item VI of the Report was deferred to the end of the Meeting.

4.—Report of the Disciplinary and Penal Cases Committee.

MISS A. M. BUSHBY, Chairman of the Disciplinary and Penal Cases Committee, presented the Report.

I. REPORTED—That the Committee has met once—on May 8th, 1923.

II. CONSIDERED—The applications of the following gentlemen for the appointment of Solicitor to the Council:—

MR. H. DIXON KIMBER, 79, Lombard Street, E.C.3.

MR. J. THEODORE GODDARD, 10, Serjeant's Inn, Temple, E.C.4.

MR. R. A. L. BROADLEY, 4, Elm Court, Temple, E.C.4.

MR. SYDNEY PITT, 16, St. Andrew Street, Holborn Circus, E.C.4.

Recommendation 10.

"That these gentlemen attend the Council for a personal interview on Friday, May 18th, at 3.30 p.m."

The Chairman said that one of these gentlemen had withdrawn, he would speak of this again later. The Report was approved.

5.—Report of the Mental Nursing Committee.

DR. BEDFORD PIERCE, Chairman of the Mental Nursing Committee moved that the Report be received.

I. REPORTED—That the Committee has met once—on May 2nd, 1923.

II. REPORTED—That the first matter considered was the points raised at the Conference on April 4th with representatives of the Board of Control Committee on Nursing Service. The Conference was chiefly concerned with the best method of recognising Mental Hospitals for Training Schools. The Visiting Committee were anxious that the standard should be high, and especially that the training for the Preliminary Examination should be fully equal to that in General Hospitals.

The visitors suggested that there should be two grades of Training Schools:—

(a) The Mental Hospitals able to give a complete training for both the Preliminary and Final Examinations, among the requirements for which

were that there should be at least one Sister-Tutor and not less than thirty probationers always in training.

(b) The Mental Hospitals preparing candidates for the Final Examination in Mental Nursing, and it was suggested that these hospitals should have at least 500 beds, with an admission rate of 100 per annum.

It was further suggested that hospitals should group themselves together on the understanding that one hospital recognised as a complete training school shall supply nurses to the other hospitals of the group after they have passed the Preliminary Examinations.

Your Committee has given careful consideration to these suggestions. It, however, queries whether it is desirable at the present time to attempt any sub-division of Mental Hospitals into groups. It also inclined to the opinion that the Council would be unwise to make the recognition of a Training School depend either upon the number of beds or the number of nurses in training, as these considerations do not necessarily provide a trustworthy criterion of the quality of training given.

Another point discussed at the Conference was the unequal position of nurses in General and Mental Hospitals respectively, who having passed the Preliminary Examination do not complete their training. In one case the nurse beginning in a Mental Hospital can obtain the General Certificate in four years, whereas in the other the nurse beginning in a General Hospital cannot obtain the Mental Certificate under five years. There was a general expression of opinion that it was undesirable in either case to encourage nurses to break their training.

Your Committee felt that the Conference was most helpful, but does not at present feel that it is in a position to make any definite recommendation in respect to the recognition of training schools for Mental Nurses.

III. REPORTED.—In discussing the matters referred to in the previous Minute the Committee suggest that a new questionnaire be sent round to Mental Hospitals in order to ascertain how far the hospitals consider that they are able to provide the prescribed training. A recommendation on this matter will be made to a future meeting of the Council.

IV. REPORTED.—That the Committee have been informed that well-trained and well-educated Mental Nurses have experienced considerable difficulty in obtaining training in General Hospitals. It will be remembered that a letter was presented to the Council by Mr. Keene, Clerk to the London County Council, pointing out the desire on the part of the London County Council that Mental Nurses should obtain general training, and Rule 12 (A) (7) was passed by the Council and is now before the Minister of Health to give effect to this desire that Mental Nurses should be doubly qualified. In order to facilitate this end, which means so much to Mental Nursing generally, the

Mental Nursing Committee submit the following resolution:—

Recommendation 11.

"That the Council urge on the governing authorities of General Hospitals the importance of facilities being given to Registered Mental Nurses for obtaining the two years' course in training in General Nursing required for admission to the General Register."

V. REPORTED.—*Fees for Examinations.*—Some consideration was given to the question of fees payable by Mental Nurses. The Committee feel unable to express any opinion until they know more of the requirements of the Council in respect to the examinations.

VI. REPORTED.—The Committee think it possible that in some Mental Hospitals, especially those in isolated and remote parts of the country, Mental Nurses may not have realised their position under the Nurses' Registration Act. It considers it desirable that circular letters be sent to all Mental Hospitals addressed to the Medical Superintendent, with enclosures to the Matron and the Chief Male Nurse, and submit the following recommendation:—

Recommendation 12.

"That circular letters be sent to all Mental Hospitals reminding (a) Existing Nurses that they must apply for registration before July 14th, 1923, on which date the period of grace expires; (b) Intermediate Nurses that all nurses who have completed their training since November 1st, 1919, and before July 14th, 1925, are eligible for registration on producing evidence of training and experience; and (c) informing nurses that after this date—July, 1925—no nurses can be entered on the Register who have not passed the State Examination."

Discussion.

In moving that the report be received, DR. BEDFORD PIERCE said he realised that it was difficult to fit in short courses for nurses; matrons preferred raw material to train, and there was the status of the nurses to be considered, but with goodwill on both sides he thought the difficulties could be overcome.

In moving the adoption of *Recommendation 11*, DR. BEDFORD PIERCE appealed to some of the larger and more influential hospitals to offer facilities to mental nurses to obtain training in general nursing.

MISS SEYMOUR YAPP said that of all the branches of nursing which she hoped would be benefitted by Registration, Mental nursing, which was the Cinderella of the nursing profession, came first. She hoped facilities would be given by the general hospitals for training mental nurses.

Recommendation 11 was then agreed.

DR. BEDFORD PIERCE then said that the Recommendation only expressed an opinion, and it was referred to the Education Committee, with instructions to do what they thought fit to carry it into effect.

The Report was then approved.

7.—Report of the Uniform Committee.

In the absence of MISS VILLIERS, Chairman of the Uniform Committee, the Report was presented by MISS G. COWLIN, who moved that it be received.

I. REPORTED—That the Committee has met four times—on March 16th, April 20th and 26th, and on May 7th, 1923.

II. Recommendation 15.

UNIFORM.

That the Uniform for State Registered Nurses consist of—

(1) Uniform—Long coat, or coat and skirt (skirt to be 8 ins. from the ground); or coat frock, with small detachable cape for outdoor wear.

The material to be of two weights, and navy blue in colour.

Material—For summer wear—Showerproof gabardine.

For winter wear—Serge.

Buttons—Bone, with Tudor rose in centre and the lettering "England and Wales" round.

Braid—Artificial silk braid $\frac{5}{8}$ in. wide in all, $\frac{1}{4}$ in. either edge in navy, and the centre $\frac{1}{4}$ in. in royal blue.

(2) Hat—For winter wear—Velour (blue).

For summer wear—Straw (blue).

Trimming—Navy blue ribbon with woven badge, similar to badge chosen.

Storm cap—Of same material as coat with braiding on flap and woven badge in front.

(3) Shoes—Black or tan.

Stockings—Black or tan or grey.

(4) Gloves—Tan, grey or white.

(5) Shirt—(To wear with coat and skirt). White silk or cotton, with polo collar fitting up to the neck.
Tie—Blue Irish poplin. (Same colour as centre of braiding.)

III. Recommendation 16.

BADGE.

(a) That the badge submitted by Messrs. Fattorini, Birmingham, be adopted.

(b) That the name, registration number, and date of registration be engraved on the back of each badge issued.

(c) That the badge be worn on any authorised outdoor uniform and on indoor uniform.

(d) That Male Nurses be permitted to wear the badge in mufti.

IV. Recommendation 17.

That no letters be worn on the uniform but that the following letters be permitted after name:—

S.R.N. .. (State Registered Nurse.) For both Male and Female General Nurses.

R.M.N. .. Registered Mental Nurse.

R.N.M.D. .. Registered Nurse for Mental Defectives.

R.S.C.N. .. Registered Sick Children's Nurse.

R.F.D. .. Registered Fever Nurse.

V. Recommendation 18.

"That the designs for coat, &c., of Boyd Cooper, 14, George Street, Hanover Square, W.1, be accepted, and that a contract be entered into with this firm for one year to supply the material, buttons, &c., to any other firm or to individuals authorised to buy the uniform."

VI. Recommendation 19.

"That the reference to the Committee be extended to give the Committee power to select a suitable material for Registered Nurses in tropical countries."

Discussion.

THE CHAIRMAN remarked, in connection with the recommendation as to the buttons, it had been stated in a Nursing paper that Welsh Nurses would be disinclined to wear the rose, but the Tudor Rose belonged to the Royal House possessing the only indigenous blood that ever sat on the Throne in this country. It was a peculiarly happy thing that the General Nursing Council for England and Wales should have selected the Tudor Rose as the emblem of Registered Nurses, and a standing compliment to Wales.

SIR WILMOT HERRINGHAM then proceeded to explain that the name of Tudor became connected with the Royal line by the marriage of Lady Margaret Beaufort—who was a descendant of John of Gaunt—with Edmund, Earl of Richmond, son of Owen Tudor, and Catherine, the widow of Henry V of France. A French writer stated that she had fallen in love with Owen Tudor before she married Henry V, on what ground he did not know. But this writer said there was very good reason for it, and that Owen Tudor had a very gracious manner.

Recommendation 15 was adopted.

In connection with Recommendation 16 (a) Miss COX DAVIES pointed out that the Badge submitted was inscribed with the words "General Nursing Council for England and Wales." That might be taken to mean that the wearer was a member of the Council. She thought the words "State Registered Nurse, England and Wales," would be preferable.

Recommendation 16 (a) was then amended by the addition of the words "provided that the lettering be subsequently considered."

In connection with Recommendation 16 (c), Miss DU SAUTOY enquired why it was proposed that the Badge should only be worn with uniform. Many nurses were giving up outdoor uniform.

MISS SEYMOUR YAPP said that she never wore uniform. She thought that Registered Nurses should be permitted to wear the Badge without uniform.

SIR JENNER VERRALL thought that (c) and (d) should be considered together.

THE CHAIRMAN (to MISS YAPP): "Tell me what you want, and I will put it into proper form for you."

On the suggestion of THE CHAIRMAN, MISS YAPP then moved:—

"That the badge be worn on any authorised outdoor uniform, or indoor uniform, or mufti."

This was seconded by MISS BUSHBY.

MISS SPARSHOTT said that the intention of the Recommendation was that the Badge should not be worn on all the odd uniforms; but such well-known uniforms as that of Guy's Hospital, St. Bartholomew's Hospital, and other authorised uniforms.

MISS COX DAVIES enquired who were to be the tribunal to decide what was an authorised uniform?

THE CHAIRMAN said the first point to settle was the question of mufti.

MISS BREMNER said many private nurses were going about inappropriately dressed.

THE CHAIRMAN: Piccadilly Circus nurses?

MISS BREMNER: Yes.

MR. F. W. STRATTON pointed out that if male nurses were not to wear mufti they must have a uniform.

MISS COWLIN said the point was one to which the Uniform Committee had given a great deal of consideration. At first they were inclined to think that the proposal that the Badge must be worn with an authorised uniform was a short-sighted one, but on further consideration they recognised its importance. The State Badge should not be worn on an undesirable uniform. In regard to male nurses, the male nurse did not embellish his attire in the way that female nurses sometimes did.

THE CHAIRMAN then put the following Amendment to the meeting in substitution for Recommendation 16 (c) and (d):—

"That the Badge be worn on any authorised outdoor uniform, or indoor uniform, or mufti."

Four voted for the Amendment and nine against it. It was therefore lost.

DR. GOODALL then moved:—

"That the Badge be worn only with the uniform authorised by the Council."

This was not seconded, and so fell to the ground.

MISS COODE considered that the word "authorised" was intended to apply largely to Queen's Nurses.

MR. DONALDSON pointed out that all the Registered Nurses on the Council had the privilege of being members of the Uniform Committee.

Recommendation 16, as amended, was then referred back to the Uniform Committee with the request for a definition of the word "authorised" as used in the Recommendation.

Recommendation 17 was agreed.

Recommendation 18 gave rise to considerable discussion.

DR. GOODALL did not understand the recommendation, and asked who it was proposed should enter into a contract with this firm?

MISS SEYMOUR YAPP pointed out that it allowed of no competition. This firm could charge exactly what it liked. The proposal was economically unsound.

MISS SPARSHOTT said that any firm could procure the material through Messrs. Boyd Cooper.

MISS WIESE said that the Committee chose the design for uniform submitted by this firm.

MR. DONALDSON disagreed with one firm having the exclusive right to supply the material.

MISS COX DAVIES said she wished to speak strongly in favour of one material being supplied; the firm recommended was a very well known one.

MISS SEYMOUR YAPP was of opinion that tenders should be invited, and asked that tenders be obtained from associations in which nurses have shares.

MISS COWLIN upheld the recommendation that a contract should be entered into for one year.

THE CHAIRMAN said that the Council could approve the design for the coat, but spoke strongly against the remainder of the recommendation. He pointed out that the Council was asked to enter into a contract which was not before it. The recommendation should have been brought up in a more business-like way. He was sorry to take a side, but it was necessary to put the situation before them.

On being put to the vote, the Recommendation was lost.

Recommendation 19 was agreed.

The Report, as a whole, as amended, was then approved.

The Public Business then concluded, and the Council proceeded (1) to interview solicitors with a view to appointing a solicitor to the Council, and (2) to consider applications for registration *in camera*.

The Report of the Education Committee (3) and of the General Purposes Committee (6) will be published next week.

REMARKS.

THE SYLLABUS OF TRAINING.

The second letter from the Minister of Health, one of the most important documents yet signed by the Minister and addressed to the Council, should have been typed, and on the table for its consideration. Its effect is practically to support the new Council in the substitution of a skeleton Examination Syllabus, for the full, and complete, "prescribed" Syllabus of Training which the Nurses' Registration Act directs *shall* be compulsory.

The action of Sir Wilmot Herringham, Chairman of the General Nursing Council for England and Wales, in substituting an Advisory for a Compulsory Syllabus of Training is entirely *ultra vires*, and proves his ignorance in connection with Nurses' Registration on the General Part of the Register through the one portal system, for which we have worked for thirty years, and which was granted to us in our Nurses' Registration Act.

Our opinion is that Sir Wilmot Herringham had never read the English Act—he owned to the Council he had never read the Scottish one—before he made that stupendous blunder, when the deputation from the Association of Poor Law Unions (which did not include one nurse) was received by the Council on October 6th last, and informed it that the Syllabus of Training was "nothing but a model for the help of the Training Schools," and that "no nurse coming up for examination would be asked whether she had been trained on it or not." On three occasions the late Council re-affirmed its approval of the Syllabus of Training for the General Part of the Register, drafted by the Education Committee after most serious consideration almost weekly for sixteen months.

That the new Minister of Health should have been advised to substitute an Advisory for a Compulsory Syllabus means that the Nursing Profession has not only been treated with contempt, and deprived of the rights granted to it by Parliament, but that Nursing Education remains in exactly the same chaotic condition as it was before the Nurses' Registration Act was passed in 1919, and we owe this disastrous position to the treachery and cowardice of the new Council, the College members of which have foresworn themselves in thus failing to support the Syllabus the majority of them helped to draft; by ranging themselves with a clique of reactionary employers, who have no right, owing to lack of knowledge, to define standards of Nursing Education.

When this information from the Minister was cursorily reported by the Chairman to the Council it is much to be regretted that the five Independent members, who voted against this illegal policy on March 16th last, did not, one after the other, rise and reaffirm their conviction that the nurses have a right to a prescribed Scheme of Training under the Act, and that the majority of the new Council in attempting to deprive them of it must look for opposition inside and outside the Council by members so convinced.

FINANCE.

From the Finance Report we note that a huge expenditure is still going on, but in spite of the fact that thirty persons on the Office Staff are still being paid by the nurses, thousands of nurses have to wait for months before being registered, and thousands, we presume, will consequently not find their names on the Register for 1923, when this belated publication—already four months overdue—makes its appearance.

The thousands expended on the salaries of thirty persons, and at the rate of £2,400 on stamps annually, require very close supervision, and should make members of the Council realise that unless some method of economy is inaugurated a day of reckoning is not far off. Indeed, the surplus fees of the Existing Nurses, which should have been invested for future income, will hardly, at this rate, amount to a row of pins.

REGISTRATION.

Under the Riddell *regime*, 6,051 nurses are still waiting for registration, and we should imagine that a late Minister of Health would have to find some stronger words than "meticulous and ridiculous" for the present arrears, and denial to qualified nurses of the right to Registration under the present intolerable bureaucracy.

NURSING IN THE HOUSE OF COMMONS.

GENERAL NURSING COUNCIL: TRAINING SCHOOLS & PROBATIONERS CERTIFICATES.

MR. C. ROBERTS, in the House of Commons, on Friday, asked the Minister of Health whether he was aware that there are several Poor-Law Infirmaries throughout the country, of which Tonbridge Poor-Law Infirmary is one, which were sanctioned by the Ministry of Health as minor training schools and accepted for membership by the College of Nursing, and which have up to the present been able to grant certificates to Pro-

bationers when trained as fully qualified Nurses; whether the General Nursing Council has proposed a new rule whereby no Nurse can be placed on the Register unless trained at a Hospital or Infirmary with a Resident Medical Officer, which would debar these Infirmaries from granting adequate certificates in future; whether he proposes to sanction this rule of the General Nursing Council; and whether, notwithstanding that this new rule may be approved, the Probationers at present being trained can be assured that their certificates which, on their engagements, were definitely promised to them at the end of their training, will qualify them to sit for the State examination which entitles them to being placed on the State Register.

LORD E. PERCY: The Tonbridge Infirmary and certain others have been recognised by the Ministry as minor training schools, but my right hon. friend has no information as to their recognition by the College of Nursing. The General Nursing Council submitted a rule in the sense indicated, but they were informed that it was not competent to them to make any rule limiting their discretion in dealing with individual applications. Any institution which is refused approval by the Council has a right of appeal to the Minister of Health, and he cannot at this stage express any opinion on cases which may come before him on appeal. In any event, the decision of the Council will not affect the recognition by the Ministry of certificates obtained by Probationers now under training in the institutions concerned.

REMARKS.

As the new Council has denied the right to a "prescribed training" to probationers, who will have to submit to, and pass, a State Examination, and any curriculum—good, bad, or indifferent—may be adopted by so-called training schools, as there is no compulsory Syllabus for general training, little Poor Law Infirmaries can do just as they please. Moreover, the Nurses Registration Act has no provision prohibiting hospitals and infirmaries from granting certificates to their pupils if they choose to continue to do so. Until nurses have their *right* to a Syllabus of Training enforced they are in exactly the same helpless and hopeless position as to professional education as they were before the Act was passed—that is, at the mercy of the unprofessional employer.

STATUTORY RIGHT REFUSED.

MR. EDWARDS asked the Minister of Health whether he is aware that, in spite of the rule of the General Nursing Council that all minutes, registers and records shall be open to the inspection of members of the Council during the Registrar's business hours, two representatives of the working Nurses on the Council were, by the Chairman's orders, refused permission to inspect documents in connection with the compilation of the register; and whether he will make inquiry into the complaint and take whatever steps are necessary to secure compliance with the rule.

LORD E. PERCY: My right hon. friend will cause inquiry to be made and will communicate further with the hon. member in due course.

REMARKS.

Lord Eustace Percy should have been supplied by the Ministry of Health with a sufficient and straightforward reply to this question. Both Miss Isabel Macdonald and Miss Alice Cattell, when members of the General Nursing Council, were denied access to documents in the office by the Registrar, Miss Riddell, and by the Chairman of the Council, which, under Rule 49, they had a right to inspect. The conduct of these two officials was not only highly offensive and autocratic, but illegal, and if Mr. Edwards requires evidence and information on the matter, which is apparently not forthcoming from the Ministry of Health, we can supply him with details.

APPOINTMENTS.

MATRON.

Royal Sussex County Hospital, Brighton.—Miss Ethel Frances Spencer has been appointed Matron. She was trained for three years at St. Thomas's Hospital, London (Cert., 1918), been Sister of Medical and Surgical Wards, done temporary official duties, and is now an Office Sister in that Institution.

Maternity Hospital, Bristol.—Miss W. Cross has been appointed Matron of the Bristol Maternity Hospital. She was trained at the Hackney Infirmary, and in Midwifery at the Middlesex Hospital, and has been Maternity Sister at Hackney Infirmary, Matron of Turin Maternity Home, and of the Ospedale Principessa Iolanda, Milan. She holds the certificate of the Royal Sanitary Institute.

Royal Blind Asylum and School, Edinburgh.—Miss Margaret Cameron Maclean has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh.

SISTER-TUTOR.

South Western Hospital, London Road, Stockwell.—Miss Jessie Catherine Stewart, A.R.R.C., has been appointed Sister-Tutor at the South-Western Hospital, Stockwell, being one of the first two Sister-Tutors appointed by the Metropolitan Asylums Board for an experimental period of twelve months, after which time, if the experiment proves successful, others will be appointed.

Miss Stewart, who is a Registered Nurse, both on the General and Fever Registers, was trained at the Royal Infirmary, Aberdeen, and has held the post of Sister at the Central London Sick Asylum, Cleveland Street, and also at the S.W. Hospital, from which hospital she was called up for Army service in August, 1914. She served at the 4th London General Hospital and also in France until her demobilisation in March, 1919, when she returned to the South-Western Hospital as Home Sister, which post she held until her recent promotion to Sister-Tutor.

CHARGE SISTER.

Salford Union Infirmary, Pendleton, near Manchester.—Miss Maud A. Twivey has been appointed Charge Sister. She was trained at the Infirmary, Aulaby Road, Hull, where she was Staff Nurse and Charge Nurse. She at present holds the appointment of Charge Night Nurse at the Infirmary, Lincoln.

Miss Olive Higginbotham has also been appointed Charge Sister. She was trained at the Blackburn Union Infirmary, has been Staff Nurse at St. Luke's Hospital, Halifax, and Midwife and Maternity Nurse at the Haslam Maternity Home, Bolton.

SISTER.

Bethnal Green Hospital, Cambridge Road, E.—The following have been appointed Ward Sisters:—

1. Miss I. Maude Barnden, trained at the Great Northern Hospital, Holloway. Served as Sister in Q.A.I.M.N.S.R.

2. Miss Elsie Stephen Duncan, trained at St. Leonard's Hospital, Shoreditch; Staff Nurse and Sister. Served as Staff Nurse Q.A.I.M.N.S.R.

3. Miss G. E. Miles, trained at West Middlesex Hospital, Isleworth. Staff Nurse and Sister. Q.A.I.M.N.S.R.

4. Miss Violet M. Snelling, trained at Bethnal Green Hospital. Staff Nurse and Acting Sister same institution.

RESIGNATION.

Miss Mary M. Miller has resigned the position of Superintendent of the Queen Victoria Jubilee Institute Training Home for Nurses, 29, Castle Terrace, Edinburgh. She was trained at the Royal Infirmary, Edinburgh, and the Glasgow Maternity Hospital, and has been a Queen's Nurse for nearly twenty years.

FEVER NURSES' ASSOCIATION.

Miss Alice S. Bryson, President of the Fever Nurses' Association, has been ordered rest by her medical adviser, and, to the great regret of her colleagues, who value highly her qualities of leadership, she will be absent from the Annual Meeting of the Association on May 26th, at which her Presidential Address will be read. We hope to report its salient features in this Journal.

EXAMINATIONS.

Very satisfactory results were obtained in the annual examination of nurses at the Hackney Infirmary. Two of the third-year nurses tied for the gold medal, and, having regard to their previous records, two medals are to be provided. The following is the list of awards:—

Edith Ann Hindes (gold medal), 245 marks out of a possible 280.

Elsie Madeline Marshall (gold medal), 245 marks.

Lucy Gertrude Robertson (bronze medal), 225 marks.

Certificates of Proficiency:—E. A. Hindes (245), E. M. Marshall (245), L. G. Robertson (225), E. A. Thomas (215), A. Parsons (215), E. Lucey (210), M. E. Webster (205), E. B. G. Prager (201), G. W. E. Whiteley (200), W. J. Austin-Stone (200), C. M. Cheshire (200), S. A. Nolan (195), M. Moriarty (193), L. G. White (188), F. M. Jenkin (185), F. L. Law (180), H. Blackwell (175), A. B. McNulty (174), B. L. Angel (170), F. H. Remon (170), J. A. Slaughter (168), J. Reidy (165), M. L. Bly (157), F. K. S. Rowe (145).

Only two failures to pass the examinations were reported.

It was reported to the Shoreditch Guardians on Wednesday that 100 per cent. of the nurses in St. Leonard's Hospital who sat for the recent examinations were successful, Councillor W. E. Yarrow remarking that the fact that there was not a single failure in the first, second or third year examinations was largely due to the care devoted to the training of the nurses by the doctors, matron and sisters.

The following were prize-winners at the recent examination at St. Mary's Hospital, Islington:—

Third Year (Final) Examination.—1, Nurse Cunningham; 2, Nurse Glendinning; 3, Nurse Birch.

Second Year.—1, Nurse Hutchings; 2, Nurse Farrow; 3, Nurse Nixey and S. Williams.

First Year.—1, Nurse Reade; 2, Nurse Robinson and Nurse Manning; 3, Nurse Chambers and Nurse E. Smith.

General Utility Third Year.—Nurse Bird.

Second Year.—Nurse Beaumont, Nurse Cook, and Nurse Keston.

Second Year.—Nurse Abbott.

Punctuality.—Nurse Woodcock.

HOSPITAL WORLD.

In celebration of the sixtieth anniversary of Queen Alexandra's patronage of the British Home and Hospital for Incurables, Streatham, a special appeal is being made for £30,000 to pay off the debt incurred during the war.

Princess Mary, Viscountess Lascelles, has consented to attend the garden party in connection with the West End Hospital for Nervous Diseases, which has been arranged for Tuesday, June 12th, at St. Katherine's Lodge, Gloucester Gate, Regent's Park.

A note of warning was sounded at the annual Court of Governors of St. George's Hospital. The report set out the fact that the expenditure during the year was considerably in excess of income. "Unless, therefore, an additional amount of at least £25,000 per annum can be assured," said the report, "the time will arise when it may become necessary greatly to curtail the hospital's efficiency, or even to close it."

The Minister of Health announced in the House of Commons that the total number of deaths in England and Wales from all forms of tuberculosis in 1922 was 42,777, or an average of 117 per day.

The resignation of the Premier owing to a breakdown in health has given the nation an opportunity of assuring him of its sincere affection and entire confidence. With Mr. Bonar Law at the helm of State, people of all Parties knew that its affairs would be directed with kindly and honourable consideration. The Nursing Profession, if called upon, will render him any devoted service in its power, the while wishing him speedy restoration of health.

OUTSIDE THE GATES.

The Queen has always taken a warm interest in the welfare of the Women's Colleges; they have been greatly encouraged in their up-hill work of raising an Endowment Fund by Her Majesty's donation of £100. It is to be hoped that this example will be quickly and widely followed.

The National Council of Women are going to hold an International Week in the first week of July.

The National Council has also arranged that its annual conference, to be held this year in Edinburgh, will take place from October 16th to 22nd. The main subject under discussion will be "The Call of the Child," and among the speakers will be the Duchess of Atholl, who will open the discussion on "Children on the Stage"; Sir Leslie Mackenzie, M.D., who will speak on "The Health and Psychology of the Child"; Lord Murray on "Child Adoption"; Lady Salvesen on "The Discipline of Amenities"; and the Rev. J. Harry Miller on "The Delinquent Child."

AN EXPERIENCE IN A FREE STATE.

At the moment that it happened I was undoubtedly on my way to commit a grievous crime by "Free State" law. My deep coat pockets were full of incriminating material, one packet alone sufficient in itself to warrant sentence of death.

A Republican nurse, on her way of healing, carrying bandages, instruments, and that accursed thing a First Field Dressing.

So low has the "Free State" Government in Ireland sunk. The mere possession (by a Republican) of a bandage of lint, of a morsel of cotton-wool, above all of a First Field Dressing, convicts its owner of "aiding and abetting" the Republicans. And the penalty of the way of healing is, by statute passed in the "Free State" Parliament—death, if it so please the military junta.

Some facts are almost incredible.

Our well-furnished little dressing station in our hospital at Ballincoona, of which some of you know, and where we proposed to tend with equal love the wounded of both sides, had long been raided by fierce, drunken, foul-mouthed "Free State" troops; beds, blankets, mattresses, bedding, china, furniture, dressings, drugs, instruments, looted, nuisances committed throughout the place. By persistent tracking and hunting, our column doctor and First Aid man had been captured.

It was my turn.

As the lorry, motor and armoured car, topped the hill above me, a shout went up—my name—they had recognised me. I hurriedly remounted my bicycle. If I could reach the dip of ground ahead I might puzzle them, and yet bring comfort and healing to those in need.

"Halt! Halt!" I was outdistancing them. Then the shooting began: first rifle, then machine-gun fire—one, two, wide; three, four, five, nearer; six, spattering the gravel to my right; seven, a pang and numbness through my right leg; eight, my bicycle crumpled, the handle hitting me full in the chest. I was down, and feeling by instinct for my first field dressing. Very free hæmorrhage just below the popliteal artery, but venous only; four wounds in all.

Our good village doctor probed and dressed the leg, and I inquired of the officer in charge, "Am I a prisoner?" "No; picked up wounded." "Then I can go where I like." "Certainly not; you are a prisoner." "I give you notice that I am on hunger strike."

Well, you know what the first night after bullet-wounds is like. Add to it that water was refused me until the morning, after twenty-four hours, despite the doctor's urgent request. In the middle of the night (I was lying in an inner room) a soldier came in, struck a light, found my chamber, blew out the match, passed urine at my bedside, and replaced the chamber just below my nose.

Some time the next day, a "Free State" medical officer brought the ambulance, and removed me thirty-two miles to Cahereiveen. The ambulance was old, the roads bad—you can imagine the rest. But whilst in Dr. Carney's care I was treated with

humanity in every way that lay in his power and in that of the skilful nurse. The same holds good of the Red Cross men in the train from Tralee to Dublin. For the rest, I tell you a plain unvarnished tale and leave the judgment to you.

Two nights in Cahereiveen for repair of the ambulance. Then Tralee prison hospital. Four beds, luckily unoccupied, in air-space fitted for one and a half. One filthy sheet only, with the stains of the last occupant on it, filthy brown blankets, "lice in all his quarters," no utensils of any kind, a woman in nurse's costume and no training—actually a common searcher—stripping the women and girls brought in stark naked, "to oblige the Governor." I asked for a chamber, and indicated my extreme need after the journey. She seemed surprised, and went away. There was no bell or means of summoning help. After twelve hours endurance, I succeeded in dragging myself across the floor, with the intention of making use of the fireplace. A door gave, and I found that I was in a small cell containing a dirty bucket and a torn, bedraggled two-feet of carpet, over a broken floor—the "lavatory." Locked in, of course.

Next day, the woman, arriving in about 10.40, informed me I was being removed immediately. No time to wash or do my hair. By the time the ambulance reached the prison gates, the train had gone. After a long colloquy it was decided to try to catch it at the next station. The ambulance was old, the roads trenched, re-filled, and re-trenched, and we were scorching. Stretcher patient, ambulance attendant, flew in the air together, hitting each other time after time, wrenching the wounded leg, bruising back, thighs, shins, and shoulders. "Patient," did I say? I meant, prisoner—a parcel, goods, to be delivered somehow, anyhow. Nine miles of it without relief. And, of course, the train was gone.

"We'll have a quieter time of it going back," said the ambulance attendant. The words were barely out of his mouth, when—crash! bang! stop! and the rumble of falling stones. The attendant, doubled up, came shooting along the seat on the top of me, the prisoner, shuttlecock fashion, received the battledore coming down, and landed against the ambulance door. Oh, nothing at all—just in backing to turn we had knocked down half a wall, broken the ambulance doors and seat, and knocked the step crooked.

An indignant young Red Cross man on the spot wrenched open the door and got me out. "It's disgraceful! I'll report it! Here, I'll take you into a nice kitchen and give you a drink of water." With that he had me round the waist and I did my best to hop. But no—halfway there the ambulance attendant, who had been knocked nearly unconscious, pounced upon us. Did you ever see two cats after the same mouse? "Paws off—my mouse, not yours." Sure enough, I was *his* mouse, and he got me and lodged me in Tralee jail again with a sigh of relief—"for I thought our number was up that time," said he. The "nurse" did not come near me, neither that evening nor the next day. Everything that I needed I had to ask

the male attendant for, including the supplying of the chamber.

The "goods" were consigned to Kilmainham prison. There was a twenty-minutes' wait after they had got me into the ambulance at the station whilst discussion went on. At Kilmainham, over half an hour outside the gates. No doors to the ambulance, a cold wind, and the *gamins* of Dublin swarming in. On again to the North Dublin Union prison. No admittance. Another wait. Meanwhile, the medical officer in charge of the prisoner was putting leading questions: "Were you carrying dispatches when you were taken?" "Where is Humphry Murphy now?" "Where is Tommy Mack now?" The answers to those questions might mean death or torture—and this was Red Cross. At last a door opened. There was no stretcher, and, painfully hopping between two men, after a twelve-hours' journey, on the sixth day of hunger-strike, with wounds undressed for more than three days, the prisoner tottered in. The goods were delivered at last.

I had arrived in the midst of a fight. Two hundred and sixty women and girls in the prison. The prison doctor had just resigned as a protest against the inhuman treatment of some of the prisoners. In his stead was brought in a man of whom the girls had previous and painful experience. One girl in our ward, seeing him come in, jumped from her bed, fled to the lavatory, and there fainted. We decided to refuse his attendance. As a reprisal he called off the nurses, leaving us without care. We had two cases of nephritis, a gastric ulcer, a severe tonsillitis with recurrent hæmorrhage from the nose, three girls suffering from kicks in the abdomen and the side, given by the soldiers and C.I.D. men, besides myself wounded and on hunger-strike, with a heart which threatened to give out at an early stage, and some other cases. Patients kept coming in, I hopping round, with help, to attend them as best I could, with every patient who could and several who could not, working like Trojans for those who were worse than themselves.

Then our dear prison doctor and two prisoner nurses threw themselves into the breach, and despite work to be done in the main body of the prison, took turns by night to watch over us. Thank God for them and for their unselfish devotion. It was making bricks without straw. Dr. Fleury was refused aperients, one of the first needs in prison life; she was refused dressings, bandages, lotions, barley to make barley-water, ammonia, and mustard leaves for the heart case—anything, even a clinical thermometer. We had, of course, no conveniences, bed-pans, feeding-cups, toilet-paper, dressing bowls or trays. There was an insufficiency of mugs and plates—they had to be washed up repeatedly.

As to decency—well, the sentry outside commanded a full view of us and of all our actions through the large unblinded windows. No screens for the most private acts. And continual firing at night, especially after pay-day, when the soldiers got drunk. There was no one to do our fireplaces,

sweep the ward, or bring in coals, except on a single occasion, when three soldiers suddenly tramped in unheralded and dumped down a bath full.

On the prison side, as distinct from hospital, things were far worse—30 beds to the dormitories, set so close together that the girls could hardly stand between them; and the sentries not only commanded a full view of the whole, but had the right of entry at all times. One girl told me, with thankfulness, that by standing on her pillow at the head of her bed she could just manage to dress out of view of the sentry. Sixty girls were sleeping out of doors in the compound through those bitter nights, with only two blankets apiece. And because they refused to go in and add to the already overcrowded dormitory, all parcels and letters in and out were stopped. One bath, one basin, and one lavatory to every hundred girls; no room to sit in by day; filthy stairs and floors; sanitary bins unemptied. Our doctor lived in daily fear of an epidemic.

A few girls escaped during my time in. Because the authorities failed to identify these, the daily ration of porridge and milk was cut off, leaving over three hundred hungry, and, in addition, 37 girls, on the day I was released, were left without breakfast. And the governor, who is legally bound to see prisoners who ask for him, issued an edict that, for a certain number of days, he would neither receive letters, nor see a prisoner. I sent for him twice without result. That reminds me that I sent for the doctor in Tralee, too, but he never came.

Poor prisoners—poor mice! Pat them until they lie still—the stiller the better.

On the fifteenth day of hunger-strike I was released. Do you ask me why? I don't know. Uncharged, untried, uncured, untended, dumped out into the world again to pick up life as best one may. And no redress. Only this I know. Some day, when the lead has been got out of my leg by operation, and strength has come back to my tired body, I will arise and do it again.

Meanwhile, a thousand girls and women in Ireland, and fifteen thousand men, suffer in prison for their principles. Shall I tell you more of them some other day?

ALBINIA BRODRICK.

COMING EVENTS.

May 26th.—Frills and Furbelows Sale, Restoration Fund, St. Helena's Church, Thoroton, Notts. 431, Oxford Street, W. Open 12 noon.

May 26th.—Fever Nurses' Association. Annual Meeting, Metropolitan Asylums Board Offices, Embankment, E.C. 3 p.m.

May 26th.—Professional Union of Trained Nurses. American Tea and Concert, 6, Nottingham Place, W.1. 3.30 to 6 p.m.

May 28th to June 1st.—Eleventh Annual Post-Graduate Week for Midwives. General Lying-in Hospital, York Road, Lambeth, S.E.1.

June 5th to 9th.—St. Bartholomew's Hospital Octocentenary Celebrations.

BOOK OF THE WEEK.

HIDDEN LIVES.*

To know that a book is by the author of "The Woman in the Little House" prepares us for finding it elemental, true to life, a picture of things as they are, and "Hidden Lives" is terribly realistic—so terrible that, as we put it down, we wonder what is to happen to our country if the life of the slums is not swept away, and long with a longing which amounts to passion that once and for all the housing question shall be adequately considered, adequately settled, so that everyone of our countrymen and women and not only a favoured few shall have decent homes which are an incentive to live decently.

The book abounds in tragedies, but the one which runs through the whole is the love story of Francis Reay, the devoted curate of the Mission Church at Shellpit, and Dr. Helen Clevion, who, with a passionate desire for the health of the people amongst whom she lived, made war on houses unfit for human habitation, ("just like a woman doctor, sticking her nose into everything"), took into her own house derelicts on the sea of life, to be rewarded mostly by their ingratitude. She also obtained possession of a house of bad repute and turned it into a bath-house for a neighbourhood so lacking in baths that black sateen covered pillows were a local device to meet the exigencies of the situation. But that did not save her from having the house burnt down through the enmity of the disreputable tenants who had been evicted.

One moral of the story—and they are many, although we are left to deduct them—is the wisdom of the English Church in leaving her clergy free to marry or not, as they please. There was therefore no reason why the curate of Shellpit should so torture himself when he found that his love had been irrevocably given to Dr. Clevion, regarding it as a temptation of the Evil One that he lost his mental balance and ended his days under care after a tragedy resulting in his being unfrocked by his diocesan, and the removal of her name from the Medical Register.

Incidentally, Dr. Clevion's enrolment on the Midwives Roll after she had been removed from the Medical Register hardly rings true. Would the Midwives Board have had the courage to take this action, whatever extenuating circumstances might be urged? Would it have been wise to take it until she had been reinstated on the Register of her own profession, when the necessity would not arise? Further, we remember that the Chairman of the Central Midwives Board is a member of the General Medical Council. We commend these points to the author.

The unfolding of the story of the loss of reason of the mission priest because his faith in the Divinity of the Master whom he served was shattered, and he was haunted by an obsession so

* By M. Leonora Eyles. London: William Heinemann.

horrible, that, had he not been insane he must surely have been perilously near committing the sin against the Holy Ghost, is a psychological study more suited for medical literature, than for a book put into the hands of the general public.

We first meet Mr. Reay and Dr. Clevion at the funeral of Bob Saunders, a patient of the doctor's; he died from pneumonia, following on influenza, "and she in a fury against the mildewed walls and earth floors of Ruthers' Row, had raged her way from the sanitary inspector to the local paper, and thence to the Borough Council."

"They gave Bob Saunders a good funeral on the Club money, with his six children decorously happy in the first new clothes they had ever had; proud of the swishing tails of the funeral horses, of the nodding plumes of the hearse; they watched interestedly as the coffin, brightly varnished, splashed down into two feet of clayey water in the cemetery. When Mr. Reay's beautiful voice spoke of their father as his 'dear brother' and seemed to suggest that he might live again, they looked furtively at the new black clothes, wondering if they would be allowed to keep them if that shiny box opened, and Dad came out, grey faced and coughing and unaltered. That, perhaps, was why they hurried back so quickly to Ruthers' Row, to make sure of the funeral feast before a glorious resurrection should make a hoax of it. But Bob Saunders was thoroughly dead, and Ruthers, coming fur-coated in his famous claret-coloured car from the old, beautiful mansion on Brompton Avenue to see Dr. Clevion and stop her disgraceful slanders about his property, stodd coughing, white faced, blue-lipped, in her little white drawing-room that overlooked the smoky graves in Shellpit Old Churchyard."

Then we have the funeral of the twins burnt to death and charred beyond recognition while their mother was out at work. The grief of the mother, and the anger of the young father, in a decent cheap black suit, and the flaming-red tie and badge that proclaimed him a Socialist, and the ribbon that lurked a little behind the badge, to show that he has won the D.C.M. in the war.

Again, there is the tragedy of Miss Wembley, destined by nature for matrimony, and denied it by fate, torturing herself, and seeking counsel from the woman doctor, who gives her some very sane advice.

"Yes, yes—I understand," cried Miss Wembley, eagerly. "So then I'm not really vile and disgusting. . . ?"

"Of course, you're not—not in the least. . . . There is nothing vile or wrong in loving a man."

"He is married," murmured Miss Wembley.

"But if you face the thing squarely, Miss Wembley, tell me, how can it hurt him, or anyone who loves him, for you to love him, too? You ask nothing for it. You don't even ask to see him."

"Once again silence fell on the room. Miss Wembley's colour came and went, until she burst out passionately:

"I do! I do want more! I know I do.

I am growing old, and I never, never have had anything golden or glowing in my life—only three kisses."

"The white, delicate hands fell on her lap in a gesture of hopelessness."

Again, we have the picture of Amy Willis "bunched on the fender of the house in Ruthers' Row, trying to hide pain and fear. . . in the corner two babies lay; both belonged to Amy's sisters—girls who had got into trouble and been lucky enough to nail the man down for a weekly four shillings."

Greedily the mother appraised the value of the dole. "It isn't," she said to her friend, "as if it cosses much for feed 'em. Master Reay's landlady gives me the pieces of bread, and the Rector's lady gives me a couple o' tins o' milk a week, and we all manage for live out of that, as you may say, for put us tea. Really and truly the eight bob a week is found money."

"I've sometimes wished mine wuz daughters," said Mrs. Wall, pensively; "eight bob a week found money."

Then the ghouls bethought themselves that Amy's time had nearly come; that they must get out of her now the name of her lover, if another four or five shillings was to be obtained, and threatened her with the Bastile (the workhouse infirmary) on her refusal to disclose it.

"In her dull brain was only one thought—she wanted to get away, to escape from this all-surrounding dirt and squalor and disease. Her way of escape, it seemed, lay through the boy who so incomprehensibly had fallen in love with a thing so unattractive as she. She had sought to hold him, pathetically anxious to please, wistfully grateful for his notice, the only kindly notice she had ever had. She would have been burned alive rather than tell his name, bring him to the shame of the Court, bring upon him the weekly fine of four shillings."

Callously they threatened her till she accused her father, a sufferer from lead poisoning. Callously her mother then beat her on head and body with a stout bottle, till it splintered into fragments.

Said Mrs. Wall, "I should be annoyed mesel' if my old man was to —"

"Do yo' believe her?" screamed Mrs. Willis. "Why ask any bloomin' doctor yo' like! That's the one crownin' blessing o' the lead—there's never no kids i' th' question. An accusin' her own father!"

So Amy bore her pains in silence until her child had been in the world ten minutes, and then, quite sure of having scored off her mother, shrieked for her to come.

Later—it seemed so easy—she deliberately overlaid the tiny child. Into this house and many similar ones came priest and doctor, one striving to raise souls, the other to heal bodies.

We have a glimpse of the Crannere Neurological Hospital, where splendid remedial work was done. The book is terrible, but it bears the impress of truth.

LETTERS TO THE EDITOR.

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

OUR DUTY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Although great advances have been made in the diagnosis and treatment of venereal diseases, especially syphilis, many hospital authorities have not yet realised that a nurse's training should include experience in the treatment and nursing of these diseases. Most large hospitals have venereal disease clinics and departments which could be much more extensively used for the purpose than they have been hitherto.

There is considerable misunderstanding amongst nurses as to the infectivity of these diseases and the personal risks incurred in carrying out treatment and attending to persons suffering from them. Syphilis and gonorrhoea are contagious, but there should be no danger if all necessary precautions are taken.

It is only by including venereal disease experience in the training of nurses that we shall get rid of the old idea which is still prevalent, that it is no part of a nurse's ordinary duty to attend to persons suffering from syphilis and gonorrhoea. Our duty as nurses is to do our best to relieve suffering wherever it may be.

Unfortunately, a large percentage of patients discontinue their treatment before they are cured, and it is in this connection that a tactful and sympathetic nurse may be able to influence the patients, especially the women, to carry out the doctor's orders and attend regularly for treatment.

Yours faithfully,

MAUD M. TIPPER
(Registered Nurse).

KERNELS FROM CORRESPONDENCE.

THE EFFECT OF BUREAUCRACY.

From Several Correspondents.—"If it was not that I am determined to avail myself of my rights under the Nurses' Registration Act, I should have withdrawn my application to be registered by this irresponsible Council months ago. My form has been in the office five months."

"I have been registered two months, but no certificate so far."

"It is a pity there are not more Male Nurses. They would not sit down and wait six months to be registered, as we women sheep do. The whole tone of the G.N.C. Office is one of unmitigated arrogance—from an old man who opened the door and who argued with me concerning my professional affairs, to our highly paid boss!"

"I never intend to enter the G.N.C. Headquarters again. I was offered a seat in the outer lobby, and kept waiting half-an-hour. On the

opening day, how different the whole place looked—the Nurses' waiting-room was specially charming. Considering we pay for the whole show, it is an outrage to treat registered professional women like dogs at a club or shop. My Form has been in four months and, so far, not a word."

[We believe, there are some six thousand nurses at present deprived of their right to be registered, whose applications are presumably still awaiting the recommendation of the Registrar—under the Cox-Davies Instruction giving that officer entire power. Considering the huge clerical staff of 30 persons paid for by the nurses to help Miss Riddell to perform her duties, the delay is as inexcusable as it is scandalous.—ED.]

TEACHING MUST BE THOROUGH.

A Sister-Tutor.—"Whilst congratulating our American Sisters on the wonderful appreciation of their work in the States—and the recognition of progressive nursing education—by such splendid endowments as you report, I do hope American Schools of Nursing will hesitate to decrease the term of three years' training. I am in touch with nursing efforts in America and France—and do deplore the tendency to be content with a two years' term of training. So many branches of work now need practical and theoretical study—to make the efficient all-round health promoter and sick attendant—that teaching is scamped unless ample time be given to study. I hope we cling to our three years' course!"

THE TIME IS SHORT.

The General Nursing Council for England and Wales reminds Nurses that every person who desires to be Registered as an Existing Nurse must apply before July 14th, 1923, after which date no application can be entertained.

WHERE TO REGISTER.

Apply for Application Form to the Registrar :—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

June 2nd.—What do you understand by a diphtheria carrier? What are the possible causes, and how are they to be guarded against?

June 9th.—What are the principal causes of nutritional disturbances in the breast-fed infant, and what measures are taken to overcome them?

June 16th.—What is Insulin? How is it produced? How does it affect diabetes?

The Midwife.

QUEEN CHARLOTTE'S HOSPITAL.

Like most hospitals, Queen Charlotte's Lying-in Hospital has had to face a serious financial position, and we regret to learn from the Annual Report for 1922 just issued that on December 31st, 1922, there was a debt of over £20,000 owing to the Bank and sundry creditors. Such a debt is not only a great anxiety, but it also hampers progress, and an institution of the standing of Queen Charlotte's Hospital, which has been carrying on its good work since 1752, has earned the right to adequate public support, and we hope that it will receive donations sufficient not only to wipe out the existing debt, but to justify it in extending its good work.

The mortality amongst the 1,820 in-patients, many of whom were abnormal cases, and a number of serious emergency cases, sent in in a critical condition, was only 10. The district out-patients attended were 2,173, amongst whom there was only one maternal death.

At the Ante-Natal Department, with its branch at the District Home in Ladbrooke Grove, 6,174 patients have been treated, and it is impossible to estimate how many lives have been saved and complications averted in consequence.

In connection with the Midwifery Training School, it is interesting to note that of the 150 candidates who took the Central Midwives Board examination only six failed to pass, the percentage of failures being thus 4 per cent. only, whereas in the whole of Great Britain the percentage of failure was 23. There could hardly be a better advertisement for the Training School for Midwives at Queen Charlotte's.

Note is made of the fact that "since the close of the year proposals have been made by the Central Midwives Board for increasing the period of training for candidates for their examination which, if carried out, may have a serious effect upon the Training School."

The Annual Meeting of Governors and Subscribers takes place at the Hospital on May 30th, at 3.30, Lord Howard de Walden presiding.

EAST-END MOTHERS' HOME.

The annual meeting of the East-End Mothers' Home was held on Wednesday, May 16th, in the Hall of the College for Lay Workers at 390, Commercial Road, E. Mr. Owen Lankester, F.R.C.S., Chairman of the Committee, presided.

Dr. Russell Andrews proposed the principal resolution, which affirmed "That the East-End Mothers' Lying-in Home is engaged in excellent work, and deserves the widest financial support in order that it may maintain its efficiency, and enlarge the sphere of its activity."

Dr. Russell Andrews emphasised the value of

the institution to prospective mothers. The patients were seen months before the time of expectancy, and everything was done to help the mother and to see that she received proper treatment. Nor did the good work end when the child was born, preventive treatment went on all the time. The amount of illness and death among mothers and children who were not properly attended was appalling. Again, the Home was a centre for the efficient training of midwives.

The Rev. W. Escott Bloss, who seconded the resolution, said that the desire of the mothers to go into the Home was a testimony to the good work carried on there.

The Rev. J. F. Stern, Chairman of the Mile End Guardians, and Chaplain to the Institution, speaking as one belonging to the Jewish persuasion, said that as he went from bed to bed all he heard was the same old story of what they do for the patients, and how good Miss Anderson was to them all.

It was the thirty-eighth annual meeting, and, as usual, the Home was full, and looked beautiful. Besides the happy mothers and "ornamental" babies, the flowers were lovely, and the wards were delightful.

"A Home from Home" scarcely represents what the East End Mothers' Home means to its patients. Rather, it is the only real home they have known, for their roof tree but too often covers only "four walls and a room."

After the meeting all the visitors went into the Home to tea. The authorities were greatly indebted to the Rev. C. J. Beresford for lending the Hall for the meeting, as the Home is too small for its many friends to meet in.

POST-GRADUATE WEEK FOR MIDWIVES.

The Eleventh Annual Post-Graduate Week for Midwives will be held from May 28th to June 1st inclusive, at the General Lying-In Hospital, York Road, Lambeth, S.E.1, beginning with a reception by the Matron and Staff at 4 p.m. on Monday 28th. At 8 p.m. on Thursday, May 31st, there will be a "social" arranged by the General Lying-In Hospital Nurses' Association. An interesting series of lectures are arranged, and clinics in the wards by doctors and Sisters, lectures in the Milk Kitchen, visits to other hospitals, Infants' Clinics, the School of Mothercraft, Trebovir Road, &c., will be conducted as usual. There will be an Ante-Natal Clinic daily at 9 a.m., at which the members will be limited. The subscription for the Course, payable in advance is 6s., and those who wish to join should send their names as soon as possible to Sister Coni, the Hon. Secretary.

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Vol. LXX

EDITORIAL.

A GREAT CEREMONY.

It is fitting that, with all circumstance and honour, St. Bartholomew's Hospital should celebrate the 800th anniversary of its Foundation by Rahere, first the King's Jester, and, after a vision vouchsafed to him when in Rome, the Religious who, in accordance with the revelation he then received, founded in 1123 the great hospital which ever since has carried on its beneficent work, and of the Priory Church near by, where his effigy, clothed in the Augustinian habit, lies on the Altar Tomb within the sanctuary.

It is thus appropriate that the Celebrations should begin on Tuesday, June 5th, with a service at the Priory Church of St. Bartholomew's the Great, which has suffered much in the past from desecrating hands; but the choir, Lady Chapel and transepts have been reverently and lovingly restored, and bear witness to-day to the perfection of the work inspired by this great Augustinian monk.

One of the most interesting of the functions will be the "Solemnity" in the Hospital Quadrangle, in which Canons Regular of the Augustinian Order will take part, after which notable events in the history of the Hospital will be depicted. It should be a most impressive ceremonial. The spirit of Rahere, which at all times broods over the Hospital, as those susceptible to its influences can testify, will surely be present in a special degree at this commemoration.

The brethren and sisters of the Augustinian Order nursed the sick with devotion, if not with scientific knowledge, and it is the training in the science of nursing grafted on to this devoted service of the sick handed down by tradition from generation to generation by word of mouth, which has made the service rendered

by St. Bartholomew's nurses famous for its high quality.

True, the nursing staff of the Hospital passed through a phase affected by the general degeneration of nursing during the first half of the nineteenth century, but, on the whole, the banner of Rahere has been held aloft through the centuries, and the nursing spirit inspired by its Founder has always been found within its walls.

The Hospital, the only General Hospital in the City of London, has been closely connected with the City, and from its status as a Royal Hospital has been honoured by having a member of the Royal House as its President.

On June 5th the Lord Mayor will entertain His Royal Highness the Prince of Wales, K.G., President of the Hospital, and the Delegates, at luncheon at the Mansion House; subsequently His Royal Highness will receive Addresses from the Delegates at the Guildhall.

The holding of Bartholomew Fair, which will be opened on Wednesday by the Lord Mayor represents the lighter side of the celebrations, and, historically, should prove very interesting as well as amusing; and the Tableaux in the Great Hall, presented and arranged by Sir Aston Webb, President of the Royal Academy, and a Committee of eminent Artists should not only provide a most interesting entertainment, but also do something to dispel the ignorance which obtains in regard to the history of this great institution.

A full week ends with an "At Home" by the League of St. Bartholomew's Hospital Nurses to the Delegates in the Great Hall, when the members will no doubt muster strongly to play their part in this great ceremonial week and to do honour to the Founder of this historic hospital which to serve is to love, and to the Nursing Sisters and Brothers who in centuries past set the members of the League such a noble example.

OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY A DIPHTHERIA CARRIER? WHAT ARE THE POSSIBLE CAUSES AND HOW ARE THEY TO BE GUARDED AGAINST?

We have pleasure in awarding the prize this week to Miss M. E. Thorpe, Waldene, Farnham.

PRIZE PAPER.

A diphtheria carrier is a person or animal who retains the Klebs-Loeffler bacillus in the air passages without necessarily having, or having had, diphtheria. Among animals, cats are frequently said to carry diphtheria. Most probably they contract the disease, and having nine lives, they recover without treatment, and retain the bacillus. A carrier who has not had the disease is often, strangely enough, a child who is termed delicate, sometimes, of course, an adult. A person who has diphtheria, and afterwards retains the bacillus in the air passages for a long period after recovery, is usually one with large tonsils, or adenoids, or one with a history of nasal catarrh. Defective teeth may also be a source of danger.

It is usual in a fever hospital to obtain three negative swabs of the nose and throat of a patient before he is discharged after having had diphtheria. It is known that children suffering from scarlet fever often have diphtheria also. It would be a good plan, therefore, to take swabs from these throats also. There are probably numerous mild cases of diphtheria which are never detected. If all defects of the air passages were treated, there would be very little danger of carrying diseases.

1. Enlarged or ragged tonsils, which are continually becoming inflamed and septic, are very damaging to the general health, besides being a resting-place for bacteria. There are various preparations in use for painting them. These should always be prescribed by a doctor. If this treatment fails to reduce them, they should be removed by enucleation.

2. Adenoids are unhealthy, glandular tissue, and grow in the post-nasal pharynx. They are a danger in many ways, besides being a harbour for bacteria. The breathing becomes obstructed, and the air, instead of becoming filtered and warmed in the nasal passages, strikes directly on to the tonsils. A person suffering from adenoids eventually becomes mentally dull and stupid, owing to insufficient oxidation; they are also liable to bronchitis, catarrh, and deafness.

3. Chronic nasal catarrh must be treated thoroughly and continually until cured. If

allowed to continue the smooth superficial mucus membrane becomes damaged and destroyed, leaving a roughened surface, which naturally harbours bacteria. The usual treatment is by inhaling antiseptic lotions, and by vaccines.

4. Nasal polypi should be removed. These are innocent growths usually attached to the middle turbinate bones. They are very easily removed without an anæsthetic.

5. Decayed teeth are a very dangerous resting-place for bacteria, and are also very unpleasant and unhealthy. Even if they are sound they may harbour bacteria, and should therefore be brushed regularly. It is really extraordinary how careless people are in this direction among the poorer classes. Quite a small percentage of children in the elementary schools clean their teeth. Certainly false teeth for the wife of a labouring man are a great problem owing to the expense. Even to have a tooth filled is a great expense, especially in a country district. It is difficult to persuade them that no tooth is better than a decayed one. It is also difficult to persuade them to have their children's teeth attended to, in spite of the fact that the school authorities undertake to do them for a very small fee.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. Quilter, Miss M. Ramsey, Miss B. Jones, Miss N. James.

Miss M. M. Quilter writes: "The term diphtheria carrier is applied to a person suffering from bacteriological diphtheria; *i.e.*, Klebs-Loeffler bacilli are harboured in the mucous membrane of the throat or nose, having no effect upon the person who carries them.

The bacilli can only be observed by bacteriological or microscopical examination of material collected from the part affected, and may be virulent or non-virulent. Owing to the inactivity of the germs the carrier may be quite unaware of his condition until cases of diphtheria have been traced to him, the condition being very contagious, and often extending over a very long period."

Miss Mary Ramsey writes:—"Isolation of all persons harbouring the diphtheria bacillus is advised until three successful negative results have been obtained on application of the bacteriological test. It is important to examine the nose as well as the throat, for in the condition known as chronic membranous rhinitis, the bacillus may give rise to little or no constitutional disturbance."

NURSING ECHOES.

The Marchioness Curzon of Kedleston was received by Queen Alexandra on Monday morning, and presented to Her Majesty, as Patron of Queen Victoria's Jubilee Institute for Nurses, a cheque for £3,300, being the proceeds of the Ball organised by her at Lansdowne House in aid of the funds of the Institute.

The Sale of Frills and Furbelows held at 431, Oxford Street, London, W., on Saturday last, in aid of the restoration of Thoroton Church Spire, was a great success. Mrs. Fenwick's "past glories" made a fine show, and after reposing in tissue paper for a number of years, came out looking wonderfully fresh and attractive. It was quite a treat to handle real Lyons silk velvet and pure silks and satins—works of art the present generation has no chance to acquire—with tinsels and mercerised goods, cotton-backed satins and velvets, and other shoddy rubbish sold at fabulous prices.

The Sale, apparently, was held at a psychological moment, as the members of the Royal British Nurses' Association have it in mind to form a Dramatic Society, and the few leading spirits led by Miss Isabel Macdonald are keen on securing a "theatrical wardrobe." The Frills and Furbelows Sale gave them the chance—of which they wisely availed themselves—to secure robes (we will not describe them as frocks) which with the help of a clever needle can be turned to most useful advantage; and as the ambition of the new Society soars to the performance of Shakespeare, we see Katherine of Arragon, Portia, Beatrice, to say nothing of cloaks, breeches, and feathered caps for Henry VIII, Benedick, and Conte Paris, well provided with appropriate attire. We are delighted to have two such worthy causes benefit by the Sale. A few bargains still remain for disposal, and as every little helps, we hope they will be picked up. They can be seen at 431, Oxford Street, W.

We have to thank Miss Kingsford for a cheque for 10s. 6d. toward the Fund; Miss Hulme for pretty vases, not yet sold; Miss Alderman for a charming basket; and Miss Macvitie for string-bags made by invalid soldiers, and a supply of fresh eggs—which were soon disposed of.

When the Sale is closed we hope to have quite a worthy cheque to forward for the good cause.

We are glad to note words of wisdom recently spoken by Miss Lena Ashwell (Mrs. Simson) at a public meeting held at Kensington Town Hall in support of Kensington District Nursing Association.

Miss Lena Ashwell moved "That this meeting considers that the Kensington District Nursing Association is deserving of continued and more widely extended support of the residents in the Royal Borough." No one, she said, could possibly be really civilised or alive if they only interested themselves in their own homes and their own selfish affairs. Unless they were willing to give service they stuck in the rut and became partially paralysed. Half the misery of modern life was due to the selfish efforts of people to have a good time themselves, whilst ignoring the claims of other people on their sympathy and help.

The Bishop of Kensington seconded the resolution. This Association, he noticed, he said, provided trained nurses for the sick in their own homes, but unfortunately home to many in the northern part of Kensington was only a shelter. It was very much on his conscience that this condition of things should be allowed to prevail. When he thought of the many families living in one-room tenements in the borough, and that often that particular event which was the joy of home life had to take place in the presence of the whole family, he thanked God there were nurses who were prepared to go into such places.

These "shelters" are nests of Communism, and those who visit them realise their national danger.

A SERIOUS BREACH OF CONTRACT. NURSES A SUBMERGED CLASS.

Mr. Neville Chamberlain, the Minister of Health, has signed the new Rule 9 (1) (g), approved by the new General Nursing Council for England and Wales, which in our opinion constitutes a cruel breach of contract with the 20,000 nurses who have paid for Registration on the General Part of the Register under the existing Statutory Rules, and who have thus successfully formed the Nurses' Registers of 1922 and 1923, for the protection of the public and of their profession.

Having secured their 20,000 guineas, the new Council, with the support of the Minister of Health, now repudiates the contract made by Parliament with trained nurses, and tramples their rights in the gutter—a callous and very autocratic proceeding which reflects great discredit on the new Government.

The question is—What are the Registered

Nurses going to do about it? Rule 9 (1) (g) makes registration permissible for totally untrained women—who have never spent an hour in a hospital in their lives—and all those who have battered on a defenceless public, posing as trained nurses without any theoretical instruction of any kind, are now eligible to rank, with the title of "Registered Nurse," side by side with the most highly qualified three-years' trained certificated nurses who have conscientiously qualified to care for the sick. This abominable Rule, calculated to ruin the status of Existing Nurses, now lies on the table of the Houses of Parliament, and will there repose for the term of twenty-one sitting days before it becomes law, nevertheless the Council has already sent out a "whip" to intimate to the untrained that they may apply for registration.

Are the Registered Nurses going to submit to this outrage like dumb, driven cattle, or are they going to appeal to the King in Council and seek redress?

Let the nurses registered on the Supplementary Registers realise that it is not only the status of general trained nurses which is at stake.

Certificated Sick Children's Nurses and Certificated Fever Nurses are to be placed in the most invidious position. Thus, if they have been soundly trained and certificated for three years in their own speciality they are still not eligible for Registration on the General Part of the Register; *but if they have never been trained at all* they are eligible to rank as general nurses, and can claim the title of "Registered Nurse" with those trained in a complete School. The situation would be absurd if it was not such a cruel injustice to every conscientious woman, who during the past thirty years has qualified herself for her responsible professional duties. It just proves once more the contempt in which women's professional work and status is held by men. Men control the College Council, the General Nursing Council, and Parliament. From the two former bodies nothing but suppression is to be expected by the submerged Nurse. Let us see what Parliament has to say to the situation—and that at once.

A NURSES' "CAMP."

The annual holiday "Camp" (not under canvas) arranged by the Nurses' Missionary League, is to be held this year from June 9th to 23rd, at Sandsend, Yorkshire, and any Nurses will be welcome for the whole or part of the time. The house where "campers" stay is near the sea. Full particulars from Miss J. Macfee, 21, Frognalane, Hampstead, London, N.W.3.

NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN AND IRELAND.

We turn from the unworthy jealousies and intrigues of the G.N.C. towards the hopeful atmosphere of the National and International Councils of Nurses with a sigh of relief, and breathe again. We are going to have a very happy and instructive day on Thursday, June 14th, when, for the first time since the war, an Annual Meeting of our National Council of Nurses is to be held, at the Headquarters of the Royal British Nurses' Association, 194, Queen's Gate, S.W. Many old and new friends have intimated that they will be with us for this Reunion, and we shall welcome Scottish delegates for the first time, and are specially glad to know that Ireland will continue to be associated with the National Council, as in past times Irish Nurses were always to the fore internationally, and we cannot afford to lose their bright and stimulating influence on Nursing progress. The Free State Nursing Council has, we hear, adopted the whole progressive Syllabus of Training, and we must hear of their registration methods on the 14th.

Luncheon will be served at 2s. 6d. a head at 1 o'clock, and we all know what wonders the presiding culinary genius at the Club can do for the price, so doubtless there will be no vacant seats. All the Presidents and Delegates of the affiliated Societies will, we hope, make an effort to be present, together with many members, so that an early intimation to this effect to Miss Macdonald will facilitate arrangements. The table reserved for Guests of Honour, of whom we hope to have quite a number, will be decorated with roses, heather, and shamrock, and the national flags of hostess and guests. Doesn't that begin to feel quite like old happy times?

The health and happiness of the Nurses of all Nations affiliated in the International Council will be proposed by the President of the Council, Mrs. Bedford Fenwick, and messages of goodwill will be sent to the President of the International Council of Nurses and to the respective Presidents of all the National Councils of Nurses, now fourteen in number, hoping for a very merry Meeting at Helsingfors in 1925.

The Business Meeting will open at 2.30 p.m. So much has been done in the Nursing World since the last Meeting of the Council that it should be both interesting and encouraging to recall what has been accomplished at home and abroad. We have as a profession made im-

mense strides, and, in spite of obstruction and lack of intuition in England, we are being carried along, whether reactionary people like it or not. Nature must be obeyed, and that is all there is to it.

Several leaders of nursing thought hope to be with us from abroad, and most interesting photographs have been received, especially those from Dr. Anna Hamilton, of the beautiful new *École Florence Nightingale School for Nurses* at Bagatelle, Bordeaux.

FEVER NURSES' ASSOCIATION.

The Annual Meeting of the Fever Nurses' Association was held, by kind permission of the Metropolitan Asylums Board, at their Offices, on Saturday, May 26th.

Owing to ill-health the President for the current year, Miss A. Stewart Bryson, Matron of the Northern Hospital, Winchmore Hill, was prevented from presiding, her place being taken by Dr. J. T. Kitchin of Bradford, the retiring President.

The Report showed that the total number of members and nurses holding the Association's Certificate is 2,978. Two examinations were held during the year, one in October, 1922, and the other in April, 1923. The number of entrants at each was greatly in excess of those at any previous examination, no less than 297 candidates sitting for the April examination.

Three hospitals have been added to the List of Training Schools recognised by the Association.

The financial position still continues satisfactory, the income for the past year exceeding the expenditure by £30 16s. 9d.

In the much regretted absence of the President, Miss S. A. Villiers very kindly read the Presidential Address, entitled "Convalescent Nursing."

After the Report had been adopted and the members of the Council elected, votes of thanks were passed to the Hon. Auditor and to the Metropolitan Asylums Board for allowing the use of their Committee Rooms in which to hold the Council and Executive Meetings and for the use of their Board Room for the Annual Meeting.

A resolution of sympathy with the President owing to her enforced absence, and of thanks for her Address having been unanimously passed, the proceedings terminated and members were then entertained to tea.

THE PRESIDENT'S ADDRESS.

LADIES AND GENTLEMEN,—I think perhaps the subject of my address this afternoon on Convalescent Nursing may not be a very popular one.

There is a rooted belief in the Medical and Nursing World that there is no hospital nursing to be done in a Convalescent Fever Hospital; in fact, I have heard it said with deep conviction that convalescent nurses are not nurses.

Those who make such a statement must be

entirely ignorant of the work of these nurses, for I have been many years in large Convalescent Fever Hospitals of seven hundred beds and over, and the longer I spend in this branch of nursing the more I am impressed with how varied the nurse's experience is in such Hospitals. Only those who work there know and realise that the best qualities of a nurse are essential for the satisfactory treatment of the patients.

Probably the general impression is that patients are well when transferred to a country hospital for the last few weeks of their treatment and that all they will do is to eat, sleep, and run about and play, finally departing to their homes in robust health. It is true that many do fulfil their mission in this respect, but others are not so fortunate, and a rough outline of the possible developments in a convalescent case will show how much is required of their nurses. In addition to those who are well and able to be out all day, but on whom the nurse must ever keep a skilled and watchful eye, there are those who have to be treated for minor ailments and the administration of Antitoxin is a daily occurrence. But the nursing does not end there, for there are—

(1) Unexpected cases of Tracheotomy, and minor operations of incision of gland and mastoid abscess;

(2) Those acutely ill, suffering from relapse of Scarlet Fever, Diphtheria, Chicken Pox, Measles, Post-Scarlatinal Diphtheria, and Post-Diphtheritic Scarlet Fever.

(3) Those suffering from complications of Scarlet Fever, such as Nephritis, Acute Rheumatism, Albuminuria.

It is in complications such as these that the high nursing qualities are required and the instruction is given by fully qualified officers. There is a Sister in charge of each ward who is a fully trained nurse.

It is obvious, therefore, that in convalescent work nurses must of all things be observant (no mean quality in any walk of life) for they have their attention divided between the quite convalescent, the semi-sick and those acutely ill. There is no opportunity here to sink into the quiet, easy-going routine which is the pitfall of many.

So much for the practical side of the nursing training, but theory is not neglected for all assistant nurses in the M.A.B. Hospitals have, as in other hospitals, to attend the following course of lectures:

- (1) Anatomy and Physiology.
- (2) The Theory and Practice of Nursing.
- (3) Fever Nursing.

If nurses are successful in passing the examinations in these subjects and are otherwise suitable they are, after being on the staff for two years, promoted to the rank of Assistant Nurse Class 1, when they rank next to the Ward Sister and take charge during her absence.

But the nurse's training does not end here, for,

arranged as the convalescent wards are under the M.A.B., each pavilion is almost a miniature hospital, accommodating 30 to 40 patients, and administrative faculties are called into play. Each block has wards on the first floor and dining and playrooms on the ground floor, and a building thus arranged exacts very efficient supervision. Again, the dressing of many children, neatly and quickly, in the morning in the most suitable sizes of clothing provided, requires patience and capability. A nurse who is successful in this is rewarded for the trouble and pains she has taken by the increased happiness of the children under her care.

I hope that by what I have said I have convinced those in doubt that the experience and training obtained in convalescent hospitals of large size is varied and very valuable. Knowing well her value and the extent of her training, I would like to suggest that the convalescent fever hospital nurse should have some recognition, and propose that those nurses who desire to qualify for the fever certificate and who have already passed the M.A.B. examination in a convalescent hospital should benefit by serving for a shorter period at an acute hospital than the present regulations require.

I have only dealt in this address with one phase of the varied and ever-widening field of the life of nursing, but I cannot close without alluding to the great question of nurses' registration. I would remind nurses that their affairs are in the melting-pot and it behoves every nurse who cares for the status of her profession to be alert and active. "Every person who desires to be registered as an existing nurse must apply before July 14th, 1923, after which date no applications can be entertained." When a nurse is on the Register she has a vote for the General Nursing Council, and it is in her power now as never before to see that she elects those who represent her interests as opposed to those who are determined to exploit the nursing profession. There is an ominous movement afoot to enable persons to be placed on the Register who are not qualified, and surely those 20,000 nurses who have already registered on the understanding that one year's general training and two years' experience is the minimum required for registration, will never submit to the widening of the door of access to the First Register for Existing Nurses on the terms suggested by Dr. Chapple, which mean that a nurse can be registered, having had *no* general training.

I would exhort every nurse to be jealous for the standard of her profession and, after she has herself secured the necessary registration, to be watchful and to use her vote wisely and with discretion. Nothing worth while is ever won without a struggle.

The official address of the Fever Nurses' Association is 8, Western Road, Romford, Essex. Communications should be addressed to the Secretary, John B. Gerrard, Esq.

MY WORK.

What a title! One conjures up visions of possible and impossible things: for never what one *is* or *does* pleases, but always the probability of something better.

My work! To me a wonderful work! lies in that branch of the service which comes under the broad title "Private Nursing"; full of incident and adventure, humour and pathos, and affording greater scope for the study of human nature than is attainable elsewhere. Why do we love to look after sick folks? We women, I suppose, are the potential mothers of the race, either literally or by imputation; and we respond to that elemental instinct in private nursing rather more than we can in hospital work. You enter the shadowed house where a loved one lies sick, unto death it may be; an anxious mother or sister, maybe a distraught husband, tells you about the invalid in strident tones of agony and fear; and presently you are ushered into the sick room. 'Tis a solemn moment for the nurse, as she tries to realise *all* her presence means to the patient and those who love her, or him, as the case may be.

We are bearers of comfort, hope, and calm assurance, just in proportion as our mental attitude is adjusted to their needs; for not every efficient nurse is successful in private practice. Let us see whether its needs and our supply fit? We may have been the idol of our training school, and have our precious parchments, and even gold medals safely locked away in our "boxes"; and possess qualities of unquestioned leadership in our profession, and yet be a complete failure as a private nursing sister.

Individuality and adaptability are its most clamant needs. It is no mawkish sentimentality to say "service not self" must be our motto. The spirit of service is its own reward, and is the axis round which success, and joy in that success, revolves. Years ago a revered and aged relative, long since dead, summed up those ideals in his advice to me, when beginning my nursing career: "Seekest thou great things for thyself? Seek them not."

Private nursing is a constant adjustment to the viewpoint of others; the reflex influence of which is patient understanding and tactful common-sense. We must adjust, first, to the patient and his needs! Second, to the relatives and their needs! Third, to the household and its needs! That poor invalid is not just a machine out of order needing tinkering and repair; he is a bruised and wounded human soul; and his outlook on life needs as great care and study as his physical wound. He is quick to appreciate the attitude of the nurse, and his recovery is dependent upon that mental factor; hence we hail as helpful all the "suggestion" theories of these latter days. Surround the patient by an atmosphere of hope and assurance, and his subconscious mind will apply these to his physical needs.

Then there is the help and comfort one can give to distressed relatives and friends. Can't you

just imagine what it means, from their point of view, to have someone in the house who knows what to do and how to do it? Who will never get rattled and lose her head? Yea! whose very presence allays anxiety and fear? I always count this the special secondary privilege of the private nursing sister, and take some pains to be all those dear people think *we are*. Don't let us get exclusive and imagine we possess the sum of human knowledge because we are trained nurses and State Registered at that! Life is a school, and each passing phase has its lesson. The greatest humility is that allied to knowledge. The public are like dear, confiding children, pouring out their woes to the nurse. Don't let us spoil that beautiful trust by autocratic professional superiority. Think rather of the mutual joy when the patient is recovering, and day by day he grows better and better. Isn't it just grand that halcyon night when he takes his old place again at the dinner table and the champagne is cracked in his honour? There was a mist before our eyes as we "clinked glasses" in the toast of good health and good luck! As in a flash the memory of the crisis came back. 'Tis gone in a moment, and the joy in his restored health remains. A word here about the domestic staff. Never let us forget their need. Sickness and nurses in the house mean extra work for them, which should never be increased by a jot or tittle unwittingly. The man who oils the engine is just as necessary in the scheme of life as the captain on the bridge. Years ago an old trusty servant—"Martha"—said at parting: "Sister, this 'ouse won't be like the same without ye, and whatever Missus will do I can't think!" Good, kind Martha; careful and troubled about everything and serving with a devotion which made her honoured and loved.

'Tis the privilege of the private nurse to work with many of the leading men in the medical profession, and their due appreciation of her work is a thing worth striving for. There is a sense of comradeship, too, in facing together the graver issues of life and death.

Another advantage to the private nursing sister is that she often goes far afield in her own country and forth of it, and if she is a lover of nature and interested in places, the experience is alike pleasurable and educative. Paris, in its loveliness and charm—gay, dilettante Paris, with its care free people. Switzerland, wrapped in its garment of snow in winter, and luxurious in miles and miles of vineyards in summer. Quiet, inoffensive people the Swiss peasants, not unlike our Highland Scot. The rugged grandeur of our stern Scottish Highlands, and the more graceful beauty and warmth of the South. Ireland, too! Storm-tossed Ireland, where elemental beauty and warm-hearted irresponsibility attract the visitor. "'Tis Scotch ye are, bedad! Thin we must be friends," said one of those hefty Irishmen, with a hearty grip that made one's fingers tingle. Spontaneous and forthcoming, generous in his impulses, yet ready as tinder to the flame to blaze up in the cause of Ould Oireland!

A sense of humour is *always* a saving grace in one's work, and in life generally, and is a perennial spring of refreshment. "A happy countenance doeth good like medicine," said the sage. Aye! and sometimes much more effectual, adds the nurse.

One day a patient was hunting about in his room for something he had lost. "Whatever are you looking for?" asked the nurse. "I am looking for a girl," he replied, "with never a smile."

Don't be deluded, however, colleagues and friends, into the idea that the life of a private nursing sister is "all beer and skittles"; it isn't. There are difficult economic conditions in the homes of the people to-day, which are far from helpful. There are long weary hours, often unrelieved, in the sick room. There is living in one's boxes, and therefore never able to find what one wants in a hurry. And many other disadvantages if you are out to criticise.

To the cheery optimist, however, who does her best as well as she knows how, private nursing is a high adventure. And each case, as it comes along, a fresh revelation for study.

Vision is followed by call. So if you feel you "ought" then you "can," and our job is to realise our power and train and direct it, so that our fellows will benefit.

A simile in closing: The hydrant hose-pipe of the fire engine, we are told, has two streams—an outer and an inner channel, through which the water is propelled. The outer stream plays on the lower floors of the burning building, but when the inner stream is turned on its increased pressure and volume reaches the third, fourth and fifth floors, carrying the outer stream with it. Enthusiasm and zeal is the inner stream which carries all before it.

A. E. M.

NIGHTINGALE SCHOLARSHIPS.

The Nightingale Fund offers scholarships, not exceeding three in number, tenable for one year at King's College for Women, Campden Hill, London, beginning in October next.

The scholarships, including board and residence at the College, will be of the value of one hundred and thirty guineas each and a further payment of £30 towards expenses will be made to each of the scholars.

The intention of these scholarships is to assist their holders in qualifying for higher posts in the nursing profession.

The scholarships are open to any nurse trained in the Nightingale School who possesses its certificate.

Intending candidates must send in their names to the Matron, St. Thomas's Hospital, on or before June 30th, 1923, and all applications must state the age of the candidate, the date of the certificate held, together with a statement of the nature of the work the applicant has been engaged on since the date of the certificate.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

ANNUAL MEETING.

The Annual Meeting of the Corporation will be held on Thursday, June 28th, at 3 p.m., and Mrs. Campbell Thomson has asked us to convey from her to the Members an invitation to take tea with her after the Meeting at 194, Queen's Gate, S.W.

LECTURE.

SOCIAL HYGIENE FOR WOMEN.

Under the auspices of the National Council for Combating Venereal Disease, Dr. Sloan Chesser lectured at 194, Queen's Gate on Saturday, 12th May, and we saw the wonderful film, of which several of our Nurse-Lecturers have spoken to us before, entitled "Social Hygiene for Women." From this we learnt in a very striking way of the terrible ravages of venereal disease, and the difficulties to be met by those who give much unselfish labour towards combating its spread. Dr. Sloan Chesser said that about one out of every twelve persons suffered from the disease in one form or another, and 800,000 new cases were reported every year. It was not always caused by sexual intercourse; she had known of perfectly innocent people becoming infected from canteen cups; she knew of one case in which a baby born with the disease had infected its grandmother, and another in which the wet nurse of an infected child contracted the disease. There is no part of the human body which is not liable to attack, and young people should be taught a great deal more about venereal disease and how to avoid it than is at present the case. Proper instruction on sex hygiene should be given to children, and they should commence at the age of four or five to know something about the organs of reproduction. Children would ask questions about these matters, and there should be neither refusal to answer their inquiries nor any evasion of these. Too often this was the rule, and the child was led to believe that there must be something wicked and interesting in these things and his curiosity was whetted, with the result that he only thought the more of them, and thereby a sex complex was formed of which the results in later years were apt to be serious. Children could be taught sex hygiene in a perfectly simple way, which need cause embarrassment neither to child nor teacher, by telling them something of reproduction in bird life, and

then of the really very simple differences between this and reproduction in mammals.

Dr. Sloan Chesser, with the aid of a film, showed the rapid multiplication of germs which give rise to venereal disease, and the progress of the disease when it has attacked different parts of the body. Previous to commencing her special lecture the doctor showed a film of the female organs of reproduction, from the time when the ovum passed into the fallopian tubes until the fully formed child was about to leave the uterus.

Mrs. Earp, who occupied the Chair, thanked Dr. Chesser for her interesting lecture, and said that, when she was going up and down the country lecturing on hygiene and kindred subjects, she found herself continually quoting Dr. Sloan Chesser; from her writings and speeches she (Mrs. Earp) had gained a very great deal of information which had been of the greatest value to her in her work.

MISS CATTELL "AT HOME."

Miss Cattell is to be "At Home" at the R.B.N.A. Club on Thursday, June 7th, from 3 to 6 p.m., and has asked us to intimate to those of her friends who are readers of the BRITISH JOURNAL OF NURSING that she will be delighted to see them at 194, Queen's Gate, on that day.

CONCERT.

On Wednesday, June 20th, we are to have a delightful concert, when Miss Phyllis Lett and Miss Jane Croft will sing. The concert will commence at 3 p.m. at 194, Queen's Gate. The funds arising from it will be used towards forming an Endowment Fund for the Club, and we hope that Members will join wholeheartedly with us in the effort to make the afternoon a great success. One Member of the Association has generously promised to give £100 towards the Endowment Fund if her fellow-Members of the Association will collect £400, so that we hope our London Members especially will respond to this offer by giving us every assistance possible in connection with the concert. Dr. Frederick Morison has most kindly made the arrangements for the concert, and, in the course of a few days, we expect to hear from him the names of the other artists who will take part, in addition to the famous singers already mentioned.

DRAMATIC SOCIETY.

A few Members have come forward with a proposal to form a Dramatic Society in connection with the Association, and arrangements for this have gone on quite enthusiastically during the last few days. It has been decided to have two classes of Members—acting and non-acting—and the Annual Subscription, in both cases, will be 1s. only. We hope, therefore, that every Member of the Association will join in and give this new scheme her support. If it is successful it ought to be a very useful little Society indeed, and valuable when we wish to do something for one or other of the Benevolent Funds connected with the Association or those of some kindred body. But, apart from this, it will offer very fascinating work for those nurses who have a taste for acting, and will doubtless, too, give a good deal of amusement to their fellow-members.

There are many initial expenses connected with such a scheme, and the work of production is fairly costly in many directions, but already we have found several people who have promised to help in various ways. Mr. Horton, whose wonderful elocution so delighted the audience at the Zacharewitsche Concert, has most kindly promised to give an entertainment at the Club in the course of the next few weeks to help the nurses to get some funds in hand. Miss Anderson Parsons and Miss Trevena have generously offered to make the dresses, &c., and Mr. MacCallum has kindly said that he will see to getting the electric light arrangements in order for the stage which will be erected in the dining-room, where the shape of the room and the position of its doors offer facilities for making quite a nice little theatre.

On Saturday last some of us invaded "The Frills and Furbelows Sale" at 431, Oxford Street, W., at which Mrs. Bedford Fenwick offered for sale her "past glories" for Thoroton Church Spire, with the result that we have now a splendid foundation for a dramatic wardrobe. In the evening there was an impromptu mannequin parade in the drawing-room for the benefit of a laughing group round the fire (and incidentally, as we learnt afterwards, for another round the windows of the opposite house), when it was agreed that it was incumbent upon the new Dramatic Society to produce at least one of the historical plays of Shakespeare, as the heavy brocaded silk and velvet gowns, with all their beautiful colourings, would be "just suitable for the Queens." Unfortunately these robes all demand some expansion in the region of the waist, but we have faith in the ingenuity of Miss Anderson Parsons and Miss Trevena.

ENGAGEMENT.

We have pleasure in announcing the engagement of Miss Norah Burke, daughter of the late Mr. Michael Burke, of Clogheen, Co Tipperary, to Mr. Arthur Clarke, son of T. Clarke, Esq., M.D., of Bolingbroke Grove. The wedding will

take place in early autumn, and there will be a reception afterwards at the R.B.N.A. Club, where Miss Burke has many friends. It gives us peculiar pleasure to look forward to having her wedding here, as she was the first of our Members to come into residence when we took over 194, Queen's Gate, and she often laughingly tells how she "pitched her tent" in "Honeysuckle" before we had time to engage a single member of the domestic staff. We hear that she intends to take "Honeysuckle" by storm if we dare to have another Member installed there when she returns with her fiancé from a visit to her friends in the Emerald Isle just previous to her wedding.

Miss Burke did a considerable amount of war work subsequent to her training, and, after holding the post of Sister at the Brook Hospital for a time, she joined the Private Staff of the Association, on which she has worked with great success. We offer to Miss Burke and to her fiancé the very warm good wishes of our Members for their happiness.

THE SETTLEMENT GARDEN.

To the Secretary, R.B.N.A.

DEAR MADAM,—Do you think you could persuade some of our nurses, coming up to town from the country, to bring up a few roots of ferns and flowers sometimes for our garden? It is looking so nice now and wonderfully gay with its lilac, purple iris, dainty lily of the valley, and a promise of roses before very long, but I want any amount of flowers for it, and ferns for the rockery. It will be so nice for the nurses in summer-time to have the deck-chairs in the garden and to sit among flowers and sunshine to gather happy memories for the winter days—"roses in December," as J. M. Barrie would say. It is a joy to have such a large garden in summer, and we must make the most of it.

If any nurses do bring up little roots for us and leave them at the Club I will come up for them at once on receiving a postcard from you to say that they are there.

I am, yours truly,

HANNAH SADLEIR,

Sister-in-Charge, Settlement Home,
20, Clapton Square.

DONATIONS.

We acknowledge with thanks the following donations:—

Club.—Miss Fowler, £1 1s.; Mrs. Perkins, 10s.; Miss Street, 3s.

Settlement Fund.—Mark Hovell, Esq., £5; Miss M. Coates, £2 16s.; Miss G. R. Watson, £2 6s.; Miss M. M. Smith, £2 2s.; Miss B. Plumtree, £1 10s.; Sir Anderson Critchett, £1 1s.; Miss H. E. Mason, £1 1s.; the Misses L. Ainsworth, H. Lamb, Swaby Smith, M. Turnbull, £1; Mr. Preston, £1.

ISABEL MACDONALD,
Secretary to the Corporation.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Continued from page 330.)

3. Report of the Education and Examination Committee.

I. REPORTED.—That the Committee has met four times, on April 17th, 24th, and May 1st and 8th, 1923.

II. CONSIDERED.—The question of Fees for the Optional Examination in 1924 and for the Preliminary and Final Examinations, referred back by the Council on April 20th.

After consideration of many returns from various Training Schools and other examining bodies, the Committee arrived at the conclusion that the fees originally recommended were as low as could be afforded.

Recommendation 6.

(1) "That the Fee for the Preliminary Examination shall be £2 2s., and that for the Final Examination £3 3s."

(2) "That the Fee for the Optional Examination in July, 1924, shall be £3 3s."

III. REPORTED.—That the following Memorandum was drawn up setting forth the duties of the Examinations Officer :—

The following are provisionally the duties of the Examinations Officer, who will be expected to place him or herself under the immediate direction of the Assistant Registrar :—

1. To conduct all correspondence for purposes of forming a panel of Examiners, of ascertaining probable numbers of candidates for examination, of forwarding and receiving schedules and certificates of candidates, dates of practical examination, notification to candidates, fees, &c.

2. To arrange provision and equipment for examinations at regular quarterly times in centres throughout England and Wales, interviews with all Local Authorities relative to rooms, heating, lighting, invigilating, equipment, &c.

3. To arrange for formation of Boards of Examiners, meetings of Examiners, distributing examination papers, conveyance of answers to Examiners, Reports of Examiners, notice of results to candidates.

4. To be the medium of communication on all these kindred subjects.

5. Attend all meetings of Education Committee if required.

IV. REPORTED.—That a Deputation from the Royal Infirmary, Sheffield, and Jessop Hospital for Women, Sheffield, consisting of Mr. Charles Yeomans, Chairman of the Joint Nursing Committee of the two hospitals, and Mr. Cuff, Senior Surgeon at the Royal Infirmary, Sheffield, had an interview with the Education and Examination Committee on May 1st, 1923. The Deputation put forward the following scheme :—

That the nurses would be engaged by, and would throughout their term of contract be in the employ of, the Joint Committee of the Royal Infirmary and the Jessop Hospital.

That the Jessop Hospital would by the scheme represent and be used as the Gynæcological Wards of

the Royal Infirmary, and that nurses would serve in the Jessop Hospital in the same way in which they would serve in the Gynæcological Wards of other General Hospitals.

That during the three years of their General Training the nurses would be instructed in the subjects of the General Syllabus, and that no training would be given in Maternity during this time.

Recommendation 7.

That the following hospitals be recognised together as forming a complete training school :—

Royal Infirmary, Sheffield.

Jessop Hospital for Women, Sheffield.

V. Recommendation 8.

That the following hospitals be recognised as Training Schools which, in combination with other Public Hospitals, give complete training under Section 3 (2) of the Scheme of Training :—

General—Royal Sea Bathing Hospital, Margate. (Affiliated to Guy's Hospital, and East Suffolk and Ipswich Hospitals.)

CONSIDERED.—Further list of Sick Children's Hospitals whose authorities have replied to enquiries instituted by the Council.

Recommendation 9.

That the following hospital be recognised as a complete Training School for Sick Children's Nurses :—

Alder Hey Hospital, West Derby Union.

Discussion.

MISS M. WIESE said she wished to speak against Recommendation 6. Until the economic position of nurses was improved she did not consider the fees should be on the scale proposed.

MISS COX DAVIES considered that the fact that nurses had to pay these fees might be of assistance to hospital authorities in securing a higher type of probationers.

THE REV. G. B. CRONSHAW said that every boy who went in for his Oxford or Cambridge Examination had to pay £2 10s. The Nurses' State Examinations would probably cost more than the fees proposed.

THE CHAIRMAN hoped not, they ought to cover expenses.

MISS SEYMOUR YAPP said the Chairman would recollect that she wrote pretty warmly to him on this matter. She didn't know that she desired to own herself mistaken, but, as far as the examinations went, she did not think what she wrote in her irritation was correct.

MISS LLOYD STILL said that from enquiries made by the Committee it was practically certain that the Examinations could not be conducted for lower fees.

The Report was then approved as a whole.

6. Report of the General Purposes Committee.

MISS COX-DAVIES, Chairman of the General Purposes Committee, moved that the Report be received.

I. REPORTED.—That the Committee has met three times—on April 24th, May 1st and May 8th, 1923.

II. REPORTED—That the approval of the Minister of Health had been obtained for the following :

	Letter dated.
(1) For the present permanent and temporary staff of 30 until September 30th, 1923	29.3.23.
(2) For an Interviewing Officer until July 31st, 1923	3.4.23.
(3) For an Extra Stenciller until July 31st, 1923	19.4.23.
(MISS DORA BURGESS was appointed 25.4.23.)	
(4) For an Examinations Officer	20.4.23.
(5) For two Clerks for holiday duty	3.5.23.

III. REPORTED—That Miss Finch had withdrawn her application for the appointment of Interviewing Officer in consequence of urgent family affairs which would not permit of her remaining in London until the end of July.* Applications were received from the following Ladies :—

	<i>Training School.</i>
MISS M. I. BURDETT, Registered Nurse	Addenbrooke's Hosp., Cambridge.
MISS JESSIE HOLMES, Not registered.	
MISS GEORGINA LORD, Registered Nurse	General Hosp., Birmingham.
MISS E. BARCLAY WILLIAMS, Registered Nurse	London Hosp.
MISS CAROLINE CATTELL, Registered Nurse	Royal Free Hosp.

MISS M. I. BURDETT has been appointed in accordance with authority given by the Council, and takes up her duties on June 1st, 1923.

IV. REPORTED—That extra equipment would be required to furnish the Examinations Officer's room.

Recommendation 13.

That the following be sanctioned :—

1 large table	at £4 15
1 typist's table	" £4 4
1 typewriter	" £25 10
3 chairs (1 revolving)	" £3 3
Filing cabinet or cupboard	

V. Recommendation 14.

"That the office be closed on Whit Monday."

The Report was approved.

APPOINTMENT OF SOLICITOR.

We learn that Mr. Sydney Pitt, of the firm of Pontifex, Pitt & Co., has been appointed solicitor to the General Nursing Council for England and Wales.

TITULAR LETTERS.

We regret that by a printer's error in our report last week, on page 329, under the heading, "Report of the Uniform Committee," Recommendation 17, the letters which Registered Fever Nurses are entitled to use after their names should have been printed as R.F.D. They should, of course, have been R.F.N., *i.e.*, the first letters of the full title, Registered Fever Nurse.

*We understand that these urgent affairs permit Miss Finch to remain until the end of May.

[REMARKS.

MENTAL[NURSING COMMITTEE'S REPORT.

The recommendation that circular letters be sent to all Mental Hospitals reminding Existing Nurses that they must apply for registration before July 14th next, on which date the period of grace expires, is urgently necessary, as out of some 40,000 existing Mental Nurses less than 1,500 have registered so far.

It will be remembered that during the thirty years' struggle with the Nursing Schools for State Registration, Mental Nurses took no personal or financial part in the campaign. Legal status was won for them by the Central Committee without their participation. We must, therefore, assume that the Mental Hospital authorities did nothing to encourage their male or female staffs to understand the importance of the movement, and naturally since the Act became law Mental Nurses have treated it with indifference. The majority of them know nothing about it.

Then we come to the influence of the National Asylum Workers' Union—although through its organ the Union has advised Mental Nurses to register—the majority of them are men, and we gather they strongly object (1) to the small amount of representation they have on the General Nursing Council; and (2) their objection to be governed by their employers and General Hospital Matrons.

A letter may do good if it expresses sympathetic views, but what should have been done ages ago was to have sent a personal representative to the Mental Training Schools to explain the advantages of registering as Existing Nurses during the period of grace. We know of several expert "angels" who could have done this necessary bit of propaganda, but the new Council is wedded to "no personal interference" policy—when such help would, we feel, have been sympathetically received by the majority of Medical Superintendents and Matrons.

Anyway, the Existing Mental Nurses must hurry up if they are to avail themselves of the benefit of legal status.

THE REPORT OF THE UNIFORM COMMITTEE.

The Committee recommends three different styles of uniform, but how a dress can be "uniform" if it is open to wear three styles we do not know. One style should be *de rigueur* for the approved State Nursing Uniform, and that should be worn complete, or not at all. A summer and winter material are permissible.

When we come to shoes, stockings and gloves, three colours are recommended—black, tan and grey. Imagine tan shoes, grey stockings, and white gloves, or, *vice versa*, black shoes, tan stockings and white gloves! White shirts, these may be of silk or cotton, as well as long coats, coats and skirts, and coat-frocks are suggested. We see a lady in a navy blue skirt, white blouse, storm cap, tan shoes and stockings and white gloves. How are we to realise that this familiar garb, worn by thousands of women, is a Registered

Uniform? Surely these suggestions are not to be taken seriously!

There remain buttons and Badges. Apparently these alone can be registered. Then the suggestion to enter into a contract with one firm alone for supplying the material, and that without the cost being before the Council is encouraging monopoly and exploitation. Not a word was forthcoming in the Report as to whether British-made or foreign materials were to be used.

British nurses will want to encourage British trade, and whatever firms supply materials should be required to supply home-made goods.

THE BADGE.

The Badge has not been on view, before approval, by the profession. We hope it is not of Brummagem make. We note the Badge approved was submitted by Messrs. Fattorini of Birmingham. The name has apparently little association with Tudor roses, or indeed with British antecedents at all. We think the Council should assure British nurses that their Badge (and the profits thereof) will benefit British workers, and is not of foreign make. With thousands of unemployed in this country it is the duty of the Nursing Profession to support British labour, and we hope the Council will satisfy us on this point.

And how about the "Equality of the Sexes Act"? We note male nurses are to be permitted to wear the Badge with mufti, because they do not wear outdoor uniform, but that female nurses are to be seriously restricted in this connection and only to wear the Badge with "authorised" uniform. Why? Thousands of female nurses do not wear outdoor uniform in these days, so why are they to be treated on a different footing to men?

The Act provides that Registered Nurses may wear a "prescribed uniform or Badge." The Council has no power of discrimination in this particular.

And what is an authorised uniform? The only "authorised" uniform with which the General Nursing Council is concerned is the uniform recommended by it, and approved by Parliament. Any privileged treatment for classes of nurses (*à la* Rule 9 (A)), such as Queen's Nurses, Bart.'s, London, Guy's, &c., is out of the question. A Registered Nurse is a Registered Nurse, whatever training she has received, and we must not permit more "privilege." Quite sufficient damage has been done by Rule 9 (A), we need no more injustice to the profession as a whole.

We shall have a few remarks to make next week on the Reports of the Education and General Purposes Committees.

HEALTH UNDER-SECRETARY.

Lord Eustace Percy has been appointed to the new Office of Under-Secretary to the Minister of Health. Let us hope he will have some sympathy with the rank and file of the Nursing Profession, so despitely used by the Health Ministry of late.

THREE NEW DANGERS.

The present General Nursing Council has already proved itself a serious menace to the Nursing Profession—governed as it is by a medical and lay oligarchy supported by the nominees of the College of Nursing, Ltd., who can and do outvote the minority—the free nurses' representatives. We need only mention the determined attempt, supported by the Ministry of Health, to deprive probationers of their right to a "prescribed training," as provided in the Nurses' Registration Act, without which there can be no compulsory standard of nursing education to qualify for a standard one-portal examination before Registration.

New Danger No. 1.

TAXATION WITHOUT REPRESENTATION.

As reported, the Council has agreed to the recommendation of the Education Committee to appoint what is called an Examinations Officer for making arrangements all over the country for the State Examinations to be held, beginning a year hence. This officer to have an office at Headquarters.

Of all positions this "plum" should be reserved for a Registered Nurse; first, because no one but a professional woman is qualified to fill it; and secondly, because with a salary of £375 and expenses it will cost the Registered Nurses £700 a year at least.

Now, let us a tale unfold. Before ever the proposal to make this new lucrative post came up for consideration at the Education Committee, the matter had been discussed outside with the Chairman of the Council, and Sir E. Cooper Perry, Hon. Secretary of the College of Nursing, Ltd., had a lay candidate ready to step in and grasp this important and lucrative professional appointment, who, as far as we know, has never spent an hour in a hospital in her life, and who is totally ignorant of even the nomenclature of Nursing Education. This clerical worker is, we believe, to be one of the few candidates recommended to the Council for appointment, and if this gross job is approved by it, we hope the Profession will not permit it to go by default, as quite a number of excellent, highly-trained, experienced Registered Nurses have applied for the position, and we believe have been turned down.

There was an old adage that "he who paid the piper called the tune," but evidently "taxation without representation" is the motto of the new General Nursing Council.

New Danger No. 2.

WHAT IS GOOD CHARACTER?

Some two years ago the Central Midwives Board decided to refuse to admit a lady to examination "at any time," which proves the seriousness of the "misdemeanour" of which the candidate was guilty.

The penalty for the "misdemeanour," according to the Midwives Act, on conviction, made the

delinquent "liable to imprisonment, with or without hard labour, for any term not exceeding twelve months." The Midwives' Board is invariably lenient, and to have taken the drastic action it did, proves that the offence must have been a serious one.

Two years elapse, and the offender has now applied to the General Nursing Council for registration on the General Part of the Register, and, if accepted, will be in a position to discriminate as to the "good character" of applicants for registration—herself the while being disqualified by lack of it from registration on the Midwives' Roll!

We believe the Registration Committee did not recommend this applicant for registration, but turned her application down as not in conformity with the rules. Now it is rumoured that, as a member of the Hospital Matrons' Association, her Colleagues on the Council are moving heaven and earth to have her accepted, and thus through favouritism to effect serious depreciation of the "good character" standard of the Register. The members of this Matrons' Union on the Council have, on two previous occasions, permitted personal sympathies to over-ride their public duty, and if *this* job is effected the profession has another grave cause of complaint against the integrity of the majority of the Council.

New Danger No. 3.

OUR IRRESPONSIBLE GOVERNING BODY.

We are still awaiting the decision of Parliament as to how far the General Part of the Register is to be made the portal to practice as "Registered Nurses" by untrained women who have no hospital experience whatever, which would be the result of the College Council agitation to depreciate the State Register by placing on it untrained women excluded from their own voluntary register, excepting in the case of a favoured few with powerful social influence.

But we learn in the meanwhile the Registration Committee has attempted to place on the General Part of the Register certain Children's Hospital applicants who are not qualified for the Sick Children's Register—but unsuccessfully so far.

What is known as the "New 1900 Rule" has now been approved by Mr. Neville Chamberlain, and all and sundry may flock on to the General Part of the Register—as monstrous a breach of faith with the 25,000 nurses who have applied under the present Statutory Rules as working women have ever suffered.

The General Nursing Council, governed by the nominees of the College of Nursing, Ltd., has emulated its notorious breach of contract—with the College Nurses—in taking money for State Registration under conditions it was unable to fulfil.

Of such irresponsible persons our Governing Body is at present composed.

WORD FOR THE WEEK.

Two things stand like stone.
Kindness in another's trouble;
Courage in your own.

APPOINTMENTS.

HOME SISTER AND THEATRE SISTER.

Harton Poor Law Hospital, South Shields.—Miss C. G. Hardy has been appointed Home and Theatre Sister. She was trained at the Bagthorpe Infirmary, Nottingham, where she has held the position of Relief and Ward Sister. She has also been Ward and Night Sister at the Harton Hospital.

THEATRE SISTER.

West London Hospital, Hammersmith, W.—Miss C. M. Speed has been appointed Theatre Sister. She was trained at the Leicester Royal Infirmary, and has held the positions of Theatre Sister, Tunbridge Wells General Hospital, and Sister, North Staffordshire Hospital, Stoke-on-Trent.

SISTER.

Metropolitan Borough of Woolwich Home for Ailing Babies.—Miss Elsie May Lee has been appointed Sister. She was trained at St. James' Hospital, Balham, S.W. Positions previously held:—Staff Nurse, South Eastern Fever Hospital; Nursing Sister, Military Families' Hospital, Portsmouth; Nurse Midwife, Municipal Maternity Home, Deptford; Ward Sister, West Middlesex Hospital, Isleworth; Nursing Sister, British Red Cross Society; Ward Sister, Greenwich and Deptford Hospital.

THE PASSING BELL.

THE LATE MISS CATHERINE BORTHWICK.

With regret we announce the death of Miss Catherine Borthwick, formerly Matron of the General Hospital, Johannesburg, which occurred at her residence in Glasgow on May 15th.

Miss Borthwick received her training at the Royal Infirmary, Edinburgh, the Royal Hospital for Sick Children, and the Maternity Hospital, Glasgow. She was Assistant Matron at the Stirling District Mental Hospital, Larbert. From there she was appointed to the Matronship of the West Koppies Mental Hospital, Pretoria, and later became Matron of the General Hospital. On the resignation of Mrs. McGill she was appointed to the Matronship of the General Hospital, Johannesburg.

Miss Borthwick was a woman of strong and lovable character, deeply interested in everything pertaining to the Nursing Profession. She had been in indifferent health for some time. She leaves many friends in the wide area of her activities to regret her untimely death, and to those who were privileged to come in intimate contact with her her loss is irreparable.

LEAGUE NEWS.

BRADFORD ROYAL INFIRMARY NURSES' LEAGUE.

The Seventh Annual Meeting of the Bradford Royal Infirmary Nurses' League was held at the Field House Nurses' Home, belonging to the Royal Infirmary. Owing to the serious illness of Miss Davies, the League was obliged to hold its annual meeting without the President. A good number of members attended the business meeting which was followed by a Social and Garden Party, to which many guests were invited. The Lady Mayoress of Bradford was present.

HOSPITAL WORLD.

At a meeting of the hospital governors of St. Paul's Hospital, Endell Street, W.C., Dr. Thomson, Director of the Pickett-Thomson Research Laboratory, stated that in samples of bacilli from the throats of patients suffering from scarlet fever and measles he had found two new germs somewhat similar to each other. It was quite possible that these two germs could be the cause of measles and scarlet fever, but it would take some time to discover whether they were or not.

An appeal broadcasted by wireless by Viscount Knutsford, Chairman of the London Hospital, asked young women who might be listening-in to communicate with him at the London Hospital with a view to entering the nursing profession. If the necessary funds are forthcoming and with them the number of new nurses required, he will be able to re-open some of the 100 beds that at present are closed at the hospital for lack of funds, and for which 1,000 patients are on the waiting list.

The Minister of Health, with the concurrence of the Trustees of the Rockefeller Foundation, has appointed a Transitional Executive Committee in connection with the proposed School of Hygiene. The functions of the Committee will be to appoint a Director, at a salary of £4,000 a year, to arrange for amalgamation or co-ordination between the School and other institutions working in similar or closely related spheres, to prepare plans for the new School, and to begin building, unless in the meantime it has been possible to set up the permanent Governing Body.

At the meeting of the Seamen's Christian Friend Society at the Haberdashers' Hall, E.C., it was stated that Capt. G. A. K. Wiseley, the new president, and Mrs. Wiseley had given £25,000 towards the endowment of the new King George Merchant Seamen's Memorial Hospital at Malta.

A concert will be given at the Mansion House this Friday in aid of the Queen's Hospital for Sick Children, Hackney Road. Princess Beatrice will be present.

Mr. Herbert Paterson is inviting some of his "gastric" patients to tea in the Outpatients' Hall of the London Temperance Hospital on Saturday, June 9th, at 3.45 p.m. Tea will be followed by an entertainment. Such amenities between surgeon and hospital patients are a capital way of keeping up the interest of those who have benefitted by attention in the hospital. They should make helpful friends for it.

The result of Egg Week at the Coventry and Warwickshire Hospital has been a splendid success. A total of 27,000 eggs have been received, of which

the school children collected 21,000. Some water-glass will be required to preserve this wonderful supply.

OUTSIDE THE GATES.

Mr. Stanley Baldwin has accepted the King's offer of the post of Prime Minister and First Lord of the Treasury, and took his seat as Premier in the House of Commons on Monday, after having been elected Leader of the Conservative Party. He had a splendid reception in the House, to the evident delight of his wife, who was seated in the Speaker's Gallery. Mr. Baldwin is reported to be a man of very warm sympathy with those less fortunate than himself, born as he was into the purple of wealth; so let us hope he will find time to acquaint himself with the reasons for the unpopularity of Nursing as a profession with the type of woman we so greatly need in the service of the sick, and that he will help them.

The International Conference on the various aspects of day nursery work, held at Carnegie House, Piccadilly, this week, deals with a very important subject, and the phenomenal increase in day nurseries in the last 50 years, described by Muriel, Viscountess Helmsley, shows the need for their provision.

THE MONTHS.

June.

Of your enchantments roses are but one,
And Dawn, who sees them lift
Sweet faces with a greeting to the Sun
Holds them your fairest gift.
But fine the silver drift
Of wind swept barley on the green hill side,
Or, in the waning light
Blossoming bean-fields wafting incense wide
To bid the Sun goodnight,
A little while, goodnight.

C. B. M.

COMING EVENTS.

June 1st.—The Ranyard Mission: Annual Meeting, the Central (Small) Hall, Westminster. Chairman, The Lord Bishop of Woolwich, D.D. Organ Recital, 2.30 p.m.

June 5th to 9th.—St. Bartholomew's Hospital Octocentenary Celebrations.

June 9th.—League of St. Bartholomew's Hospital Nurses. General Meeting. 3 p.m. "At Home," Great Hall, to Delegates to the Octocentenary Celebrations. 4 to 6 p.m. On view, Part of Queen Mary's Nurses Home.

June 11th.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Miss Alice Cattell "At Home." 3 to 6 p.m.

June 14th.—National Council of Trained Nurses of Great Britain and Ireland. Annual Meeting. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Luncheon 1 p.m. Meeting 2.30 p.m.

LETTERS TO THE EDITOR.

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

"EXPERIENCE IN A FREE STATE."

A REPLY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—There can be no question about the wrong of neglecting to care for a sick or wounded person; there are, however, circumstances attending the arrest and subsequent treatment of the Hon. Albina Brodrick, that I beg you will, with your usual impartiality, allow me to state.

Miss Brodrick proclaims herself "a Republican Nurse." As the form of Government in Ireland is not a Republic, it is the same thing as saying she is a rebel against the Free State Government, established by Act of Parliament.

As there is now civil war in that unhappy country, it is but natural that sentries of the Free State Army should perform their duties, and call upon persons to halt, if they have any suspicions of their honest intentions. According to one report, your correspondent was called upon to "halt" two or three times before she was fired upon; had she been wise, she would have obeyed instantly; by not doing so, she asked for trouble. I doubt very much if she would have been molested at all, *in respect of her mission to the sick*, if she had quietly and quickly surrendered to the command. Miss Brodrick's letter is full of self-pity; has she none for all those unhappy people whose houses have been burnt to the ground, all those who—*unarmed*—have been brutally murdered, all the women who have been outraged by the men of the party to which she belongs? People whose only offence has been loyalty to England.

The following figures are from a reliable source:—Private residences burned, or otherwise destroyed, between the date of the Treaty (December 6th, 1921), and the Establishment of the Free State (December 6th, 1922), 89. From the latter date until March 22nd, 1923, 103. Total burnings, 192. There have been others since.

There is a large number of Irish refugees in England to-day who have been rendered homeless and destitute by the self-styled "Republicans." In plain unvarnished truth—*cruel, ruthless murderers and destroyers*. I ask again, Madam, has the "Republican Nurse" no pity for all this *exquisite suffering of persons who have done no harm to any one*, and compared with which, her own misfortunes are trifling? Lest I should be accused of one-sidedness, or imperfect knowledge, I will say at once, that I obtain my information from an impartial source—an authority which holds no brief, either for the Free State Government or for the "Republicans."

I know (who does not?) that crimes have been committed by both parties; crimes can never be

justified. My point is, that seeing the Free State Government has been by law established, rebellion against it is folly of the worst description. I have just been speaking to a lady lately arrived from Ireland, who tells me she has often been called upon to "halt," and she has never failed to do so.

BEATRICE KENT.

[We admit Miss Kent's letter—in proof of impartiality, but no further correspondence which involves discussion of Irish politics apart from nursing affairs will be published—as the Party which to-day supports Constitutional Government were in the rebel camp a few years ago. Our object in publishing Miss Brodrick's letter was to emphasise our sympathy with the humane care of sick prisoners; and we hope those members of the Irish Free State Government, who have read it, will take steps in due course to improve prison infirmary conditions in Ireland. They have long called for reform. At present in all women's prisons there were men governors, deputy governors and male medical officers; further, there were no women inspectors of prisons, nor are there any women prison commissioners. Those who agree with us that such conditions are unsatisfactory should call upon the Government to appoint women to all these positions.—ED.]

KERNELS FROM CORRESPONDENCE.

A SURE THING.

Three Years' Cert.—"It is interesting to note that of the five candidates for the position of Interviewing Officer at the G.N.C. office, all the candidates held a three years' certificate of training excepting the lady selected, whose certificate covered a period of two years' training only. If the Council can ignore professional standards, trust it to do so."

WHERE TO REGISTER.

Apply for Application Form to the Registrar:—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

June 9th.—What are the principal causes of nutritional disturbances in the breast-fed infant, and what measures are taken to overcome them?

June 16th.—What is Insulin? How is it produced? How does it affect diabetes?

June 23rd.—Describe the method of administering pituitrin, and any case in which you have seen it prescribed.

The Midwife.

CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives Board was held in the Board Room, 1, Queen Anne's Gate Buildings, Westminster, on Thursday, May 24th, Sir Francis Champneys, Bart., F.R.C.P., Chairman of the Board, presiding.

REPORT OF STANDING COMMITTEE.

A letter was received from Dr. Helen M. Du Buisson (who, in the course of her medical training, had already delivered twelve cases and witnessed many others) asking if she might sit for the Board's Examination without undergoing the full course of training required by the Rules.

It was agreed that Dr. Helen M. Du Buisson be admitted to Examination if she be signed up for the twelve cases already delivered by her by the authorities at King's College Hospital and if she delivers eight more cases and conducts twenty nursings during the puerperium under an Approved Teacher.

A letter was received from the Registrar of the General Medical Council stating that the Penal Cases Committee of the Council in a recent case before it recognised the importance of ensuring that certified midwives should not be induced by medical practitioners to undertake operative procedure outside their province. The Secretary reported that he had thanked the Registrar for his letter and the action of the Secretary was approved.

The Secretary reported the presentation by three candidates for the June Examination of certificates of birth which had been tampered with—Alice Gavagan, Veronica Morrison Gillespie, Catherine Murphy.

It was resolved (a) that Alice Gavagan be not admitted to any Examination of the Board prior to that of October, 1923; (b) that Veronica Morrison Gillespie be admitted to the Examination of the Board in June next; (c) that Catherine Murphy be not admitted to any Examination of the Board prior to that of October, 1923.

The Secretary reported that in conformity with the Board's Resolutions of July 25th, 1918, and October 4th, 1920, he had placed on the Roll the names of five midwives holding a Certificate of having passed the Examination of the Central Midwives Board for Scotland or the Central Midwives Board for Ireland, as the case may be.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.

EXAMINATION PAPER.

The following are the questions set in the recent Examination of the Central Midwives Board for Scotland:—

1. (a) How would you test the urine for presence of albumin? (b) Describe the signs and symptoms

associated with albuminuria. (c) What are the chief dangers of the condition?

2. How would you diagnose a case of incomplete abortion? State the dangers associated with this condition.

3. (a) How would you diagnose a breech presentation? (b) Describe fully the management of a breech delivery.

4. Explain what is meant by Involution of the Uterus. How would you know if the puerperium were running a normal course?

5. How would you deal with the following:—(a) Asphyxia pallida; (b) a moist cord on the fifth day; (c) thrush.

6. What is the Rule of the Central Midwives Board concerning vaginal examination and passage of catheters? What bad results are likely to follow if these instructions are not carried out?

POST-GRADUATE WEEK.

It was a large and enthusiastic class of midwives which assembled at the General Lying-in Hospital, York Road, Lambeth, S.E., on Monday, May 28th, for the course of instruction given in connection with the Eleventh Annual Post-Graduate week, arranged by the Hon. Secretary, Sister Coni.

The weather did not permit of the reception by the Matron and staff taking place in the garden, but tea was served at little tables in the entrance-hall of the hospital, and old friends and new foregathered over the friendly tea-cups for the inauguration of a pleasant and profitable week, the increasing numbers, and the fact that many had come from long distances, proving how widely the opportunity is appreciated.

At five o'clock the class assembled for the inaugural lecture by Dr. Richardson on "The Use of Drugs in Midwifery." He extended a hearty welcome to those present, and gave a short and interesting historical peep into the midwifery of the past, remarking that when the hospital was founded in 1765 men had only been doing midwifery a short time. In 1760, a noted midwife in the Haymarket, wrote a book, in which she sallied forth to combat some abuses, which was particularly directed against Dr. Smellie (one of the famous family of obstetricians who settled in London in 1739) and whom she described as "a great horse godmother of a midwife."

The effect of the great feud between doctors and midwives was to draw the attention of the public to the need for provision for the care of lying-in cases, and within fifteen years of the establishment of the General Lying-in Hospital five others were founded.

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EDITORIAL.

THE BRITISH EMPIRE CANCER CAMPAIGN.

In an influentially signed letter published in the press an appeal is made for a fund in support of imperial research into the causation and cure of cancer.

The signatories say:—"We are still ignorant both of the causation and cure of cancer. Many other diseases have yielded their secrets to patient investigation, and there is no reason to suppose that the problem of cancer will not eventually be solved. . . . The first step towards finding the cure of cancer is to discover its cause. To find that cause no effort must be spared. Every possible line of research must be diligently explored. More men must be set free to devote themselves wholly to research, and their work must not be hampered or prevented by want of money.

"The new concerted movement will be called the British Empire Cancer Campaign. It will be governed and directed by an Executive Council, the members of which will act as chairmen of small working committees, each dealing with a separate aspect of the cancer problem.

"Medicine, surgery, human pathology, chemistry, physics, radiology, animal and plant pathology, hygiene, and vital statistics will all be represented by committees, whose work will be so co-ordinated by the Executive Council acting, in fact, as a central clearing-house. The Council is anxious to make it clear from the outset that it has no wish to interfere with the work already being carried out. Individuals and institutions now working on the cancer problem will be helped and encouraged, and, where practicable, financially assisted.

"In this way investigation can be carried

out simultaneously along many lines, and the results of these inquiries will be brought into the common stock of knowledge. A discovery in any one branch will be made known to all, and may lead to discoveries in other branches. It is in this co-ordination of effort that our most confident hopes are placed."

The British Red Cross Society has placed its organization at the disposal of the Council of the Campaign, and as the activities of the Society have now been extended to include questions of health in time of peace, it could not help forward a more urgently needed piece of work.

The widespread and terrible ravages of cancer are a matter of common knowledge, and to have a share in its abolition would be a supreme happiness to any investigator.

The Signatories appeal for a large sum of money to the British public in the United Kingdom, and in the Dominions and Colonies overseas. A generous donor has given a sum sufficient to cover the preliminary expense of the appeal, and therefore all future contributions will be expended in encouraging, assisting, organizing, and administering systematic research and treatment on a scale which has hitherto been impossible.

Cheques should be made payable to the British Red Cross Society, crossed "British Empire Cancer Campaign," and sent to the Hon. Sir Arthur Stanley, G.B.E., C.B., 19, Berkeley Street, London, W.1, or to Lloyds Bank, Ltd., 71, Lombard Street, or to any of their branches or agencies at home or abroad.

None know better than nurses, whose duty so often it is to care for patients suffering from cancer, the amount of agonising pain and grief which will be abolished when cancer is a curable disease. Our profession will devotedly support the British Empire Cancer Campaign.

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL CAUSES OF NUTRITIONAL DISTURBANCES IN THE BREAST-FED INFANT, AND WHAT MEASURES ARE TAKEN TO OVERCOME THEM?

We have pleasure in awarding the prize this week to Miss M. Ramsey, 64, Enmore Road, South Norwood.

PRIZE PAPER.

In breast-fed babies, nutritional disturbances may be due to irregular feeding, feeding too quickly, unsuitable food taken by the mother, disease, illness or constipation of the mother, grief, worry, or anxiety (any of these causes may set up diarrhoea and vomiting). Prematurity weakness, nasal obstruction, cleft palate, hare lip, facial paralysis; loss of the suction reflex will prevent the baby feeding properly. In these cases the milk should be exhausted and given with a spoon.

Generally speaking, in the nutritional disturbances of breast-fed babies there is a definite cause for the same, although a baby's capacity for taking food is relatively much greater than an adult's, and is a function which is highly unstable. Whenever the child is indisposed, its digestion immediately becomes upset, as shown by diarrhoea and vomiting. As soon as this occurs, the first idea of the mother is to change its diet, and it must be remembered that this is not always because she is ignorant. Mothers as a class are more intelligent than they used to be, and are certainly getting much better educated in the matter of feeding their babies. They have, however, to learn that it is sometimes the child's or their own condition that is at fault. When a baby is feverish, or diarrhoea and vomiting is present, one must first endeavour to ascertain the cause of the disturbance. The mother should avoid excitement of any kind and give the baby her whole attention when feeding, which should be every three hours, but no night feeds. Violent exercise is harmful, as it causes the blood to become overheated. Occasionally the child seems in too great a hurry; a nipple shield should then be used for the first few minutes. With these too-hungry babies the stomach may become distended with wind, and the child will cry from pain. When at length the eructation of the wind takes place, the contents of the stomach are very often ejected at the same time. This not unnaturally gives to the mother the impression that in some way or other her milk disagrees with the child. The fault, however, may lie in the way in which the milk is taken—not in the quality of the milk. A distinction must be made between these over-hungry

babies who need more milk and the babies who are suffering primarily from under-feeding. The latter are, as a rule, quiet and apathetic.

It should be remembered that vomiting may be caused simply by the nursing or handling of an infant immediately after it has been fed. This should be carefully avoided, as it is even more important for a child than an adult to rest after food.

If constipation is present in the mother, pure medicinal paraffin should be taken daily. Plain, nourishing food is essential, avoiding alcoholic drinks. Plenty of water should be taken. If in spite of all precautions being taken the baby does not thrive, a doctor should be consulted.

If the child is gaining in weight, stools normal in colour, consistency and smell, bowels move regularly, the child eager for feeds, sleeps well, is happy and contented when awake, and there is an absence of flabbiness—then it may safely be assumed that all is well.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. Farthing, S.R.N., Miss Mary Lee, and Miss Sarah Paterson.

SERIOUS ILLNESS OF PRINCESS CHRISTIAN.

All classes of the community, especially the members of the Nursing Profession, have learned of the serious illness of Princess Christian with the deepest sorrow. The whole life of this Royal Lady has been devoted to the service of her country, and she has associated herself in the most sympathetic and intimate manner with the special work of the Nursing Sisterhood, who claim her as their special Princess.

THE MATRONS' COUNCIL.

A meeting of the Matrons' Council will be held, by the kind invitation of "Glaxo," at Glaxo House, 56, Osnaurgh Street, N.W., on Thursday, June 28th, at 2.15 p.m.

The members, on arrival, will be escorted round the packing factories, laboratories, offices, and the Mothercraft Exhibition, and will be shown the "Film" taken in the drying factories in New Zealand. Tea will be at 4 p.m.

The Business Meeting of the Council will be held on the termination of the tour of the various departments. We feel sure the guests will have a most interesting and instructive time at Glaxo House.

NURSING ECHOES.

Queen Alexandra has forwarded to Sir Harold Boulton, as chairman of the council of Queen Victoria's Jubilee Institute for Nurses, the cheque for £3,300 which Lady Curzon of Kedleston presented to Her Majesty last week as the proceeds of the ball organized by Lady Curzon at Lansdowne House on the evening of the Duke of York's wedding day. The Queen's Institute is urgently in need of additional funds, and the splendid sum raised by Lady Curzon of Kedleston will be of the greatest possible assistance in carrying on the invaluable work of the Institute.

The Air Ministry announces that Princess Mary, Viscountess Lascelles, has been pleased to become Patroness of the Royal Air Force Nursing Service, and to give her permission for it to be renamed "Princess Mary's Royal Air Force Nursing Service."

On Saturday, June 2nd, a very enjoyable concert was held at the Prince of Wales's General Hospital, Tottenham, in aid of the Nurses' Swimming Club, when, we are glad to know that the funds were augmented by £7 10s. Of all recreations, swimming is probably the healthiest. It is also a useful, and may be a life-saving accomplishment; and it is a pastime in which great skill and dexterity may be achieved. For all of which reasons the nurses of the Club deserve the support of their friends, which they will no doubt acknowledge by arranging for them to enjoy exhibitions of their prowess from time to time.

June 9th will be a very memorable day in the history of the Nursing School attached to St. Bartholomew's Hospital, when the Nurses' League is to be "At Home" to the Delegates from all over the world who are attending the Octocentenary Celebrations this week. Imagine any institution having an 800th Birthday. And it is a record of which every member of the League should be honourably proud that Nursing Sisters have been flitting in and out of the wards for all these years, tending the sick and sorrowful. The Badge of the League displays the Arms of the Hospital, mounted in silver, and will be worn on Saturday with pride and pleasure. The President, Miss Helen Todd, and the Matron, Miss Annie Macintosh, will receive the guests in the Great Hall from

4 to 6 p.m., and we have no doubt it will be filled to overflowing upon this historic occasion.

Miss M. A. Bompas asks us to notify that there will be an impromptu dinner, on June 8th, at the Cowdray Club, 20, Cavendish Square, W., at 6.45 p.m., for "Bart's" Nurses who are in town for the Octocentenary Celebrations at St. Bartholomew's Hospital. Those wishing to be present are to notify Miss Bompas at the Club. Tickets 3s. 6d.

The Annual General Meeting of the Overseas Nursing Association will be held at the Imperial Institute, S.W., on Tuesday, June 12th, at 3 o'clock. Viscount Gladstone, the President, will take the Chair, and we have no doubt a report of most excellent work will be presented. The Overseas Nursing Association is one of our most beneficent organizations, carrying skilled nursing to Crown Colonies and far afield, where its highly qualified staff saves untold suffering and many lives.

A Store of Things from countries near and far is being collected for a Sale in the Autumn, to raise money for building repairs at the Imperial Nurses' Club, 137, Ebury Street, London. Miss C. H. Mayers, the Hon. Secretary, suggests gifts of Babies' Needs, travellers' comforts, hand-woven garments, Foreign and Colonial wares, and "White Elephants." There should be an immediate response to the last suggestion!

We learn that among the necessary repairs (to avoid damp bedrooms) 12,865 bricks must be pointed (at 1d. per brick); also, thirty-five lengths of rain-water pipe (at 2s. per length), and forty-five windows (at 10s. each) must be painted.

Recently the Kensington Guardians received a deputation from the Advisory Committee of the Maternity and Child Welfare Committee of the Kensington Borough Council with reference to the prejudice which is alleged to exist against the Kensington Infirmary amongst mothers of the poorer classes resident in the borough.

The Guardians approved of the suggestion, made by the deputation, that welfare centres should be allowed to bring small parties of mothers from welfare centres, who should be permitted to go over the Infirmary.

The next point urged by the deputation was that more supervision is required in the mater-

nity wards by the provision of more nurses, the mixing of different classes of mothers being undesirable.

The Guardians state that there are two maternity wards at the Infirmary, each containing ten beds and ten cots, but only one ward is occupied at a time. The staff consists of one midwife, and three midwifery pupils, who are fully trained nurses taking their midwifery training, also one resident ward maid and one daily cleaner. In a rate-supported institution the Guardians say it is difficult to differentiate between classes.

The Matron reports that the patients in the maternity wards have always been of good behaviour and amenable to discipline. Every precaution is taken against infection.

We think it very desirable that there should be a division of wards, and that respectable married women may reasonably object to occupying beds in wards with a class of patients who gravitate to an infirmary. The question of the probability of infection is a most important one, though we do not doubt every precaution to avoid infection is taken. Nevertheless, uninfected mothers should not be subjected to the risk of infection of a most terrible and loathsome kind.

The deputation also urged that smaller wards and more nurses should be provided for the children, and contended that the Infirmary is understaffed, and the patients left without proper comfort and care. This the Guardians do not admit, and say that complaints are carefully investigated, and they are satisfied the patients are not left without proper care.

A letter read at the same meeting of the Guardians from the Kensington Council of Social Service urged upon them the question of the discharge of patients from the Infirmary, as they consider it one that calls for some alteration. They understand that when the disease from which a patient suffers becomes chronic they must either discharge him to his home or into the Institution. Instances arise where it is a real hardship for the patient to be obliged to enter the Institution. Many a person who is of superior class, and quite above what is understood by "Poor Law level," is forced to seek Infirmary aid, and the above Council regard it as a real hardship—indeed, an injustice—that when he is pronounced chronic he must be removed from the Infirmary and become a pauper. They pleaded for a chronic ward for men, and a similar one for women, to be included in the Infirmary.

The Guardians referred this most important letter to Committee for consideration.

IN MEMORY OF RAHERE.

On Wednesday morning, Mrs. Bedford Fenwick, accompanied by Miss M. Brey and Miss Georgina Macvitie, conveyed a chaplet of palms, tied with black and white ribbon, to the Priory Church of St. Bartholomew the Great in Smithfield, and placed it at the tomb of Rahere. To the chaplet was attached the following inscription:—

IN EVER GLORIOUS MEMORY OF RAHERE,

FOUNDER OF ST. BARTHOLOMEW'S HOSPITAL,
CANON REGULAR OF THE AUGUSTINIAN ORDER,
BRETHREN AND SISTERS OF WHICH NURSED THE HOSPITAL
FROM ITS FOUNDATION IN 1123 UNTIL ITS
DISSOLUTION AS A RELIGIOUS HOUSE.

FROM THE NATIONAL COUNCIL OF TRAINED
NURSES OF GREAT BRITAIN AND IRELAND.
NIHIL HABENTES, OMNIA POSSENTES.

THE NATIONAL COUNCIL OF TRAINED NURSES.

The Agenda, in full, will be found amongst advertisements, on the back cover.

The Meeting promises to be one of great interest, as it will be the first time the members have met together since the Nurses' Registration Acts were in force, and their aspirations realised. Nursing is now a Profession—to what proficiency it attains will depend upon the integrity of Registered Nurses. Any way, we stand on the firm basis of legal status; and let us hope we shall stand shoulder to shoulder and claim the privileges we have worked and paid for, both for the benefit of the community and for the prestige of our Profession.

Before the opening of the Business Meeting of the Council, a copy of the first Statutory Register of Nurses, specially bound, including an inscribed Address, will be presented to Mrs. Bedford Fenwick by some of her old friends closely associated with her in her life's work for the State Registration of Nurses—a gift which will no doubt be greatly valued by her and become a valued heirloom in her family.

The business to be transacted at the Meeting will touch on National and International Nursing affairs, so it is to be hoped there will be a good attendance. The Old Guard has a duty to the younger generation of Nurses. It must inspire it with the altruistic and indomitable spirit which has overcome almost insurmountable difficulties. And the new generation owes a duty to the Old Guard in proving its gratitude for the extraordinary devotion to its interests in the past, by safeguarding the privileges won for it by self-sacrifice it will never be called upon to endure.

THE KING AND QUEEN AT UNIVERSITY COLLEGE HOSPITAL.

Thursday, May 31st, 1923, will be a day long remembered in the annals of University College Hospital, for the King, accompanied by the Queen, paid a visit of over two hours' duration to the Hospital and College, for the purpose of laying the Foundation Stones of the New Obstetric Hospital and New Nurses' Home, and of the opening of the new Anatomy Building at University College—all of which has been made possible by the noble gift of the Rockefeller Foundation of New York, U.S.A., for Medical Education to University College Hospital Medical School, University of London, and to University College, Faculty of Medical Sciences.

The guests were requested to be in their seats by 2.15 p.m., and the arrival of Their Majesties was timed for 3.15 p.m.; but the time passed quickly enough, listening to the delightful music provided by the Band of H.M. Grenadier Guards, under the direction of Lieut. G. Miller, L.R.A.M., which, time after time, drew enthusiastic applause from the audience. Of interest also it was to watch the great marquee fill up with a distinguished audience, who were directed to their seats not only by men graduates, but also by a medical woman wearing the hood denoting her university rank.

Academic dress was *de rigueur*, and while that of the University of London predominated, the robes of many other Universities together with them gave a note of brilliant colour to a scene further picturesquely enlivened by the crimson carpetting, the gay bunting—the British Union Jack side by side with the American Stars and Stripes—the scarlet and gold uniforms of the Grenadier Guards, and the neat uniforms of the white-capped Sisters and Nurses.

The "sweet girl graduates with their golden hair" were not much in evidence, like silver in the days of Solomon they are "nothing accounted of" now, though, no doubt, there were many in the audience; but dignified women, whose scarlet and yellow robes denoted that they had attained to the coveted distinction of Doctor of Science in the University of London, were conducted to seats reserved for the more important guests, and carried their honours as to the manner born.

There arrived also early in the afternoon the Bishop of London, that good shepherd of his sheep, whose pastoral staff was borne before him by his Chaplain.

The King and Queen were escorted to their places—the while the Grenadier Guards played the National Anthem, which was followed by a hearty outburst of cheering—by the Duke of Bedford (President of the Hospital), Sir Ernest Hatch (Chairman of the General Committee), Mr. H. J. Waring (Vice-Chancellor of London University), and Viscount Chelmsford (Chairman of University College Committee).

When their Majesties reached the Dais, a number of presentations were made by Sir Ernest Hatch, Bart., K.B.E., Chairman of the General Committee, and by Mr. H. J. Waring, M.B., M.S., B.Sc., F.R.C.S., Vice-Chancellor of the University of London.

Amongst those presented by the Chairman of the Hospital was Miss Ruth E. Darbyshire, S.R.N., R.R.C., Matron of the Hospital, preceded by the late Matron, Miss Dora Finch, S.R.N., R.R.C. This ceremony concluded, a shower bouquet of roses was offered for the Queen's acceptance by the little daughter of Dr. Sidney Martin.

His Grace the Duke of Bedford, K.G., in a few words, welcomed the King and Queen on behalf of the Corporation of the Hospital and Medical School, referring to the presence of a representative of the American Embassy (Mr. Post Wheeler), and to the fact that the noble gift of the Rockefeller Foundation could not fail to promote cordiality of feeling between the two great English-speaking nations concerned. His Grace then called upon Sir Ernest Hatch, Bart., K.B.E., to read an Address to their Majesties.

The Address drew attention to the gift of the Rockefeller Trustees, and to the increased need of support for the hospital to meet the additional annual expense which would be incurred owing to the increase of beds.

Sir Ernest Hatch, having read the Address, delivered it to His Majesty, who handed it to the Right Hon. Neville Chamberlain, M.P., Minister of Health, Minister in Attendance, who handed to the King a reply.

THE KING'S SPEECH.

When the King rose to reply the whole audience rose also, but His Majesty graciously intimated that it should be seated.

The King spoke as follows:—

On behalf of the Queen and myself, I thank you for your loyal and dutiful address. It gives us much pleasure to come here to-day for the double purpose of laying the foundation stones of the new Obstetric Hospital and Nurses' Home of University College Hospital, and of opening the new anatomy building of University College.

We are all conscious of the significance of the occasion. This is no ordinary extension of a hospital or a college. The vast scale of the new development which we are inaugurating would be enough in itself to render it remarkable. There can be but few instances on record in which any foundation has received, like this college and medical school, £1,200,000 from a single benefactor in a single gift. And the magnificent generosity of the Rockefeller Trustees is the more impressive since it is bestowed by a citizen of the United States of America upon a college and hospital in London, and thus upon the people of Great Britain and the Empire.

It has been said that science knows no frontiers, and, indeed, the declared purpose of the trustees is "to promote the well-being of mankind throughout the world." That they should have selected the University of London to receive this princely endowment is not merely a high and well-deserved compliment, and the creation of yet another tie of sympathy and friendship which links us with the United States

but it is also the evidence and declaration of their conviction that the progress of science and the welfare of mankind are not delimited by national or racial boundaries, and that work done here in London for the relief of human suffering, the improvement of medical education, and the advance of science is a service to the whole world.

THE UNIT SYSTEM.

It is not, however, only the magnitude of the endowment which lends importance to this occasion. These buildings are designed for new and far-reaching developments in the traditional organisation of British medical education.

I understand that this college and medical school were selected by the Rockefeller trustees for their benefaction from among many equally distinguished institutions, partly because the situation is central and yet affords room for expansion, and partly because the close connection of the hospital and medical school with the college provides favourable opportunities for that intercourse between medicine and other branches of learning which is the surest defence against the evils of a narrow specialism. But I also understand that the trustees were chiefly influenced by the establishment at this college of what has come to be known as the "unit system" of medical teaching, and that, being convinced of the value of this reform, they desired to supply the resources for carrying it out in an English university on a scale worthy of its importance both to education and research.

The essence of the unit system, as explained in the memorandum on medical education in England, recently published by the Ministry of Health, lies in effecting the closest possible correlation between the science and the art of medicine, between research and education, and between theory and practice; and as a means to this end in placing the chief branches of medical education each under the direction of a head, who is free to devote his whole time to teaching, research, and hospital practice. This is a substantial development of the traditional British system, which entrusts the clinical teaching of medicine to men of distinction who are actively engaged as private practitioners. No appreciation can be too great for the devotion with which eminent physicians and surgeons have given and are giving their services to the treatment of hospital patients and the training of students. But the advance of knowledge and ever-rising standard of medical education has necessitated reorganization, which will give impetus to the more effective training and equipment of the British practitioner, with corresponding benefits to the health, well-being, and happiness of the people. The underlying principle is as old as Ecclesiasticus: "The wisdom of a learned man cometh by opportunity of leisure, and he that hath little business shall become wise." Its specific application to medical teaching and research is new, in this country at all events.

THE MATERNITY HOSPITAL AND OBSTETRIC UNIT.

There are two features in the scheme of which the Queen has learned with particular satisfaction. The first is the Maternity Hospital and the obstetric unit of which it forms a part. The Queen has always been actively interested in the care of maternity and infant life, and keenly conscious of its fundamental importance to the national health. It is unfortunately true that the present position is not wholly satisfactory, and that every year many lives are lost in childbirth and many women suffer injuries to health which might be prevented if better facilities for treatment were available. Two of the chief requisites for bringing

about a better state of things are to ensure that medical men are well and efficiently trained for their work and to provide maternity hospitals in which patients may be received.

THE NEW NURSES' HOME.

The Queen is also gratified that in allocating the endowment the claims of the nursing service have not been overlooked, provision having been made for the establishment of a new nurses' home. We fully recognise how vital to the cause of public health it is that the nation should possess a body of nurses adequate in number, efficiently trained for their work, and bent on maintaining the high standard of unselfish devotion which has been the glory of English nursing.

We are glad to find that the medical school realises the absolute necessity of giving the nurses, not only a thorough and scientific training in their craft, but also appropriate facilities for rest and recreation, without which continuous efficiency in their exacting duties is impossible.

The privilege of accepting this munificent gift of the Rockefeller Trustees imposes obligations upon the staff to fulfil the ideals which it represents and upon the public to furnish the necessary support entailed. It is inconceivable that Englishmen should decline to welcome this generous challenge from our kinsmen across the Atlantic to a friendly rivalry in medical skill, devotion, and beneficence. I cordially wish God-speed to this great enterprise.

Prayers were then offered by the Bishop of London that "the Lord our God would visit the Hospital with His loving kindness," for the College and for the medical and nursing staffs, after which the King, at the request of Dr. George F. Blacker, F.R.C.P., C.B.E., Dean of the Medical School, laid the Foundation Stone of the new Obstetric Hospital in a manner so expert and careful that he might have served an apprenticeship in the craft of stonemasonry, concluding by declaring the stone to be well and truly laid. An inscription records that "This Stone of the New Obstetric Hospital and Residents' Quarters, built by the generosity of the Rockefeller Foundation, U.S.A., was laid by His Majesty, King George V, May 31st, 1923."

The Queen then laid the Foundation Stone of the new Nurses' Home, receiving from Miss Darbyshire, who offered them to be placed within the stone, a copy of the authorised Programme of the Day, a copy of *The Times* of the day, specimens of the current coins of the day, and the current Edition of the Hospital Report, with list of the staff, &c. Her Majesty then handed these back to Miss Darbyshire, who placed them in the receptacle provided for them before they were placed in the stone.

The last ceremony was the opening of the new Anatomy Building of the College, which the King performed at the request of the Vice-Chancellor of the University.

Pressing a button, the King said, "I have great pleasure in declaring the Anatomy Building open."

Their Majesties then went across to the new Anatomy Building in Gower Street, and spent some time in visiting the different departments, and here, also, Mr. Paul Wheeler, Councillor of the American Embassy, and Dr. G. E. Maclean,

Director of the American University Union in Europe, were presented to their Majesties.

The building, designed by Professor F. M. Simpson, F.R.I.B.A., is a splendid addition to the College. The large top-lighted dissecting room at the basement level is surely the finest in London, the museum is on the ground, as are lecture and demonstration theatres and other rooms set apart for teaching.

The Embryological Museum contains some wonderful specimens and X-ray photographs, at which the average young woman of a century ago would probably have "swooned," *Autres temps, autres mœurs*; two girl undergraduate students stood entranced before a verticle section through a head. "How lovely," said one. "Isn't it topping," said the other, and passed on to acquire further knowledge.

M. B.

NURSING IN THE HOUSE OF COMMONS.

On June 4th, the following question was addressed by Dr. Chapple to the Minister of Health:—

NURSES' REGISTRATION ACT.

DR. CHAPPLE asked the Minister of Health whether, in view of the fact that, under the Nurses' Registration Act, 1919, the date after which no existing nurse can get upon the Register is July 14th, 1923, unless application for registration has been previously made, and in view also of the fact that a new modification of Rule 9 (1) was laid upon the Table on May 28th affecting such registration, he will try and obtain immediate facilities for considering the proposed modification in order to give an opportunity for any applicants to whom the change applies to take advantage of it and make application in time?

LORD E. PERCY: The Hon. Member is under a misapprehension. Under the provisions of Section 3 (3) of the Nurses' Registration Act, made by the Council come into operation as soon as they are approved by the Minister of Health. My Right Hon. Friend has approved the rule in question, and there is nothing to prevent nurses who come within its scope from applying at once for admission to the Register.

REMARKS.

The new Rule 9 (1) (g), to which the above question alludes, constitutes a grave breach of contract with trained nurses, and Dr. Chapple's action in supporting it is a great surprise and disappointment to the promoters of State Registration. High time we had a Registered Nurse in the House of Commons to look after our interests.

ST. BARTHOLOMEW'S HOSPITAL. 800th ANNIVERSARY.

SERVICE AT THE PRIORY CHURCH.

It was fitting that in the Order of the Ceremonies for the celebration of the Octo-Centenary of St. Bartholomew's Hospital, a service at the Priory Church of St. Bartholomew-the-Great should be placed first, for there is enshrined the tomb of the great founder of the Hospital. There, on Tuesday last, gathered an illustrious company of Delegates from the furthest outposts of Empire, as well as from the United States of America, to praise God for the life and work of the Augustinian monk who, 800 years ago, "having nothing, and yet possessing all things," raised to the glory of God, the Norman Priory Church, part of which has, alas, been demolished, but part, carefully restored, is a glory of the City of London, and of the Church to-day. The great congregation of famous men and famous women not a few, assembled there were summoned by the mellow peal of bells which in pre-Reformation days called the faithful to worship.

The procession entered the nave by the west door, led by the choir singing the hymn, "Now thank we all our God," in which the congregation heartily joined. The lesson, taken from Ecclesiasticus xlv, beginning, "Let us now praise famous men," was never more appropriate, for down through 800 years the great Sister Foundation of the Hospital near by has had its Roll of illustrious sons, who went forth from its walls to all parts of the world to wage war on disease and to alleviate suffering. Appropriate also amongst the thanksgiving was the following:—

"For all members of this Hospital who have been true and brave in all times and places, and in the world's common ways have lived upright and helpful lives. We praise Thee, O God."

Commemoration was also made both in the Thanksgiving and in a Special Collect of "Rahere, Founder of this Church and Hospital."

THE ADDRESS.

The Address was given by Dr. Paget, Bishop of Chester, son of the late Sir James Paget, one of the most famous and beloved of the alumni of St. Bartholomew's Hospital. Taking his text from the parable of the Good Samaritan, "Take care of him, and whatsoever thou spendest more, when I come again I will repay thee," the Bishop said how this ceremony would have delighted his father, and how in some way he believed it did delight him. He knew what the Hospital meant to him, proud of it and loving it as he did. He was a loyal-hearted man, and its eminence and pre-eminence was a continual delight to him. He was only one of a multitude whom no man can number, and, said Dr. Paget, "We who dare to call ourselves the Inner Circle, we who are assembled here, are the delegates of millions." He reminded the congregation that at the time of the Foundation of the Hospital Thomas à Beckett

was a boy of five, and the loss of the White Ship was still recent history. From 1123 onwards there were 800 years of unbroken continuity. The Bishop claimed the presence of Rahere, and expressed the belief that he was there that day. Were it possible we should have much to show him. Not many ancient Foundations could face their Founder with as clear a conscience. He had meant the hospital for the sick poor, and for the sick poor it is. Its work was in alignment with his intention. The Bishop referred to the gentleness of the nurses as one in spirit with the Founder, to the men and women working in close co-operation for a single purpose, and said that the doctors would fail of their purpose but for the assistance of the Sisters and Nurses. The life within the walls of the Hospital was the life of those who work together in mutual skill and affection. It was small wonder that the dear old Hospital won men's hearts.

"Take care of him." That was precisely what Rahere did before his death. "When I come again I will repay thee." That was a blank cheque drawn in favour of the suffering poor. All work would be repaid. In the happiness of the high work and calling, in the friendship and fellowship that were never stronger, and, as one saw in the face of the sufferer one had been tending, the face of One who said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."

Solemnity in the Hospital Quadrangle.

Of most thrilling interest was the "Solemnity" which followed in the Hospital Quadrangle. As is well known, St. Bartholomew's Hospital from its foundation was nursed by eight brethren and four Sisters who served under a Master, this community being subject to the rule of St. Augustine, of which Order Rahere was a Canon Regular. In 1537 the two foundations—the Priory and the Hospital—were finally separated on the dissolution of the Priory, when the Hospital and its revenues came into the possession of King Henry VIII. The Augustines left the Priory at this time, and for close on four hundred years have never returned.

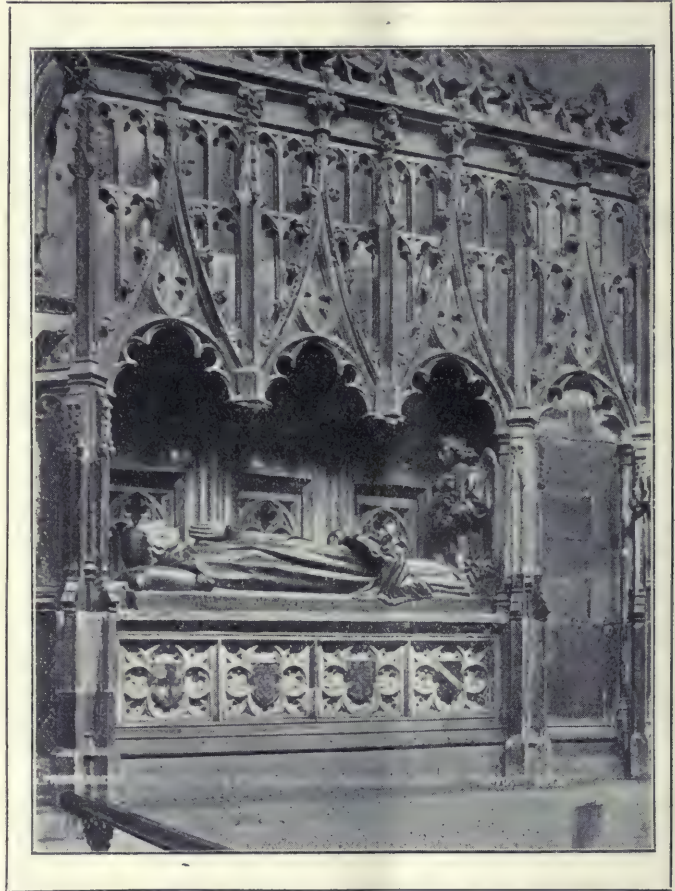
Tuesday, June 5th, witnessed the entry into the Quadrangle of a procession of the Abbot of the Canons Regular, with the Canons of the four houses of Augustinians in England, for the first time since the dissolution of the Priory.

Most of those who attended the service in the Church passed over to the Hospital, so that the available space was well filled when the procession entered the Quadrangle. First came the choir in puce coloured cassocks, and surplices, preceded

by lights, a thurifer swinging a censer from which sweet incense rose heavenward, followed by an acolyte carrying a crucifix; then came the Canons Regular, in white woollen cassocks under their surplices, and lastly the Abbot, all chanting the hymn in honour of St. Augustine, beginning "Magne Pater Augustine."

Three Episodes in English History.

After the departure of the Augustinian Canons there followed three interesting episodes in the history of the Hospital.



TOMB OF RAHERE.
Founder of St. Bartholomew's Hospital.

First a Herald, the centre of a picturesque group including a number of beefeaters in their lovely old-world uniform, proclaimed "To all whom it may concern, know ye that this Hospital, founded by Rahere of blessed memory, and refounded by the most dread and puissant Monarch Henry the Eighth, by the Grace of God, King of England, France, Ireland, Defender of the Faith, is now about to celebrate the Eight Hundredth Anniversary of its Foundation."

Then there was re-enacted for us the return of Rahere from his pilgrimage to Rome in 1123, and his meeting with Richard, Bishop of London,

in the time of Henry I, asking him to grant the land on which to build the hospital.

There followed the presentation by Henry VIII (Mr. Arthur Bourchier), in 1544, of a Charter to the Lord Mayor and Commonalty of the City of London, restoring to the Hospital the lands alienated on the Dissolution of the Monasteries in 1537—an old world ceremony of inspiring splendour.

The next item was announced to be "a procession illustrative of the work of the Hospital to-day and of its War Services," which seemed somewhat disappointingly shorn of its intention, as was the hymn, "O God our help in ages past" of which only one verse was sung.

During the episodes the band of H.M. Welsh Guards, under the Director of Music, Lieut. Andrew Harris, L.R.A.M., performed a selection of music which added much to the pleasure of a most unique and unforgettable ceremony.

Those present then dispersed—the Delegates to be the guests of the Lord Mayor at luncheon at the Mansion House to meet the Prince of Wales. Many former members of the Nursing Staff of the Hospital were most hospitably entertained in the Sisters' Quarters of the Hospital, Miss A. T. Baines, Assistant Matron, presiding, and thus had the pleasure of meeting old colleagues and of resting a while before proceeding to the Guildhall.

Reception of Addresses from the Delegates by H.R.H. the Prince of Wales, K.G., President of the Hospital.

The ceremony at the Guildhall when the Prince of Wales, as President of the Hospital, received Addresses from the Delegates, was one full of colour and splendour. This handsome Council Hall of the City of London is a fitting setting for stately functions, and the academic robes of the distinguished representatives of many universities from all parts of the world, provided a wealth of colour which added greatly to the beauty of the scene.

The Prince of Wales, President of the Hospital, who presided, was supported on the platform by a distinguished company, including the Archbishop of Canterbury, Lord Stanmore, Treasurer of the Hospital, City dignitaries, past and present members of the Hon. Medical Staff, the Matron of the Hospital, Miss Helen Todd, S.R.N., President of the League of St. Bartholomew's Hospital Nurses, Lady Baddeley, and many others.

The proceedings opened with the presentation by Lord Stanmore of a Gold Medal, Commemorative of the 800th Anniversary, and a short history of the Hospital, to the Prince of Wales, on behalf of the Governors of St. Bartholomew's Hospital, and expressed their grateful appreciation of his unflinching interest in the welfare and progress of the Hospital. To perpetuate the memory of the anniversary, a medal had been struck which bears on the obverse the head of Rahere, the founder, and on the reverse that of William Harvey, the discoverer of the circulation of the blood, of whose connection with the Hospital as a physician for

thirty-six years—from 1607 to 1643—the Governors are justly proud.

The Prince then accepted the Medal and History from the Treasurer, and proceeded to present the Commemorative Medal in gold to Lord Bearsted for the Lord Mayor, Lord Stanmore, and Sir John Baddeley, Bart., Chairman of the Octocentenary Grand Committee.

Each of the Delegates then mounted the platform, and as he did so his name was announced, so that all present could hear. These distinguished Delegates conveyed their congratulations incorporated in addresses.

With each the Prince shook hands, and to each he presented the Commemorative Medal.

In acknowledging the Addresses, His Royal Highness said "It is a source of the deepest pride to me that the celebrations of the 800th anniversary of St. Bartholomew's Hospital should have coincided with my tenure of the office of President, and I am glad to welcome, in the name of this ancient institution, the many delegates who have come from all parts of the Empire and from the United States, and to express to them my very sincere appreciation of the congratulations which the hospital has received from the Church and the various distinguished and learned bodies they represent. I am grateful, too, to the Lord Mayor and the Court of Common Council, who have been good enough to allow this ceremony to be held in the Guildhall, and also to permit Bartholomew Fair to take place once again in Smithfield. It is strange to realise that the 800 years of the hospital's existence cover practically the entire period of our English history as known to the average man to-day. . . . When this institution was founded upon its present site the long line of Lord Mayors of London had not yet been initiated. Magna Charta and our English Parliament were things of the future; the Wars of the Roses were far ahead, and more than 500 years had yet to elapse before the Great Fire of London. . . . It is a great pleasure to me to be in the Guildhall to meet the distinguished delegates, and, as President, I thank them once again most sincerely, in the name of all those connected with the hospital, for the congratulations they have offered us to-day." (Cheers.)

Spoken congratulations were offered by the following selected delegates:—The Bishop of Worcester, on behalf of the Church as well as Christ's Hospital; Sir Archibald E. Garrod (University of Oxford), representing the Universities of the United Kingdom; Dr. Alexander Primrose (University of Toronto), the Universities of the Dominions and India; Dr. W. H. Welch (Rockefeller Institute), the Universities of the United States; and Sir Walter Fletcher, Secretary of the Medical Research Council (Royal Society of London), the Learned Societies of Great Britain and Ireland.

It was an imposing and historic ceremony of indelible memory to those privileged to participate in it.

HOW THE COLLEGE CAUCUS CAPTURED THE COUNCIL.

(Continued from page 318, May 19th.)

The new generation, which apparently knows so little of the history of State Registration in this country, must excuse me if I emphasise important events which are of greater importance than they realise.

In the years 1904 and 1905, the Select Committee on Nurses' Registration took evidence for and against it in the House of Commons—under the Chairmanship of Mr. H. J. Tennant, a Committee, which began its deliberations in a somewhat antagonistic spirit, but which after listening to and sifting the evidence, presented a unanimous report in favour of State Registration. That was a great triumph of reason over prejudice, and although Parliament left it at that, and did little or nothing to enforce its decisions, the Blue Books containing the evidence were invaluable for propaganda purposes, and should still be studied by those nurses who wish to know the truth.

It was this thirst for accurate knowledge which has made Miss Lavinia Dock, R.N., the retired Hon. Secretary of the International Council of Nurses, the great nurse historian of our time. She attended meetings of the Select Committee, and gave evidence before it, and has done more in the past twenty years than any other woman to place the truth on record in her monumental works on nursing evolution.

One would have thought that the "Antis"—whose opinions failed to convince the Select Committee—would have themselves learned something from the expert evidence placed before it, but, alas! prejudice and privilege are very hard to convince.

It was during this investigation that, at the request of Sir E. Cooper Perry—then Medical Superintendent of Guy's Hospital—seven financial magnates in the City of London became Subscribers to the Memorandum of one of the most autocratic Societies, ever evolved from the brain of man, for the subjugation of working women; and our Summary, after studying the Articles of Association, appeared in this Journal on February 11th, 1905, and sounded a note of warning to the nurses of that day. We reprint it below and specially commend it to the intelligent consideration of Members of the College of Nursing, Ltd., as the Memorandum of Association and Articles of Association of the Incorporated Society for Promoting the Higher Education and Training of Nurses is almost word for word that of the Constitution of the College.*

A SUMMARY.

The incorporation of this Society is sought for by seven gentlemen in the City of London. It is, therefore, needless to say that, however eminent in financial matters, they must be more or less

ignorant concerning medical and nursing questions. Yet the objects for which they seek incorporation involve many points of the greatest technical difficulty. They seek, for example, to promote the higher education and training of nurses and uniformity in their education. They seem to think they can do this by "recognising approved nursing schools," and granting certificates of proficiency in nursing to persons who have passed prescribed examinations, and, further, certificates on special branches of nursing. They evidently consider themselves competent "to institute and to conduct examinations for such purposes, and even "to prescribe courses of study" which nurses shall undergo.

Still more serious is their avowed intention to make and maintain a Register of certificated nurses, and to remove from the Register "the name of any person as the Society may in its discretion think proper." Incidentally, they propose to take legal proceedings against nurses pretending to be certificated by the Society. . . . As the scheme, on the face of it, emanates from unprofessional persons, it is almost certain that laxity and mistakes would take place, and the dangers of the scheme to the public cannot therefore be exaggerated. . . . So far as the Nursing Profession is concerned, the objects of this Society, if carried out, would place any nurse whose name was on the Register entirely at the mercy of the Society. Indeed, it is definitely provided that any three members of the Council could take a nurse's name off the Register for any purpose whatsoever; or for the matter of that, without any reason whatever. But that is not all, by any means. Apparently such a nurse would have no redress of any kind; so that this provision simply means that the Society proposes to render the nurses who are foolish enough to trust it absolutely defenceless and voiceless from a professional point of view. So far as the Nurse Training Schools are concerned, it is actually suggested that only certain schools should be "recognised," which, of course, means that these schools which are not recognised are to be considered outside the pale, and that the nurses they train or employ are not to be regarded as trained nurses at all. The irony of the scheme is that the Schools which are graciously recognised by this Society would be absolutely under the heel of the twelve persons who form the Council of the Society. It is impossible to believe that the great hospitals of this country will consent to be placed in such a humiliating position of subserviency to a self-appointed body such as this Council is. And it is certain that any nurse who placed herself under the control of this Council would only have herself to thank for any professional detriment she might suffer in consequence. The whole power of the Society is practically vested in the hands of the Council, which is to consist of *not less than nine, nor more than twelve members of the Society*. The Council has power to appoint its own members, and even nominates to the annual meeting the persons to be elected by the Society on the Council *at any meeting, either of the Council*

* The College Memorandum was signed by Red Cross clerks and others, in place of City magnates.

or of the whole Society. Three members form a quorum so that practically this little clique of three can carry out all the great powers and responsibilities which the Society desires to undertake. The Consultative Board is to be appointed by the Council; the Examination Board—which is not to exceed twelve in number—is also to be appointed by the Council. In other words, three members of the Council could appoint the whole Society. It is noteworthy that no member of the Society pays any annual or other subscription. There is no statement as to where the funds of the Society are to come from except the nurses who enter for any of the Society's examinations are to pay such fees as the Council shall determine—which probably means that the nurses are to provide all the funds for a Society from which they gain no benefits and upon which they do not possess the slightest representation. The Council can meet when it chooses, and do what it pleases, and there is a very unusual provision that the Society—that is to say, the members appointed by the Council—can remove any member of the Council from his office by a Resolution to that effect; so it is obvious that members of the Council are expected to be very complaisant and obedient indeed. The Consultative Board has the sole and rather doubtful privilege of being consulted. The powers of the Examination Board are limited to giving advice. But there is no compulsion whatsoever upon the Council to take the slightest notice of the opinions expressed by either body.

The scheme, in short, provides for the formation of an omnipotent oligarchy, empowered to interfere with the methods of training adopted at four or five hundred hospitals in the United Kingdom, to dictate to hospitals, small and great, what training they are to give their nurses, to dictate to the nurses what examination they are to pass, and, moreover, to settle at their own entire discretion, which nurses actually pass those examinations, and which do not; to place on a Register of Nurses such names as they choose, and, with, or without reason given, to remove from that Register the name of any nurse they disapprove of. The scheme, in short, is a concentrated essence of tyranny, dangerous to every interest concerned, impracticable, and intolerable. And we feel convinced that there are thousands of trained nurses and their friends in this country who will do all in their power to prevent such outrageous proposals being carried into effect.

The nurse of twenty years ago was a much more robust type of woman than those of the present day, and rose as "one woman" to protect themselves from control by a caucus of financiers.

ETHEL G. FENWICK.

(To be continued.)

LEGACY FOR A NURSE.

The late Mrs. Elizabeth Milward of Redditch bequeathed £100 to the Nursing Association and £50 to Nurse Emily White.

APPOINTMENTS.

MATRON.

Victoria Hospital, Southend-on-Sea.—Miss Jean L. Brown has been appointed Matron. She was trained at the Essex County Hospital, Colchester, where she has held the position of Assistant Matron.

Union Infirmary, Birkenhead.—Miss Fanny M. Collin has been appointed Matron. She was trained at the North Evington Infirmary, Leicester, where she subsequently held the position of Ward and Theatre Sister. She has also been Ward Sister at the Fulham Infirmary, Night Sister at the Fulham Military Hospital, Theatre and Ward Sister Bowling Park Hospital, Bradford, and Assistant Matron at the Birkenhead Infirmary.

Royal Eastern Counties Institution for the Mentally Defective, Witham, Essex.—Mrs. Gertrude Seely, S.R.N., has been appointed Matron. She was trained at the Chorlton Union Hospitals, and has been Matron of Clune Poor Law Institution, and of the Lanchester Poor Law Institution.

Isolation Hospital and Tuberculosis Sanatorium, Over, Gloucester.—Miss Edith Goodall Walker has been appointed Matron. She was trained at Leeds General Infirmary, and has been Assistant Matron, Royal United Hospital, Bath, and Matron of the Home Sanatorium, West Southbourne, near Bournemouth.

SISTER-TUTOR

Chester Union Infirmary.—Miss Mary Winifred Hall has been appointed Sister Tutor. She was trained at Wingrove Hospital, Newcastle-on-Tyne, and has been Sister at the Tynemouth Union Hospital.

Assistant Superintendent Nurse and Tutor Sister, Harton Poor Law Hospital, South Shields.—Miss Rose Eveline Clist has been appointed Assistant Superintendent Nurse and Tutor Sister. She was trained at the Highfield Infirmary and at the Brownlow Hill Infirmary Liverpool, and has been Sister at the Poor Law Infirmary, Leeds, at the Burnley Union Infirmary, and at the Selly Oak Infirmary, Birmingham, Night Superintendent, Bethnal Green Infirmary, Pupil Midwife St. Pancras Infirmary, London, Theatre Sister and Night Sister, North Evington Military Hospital, Leicester, Health Visitor and School Nurse, Leicester County Council, and Matron at the Municipal Maternity Hospital, Coventry.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Mrs. Elsie E. Smith is appointed to East Suffolk, as Assistant County Superintendent; Miss Margaret H. Lambe, to Northants, as third Assistant County Superintendent; Miss Edith Deadman, to Gosport, as Senior Nurse; Miss Emily G. Johnson, to Oxford, as Senior Nurse; Miss Maud C. Lynch, to Kingston, as Senior Nurse; Miss Emma Bickerdike, to Leeds (Central); Miss Janet Bruce, to Ross; Miss Evelyn A. Hardy, to Harrogate; Miss Olive Howson, to Harrogate; Miss Elise Jones, to Hull; Miss Sarah Norledge, to Grimsby.

THE ORDER OF ST. JOHN.

The King has sanctioned promotions in two appointments to the Order of St. John of Jerusalem in England: Florence Bertha, Lady Baddeley (Cert., St. Bartholomew's Hospital) has been appointed a Lady of Grace.

MEDALS AND CERTIFICATES.

WEST MIDDLESEX HOSPITAL.

Medals and certificates were recently presented to the successful nurses in the final examination at the West Middlesex Hospital, by the Chairman of the Brentford Guardians (Mr. Deeley), at a meeting of the Board of Guardians. The examiners were Dr. L. S. Burrell and Miss F. Redl, S.R.N.

Dr. Burrell reported that the examination was both written and oral, the maximum marks for each part were 100, and the minimum required of a candidate in order to qualify was 50. All the candidates obtained the requisite number of marks, and Dr. Burrell states that he was much impressed by the high standard shown, which reflects great credit on those responsible for their training.

Miss Redl stated that the standard of the practical work was not on as high a level as last year, though the candidates were obviously working under excitement. She specially commended the padding of splints and the making of bandages.

The West Middlesex Hospital Committee expressed the opinion that the Board would share its satisfaction at the general high standard shown by the third year nurses, and recommended that silver medals be awarded to Miss Elizabeth Probert (93 per cent.), Miss Marjorie Gordon (82 per cent.), and Miss Amelia Mays (80 per cent.); bronze medals to Miss Sophia Harrison (74 per cent.), Miss Eileen Curtin (73 per cent.), and Miss Margaret Kirkpatrick (72 per cent.), and a certificate of training to each nurse.

The Chairman, who pinned on the medals, congratulated the nurses on the creditable way in which they had passed their examinations, and said it was the hope of the Board that throughout their career they would earnestly endeavour to relieve pain.

In the second year examination, nineteen nurses passed and four failed, the examiner being Mr. Norbury.

In the first year examination seventeen nurses passed and five failed, the examiner being Dr. Travers Smith.

THE HACKNEY INFIRMARY.

The annual presentation of medals and certificates to nurses of the Hackney Infirmary recently took place in the Nurses' Home, when Mr. F. Chapman, Chairman of the Infirmary Committee, presided.

The Chairman, in his opening remarks, referred with pride to the past year's work at the nursing school, and said the results had been extremely satisfactory.

Dr. William Brander, the Medical Superintendent presented his report, which showed that during the winter months there had been 168 practical demonstrations and lectures for the first, second, and third year nurses and pupil midwives. These represented an average of six lectures a week. It was a matter for consideration as to whether the period of training ought not to be extended from three to four years. The nurses had received training not only for the highest duty, but for the most exalted position in their profession. He believed that the Hackney Infirmary was the only hospital recognised in this country by the General Nursing Council as a training centre for male nurses.

The Chairman of the Board presented gold medals to Nurses Edith Annie Maddison Hindes and Elsie Madeline Marshall, who had tied for first place, and a bronze medal to Nurse Lucy Gertrude Robertson.

Certificates were presented to them in addition, and also to 15 other nurses.

After distributing the awards Mr. Wood referred to the excellent work of the doctors, matron and nursing staff, and remarked that the matron had a family to be proud of.

The Matron, Miss L. Griffith, M.B.E., replied in suitable terms.

METROPOLITAN ASYLUMS BOARD.

At the certificate examination of the nurses in the Infectious Hospitals of the Metropolitan Asylums Board, Embankment, which took place in April last, the medals awarded by the Board to the probationers gaining the first three places in this examination were won by the following nurses:—

Gold Medal: Probationer E. E. Jarvis, Eastern Fever Hospital.

Silver Medal: Probationer W. A. Onions, Eastern Fever Hospital.

Bronze Medal: Probationer S. M. Couling, Park Fever Hospital.

The following is the summary of results:—

	Entered.	Passed.	Failed.	Total.
Sisters	17	14	3	34
Staff Nurses ..	46	34	12	92
Probationers ..	99	76	23	198
Assistant Nurses	43	29	14	86

THE KING'S BIRTHDAY HONOURS.

The names of a few women are sprinkled through the long list of the King's Birthday Honours which, as usual, are awarded more or less for Imperial services.

ORDER OF THE BRITISH EMPIRE.

The following awards amongst others appear:—

O.B.E. (CIVIL DIVISION).

Vintcent, Mrs. Rose Lilian, M.B.E., in recognition of her services in connection with the after-care of blinded soldiers in the Union of South Africa.

M.B.E. (CIVIL DIVISION).

McClure, Miss Alice Mary, Acting Matron of the Mosul Civil Hospital, Iraq.

KAISAR-I-HIND MEDAL.

FIRST CLASS.

Starr, Mrs. Lilian Agnes, Matron-in-Charge of the C.M.S. Mission Hospital, Peshawar, North-West Frontier Province (bar to the medal).

Meiklejohn, Miss Williamena Johan, Nursing Superintendent, General Hospital, Rangoon, Burma.

HOSPITAL WORLD.

The Lady Robert Cecil has kindly consented to attend the Anniversary Festival at the South London Hospital for Women, South Side, Clapham Common, on Wednesday, July 4th, when she will receive purses in aid of the Hospital funds.

The Duke of Connaught opened at Ascot the Heatherwood Hospital for the relief of a permanent cure of the children of ex-Service men suffering from tuberculosis. His Royal Highness went round the whole of the extensive range of buildings and chatted with the little patients. One hundred and thirty of the 150 beds are occupied as the Hospital has been in use for a year.

The Ladies' Association of the Prince of Wales' General Hospital, Tottenham, are holding their Annual Garden Fete in the grounds of the Hospital on Thursday, June 7th, in aid of the Princess Louise Convalescent Home, Nazeing, and Samaritan Funds. The Lady Mayoress of London performs the Opening Ceremony at 3 p.m., and at 3.30 p.m. purses of 5s. or more collected by the children will be presented by them. Tickets of entrance to the Fete are 6d. each.

Princess Beatrice received, in aid of the Royal London Ophthalmic Hospital, the sum of £375 and a large number of gifts in kind, at the first Pound Day arranged by members of the guild of the Hospital.

The Infanta Beatrice of Spain will attend the annual meeting of the Ladies' Association of Queen Charlotte's Hospital, which is being held at 3 p.m. on Thursday, June 14, at Seaford House, kindly lent by Lady Howard de Walden.

Field-Marshal the Duke of Connaught will take the chair at the King's College Hospital Festival dinner, which will take place at the Savoy Hotel on July 17th.

The Duchess of York has accepted the invitation of the Scottish Women's Hospitals Association of the Royal Free Hospital to become the first president. The association aims at providing for the endowment of the women's beds in Queen Mary's wards of the Royal Free Hospital.

Lord Knutsford's well-timed broadcast appeal for the London Hospital, had an immediate response to the amount of £4,190, but, of course, he wants more money and more nurses. Now that the London provides a three years' term of training, and has clinical material for teaching purposes second to none, and will no doubt adopt the "prescribed training" provided for in the Nurses' Registration Act, when the present invertebrate Council sums up courage to enforce it, young women really wishful to qualify as professional nurses should apply to the Matron, London Hospital, London, E. London Hospital nurses have shown their sense in registering in considerable numbers, and can now write S.R.N. after their names—a distinction which will in time be highly valued and of considerable economic value to them.

Major Ely Bannister Soane, of the East India United Service Club, has bequeathed £3,000 to St. Dunstan's Hostel. We are glad to note this fine work for those "who have lost the light" is receiving much support from sympathetic people. If everyone who values the marvellous beauty of this world would only put aside a shilling a year for those shut off from a sight of its glories, many joys might be substituted to lessen their loss.

BOOK OF THE WEEK.

LADY JEM.

This book, which writes of the period of the Great Plague, is a departure from Miss Syrett's usual style. It is not an historical novel, but introduces into the story Mr. Samuel Pepys and his pretty wife, and amusing incidents of the former's *amours* are related. But the chief interest centres around Lady Jem and her affairs of the heart, which, true to tradition, refuse to run smoothly until quite the close of the book.

The suitor selected by her parents is young Philip Cartaret, but her own choice had already fallen on the dissolute Sir Harry, she being too young and ignorant to know him for what he was, and yielding to his persuasions to keep the matter of his attentions a secret from her parents.

It was on May Day that Cartaret was to visit Mr. Pepys, who had the love affair in hand by order of the young man's father, who acted, as was customary in those times, without much concern for the wishes of the persons most intimately concerned.

Nine out of ten of the fashionable gallants accepted the parental choice as part of the unquestioned order of things. But Philip was the tenth, and was in no mind to wed the lady unless she appealed to his fancy, and so far on this May Day she was a stranger to him.

A pretty picture is drawn of the Strand on the last May Day of Old London. Nearly every house had leafy branches fastened above its doors, or garlands of cowslips hanging from its massive knocker. At some distance eastward, where now rises the spire of St. Mary-le-Strand, Philip caught sight of the green boughs surmounting the Maypole, itself concealed by a crowd of 'prentices and other working folk in their holiday clothes. With wreaths of bluebells drooping from the handles of their empty pails, the girls, in their short, full skirts and frilled caps, came leaping up the path.

Philip enjoyed his short journey down the Thames, and gave an impatient sigh when it was over. He had unthinkingly enjoyed the warmth of the sunshine, the sparkle and ripple of the stream, the fresh green of the gardens and the sight of the orchards. He presently found himself at Mr. Pepys' house, where he was to arrange the (so far) distasteful details of his betrothal.

He was a little stunned by the volubility of his greeting, and with a quick glance took in the personality of his host.

"A man of medium height, with a full, fleshy, slightly sensual face, he conveyed an impression of such cheerful friendliness that Philip involuntarily smiled when confronted with the beaming countenance of his new acquaintance. Despite its shrewdness, its look of absolute common-sense, it was in some ways engagingly frank and child-like.

Mr. Pepys' levity with the fair sex was a source

* By Netta Syrett. (Hutchinson.)

of great annoyance to his young wife, who was the possessor of a neat figure, curly brown hair, and a somewhat shrill voice which she exercised freely.

It was on the occasion in question that Cartaret was first introduced to Lady Jem, and immediately became attracted by her. However, when the subject of their betrothal was broached, Cartaret learned that Lady Jem already loved—"but in vain."

Chill disappointment like a fog closed upon Philip Cartaret's consciousness. The artless Lady Jem discloses to this friendly listener and would-be wooer the story of her secret meetings with the worthless Sir Harry.

Philip, little by little, becomes convinced of his evil intention towards simple Lady Jem, and at the critical moment saves her from his evil designs and persuades her to take his own name and protection.

He is, of course, challenged to a duel with Sir Harry, who is a deadly swordsman, and would in all probability have met his death close on the heels of his wedding had not Sir Harry succumbed to the plague in the meantime.

Lady Jem lived to be grateful that Providence had intervened and given her Philip Cartaret for a husband.

Sir Harry's awful death in a disorderly house had a sobering effect on all his acquaintances, even on Mr. Pepys, and was the means of ending the not unusual temporary estrangement between him and his wife.

Pepys, ardent in caresses, thought that here was a highly satisfactory end to that fit of sullen resentment which for so long had robbed him of what he above all things loved—"a quiet house."

"I would ever be friends with thee, Bet," he hastened to assure her. "Talk not on death, sweetheart—nor think on't. 'Tis a sure way of provoking a distemper."

He resolves to be done with *amours*. "'Tis a great expense and no profit to run after wenches, and I do pray God to keep me in this resolution for the future."

He disappears within his writing closet, and bids his friend Hewett to look less sad on the morrow.

"I love not sad faces. Lord! 'tis a pleasant world, despite the plague—and the fear of my wife's tongue," he added in a lower tone.

Mr. Pepys, still fresh as a daisy at two o'clock in the morning, took out his diary and began to write in it.

"This last month the greatest glut of content I ever had: only under some difficulty because of the plague."

"Past two o'clock and a fine morning!" chanted the watchman.

H. H.

JOAN OF ARC.

"Maid loved of Heaven, how can'st thou reconcile
The sweetness of those eyes, that quivering
sword?"

"Mine eyes caress my country with their smile;
This furious blade her liberty restored."

Mlle. de Gournay (1566-1645).

OUTSIDE THE GATES.

"An Englishwoman in Angora," by Miss Grace Ellison, the promoter of the French Flag Nursing Corps, has just appeared, and it is illustrated from the author's own sketches and exclusive photographs.

While British civilians were evacuating Smyrna and war between the Allies and Turkey seemed inevitable, Miss Ellison proceeded to examine the Nationalist Movement at Angora.

Befriended by the Turks she was able to frequent the National Assembly, to see and talk with many of the deputies, to visit and have many frank interviews with Kemal Pasha. She describes the life of Angora from within, the Assembly, Mass at the little Catholic Chapel, the Armenian Colony, the Greeks, the lack of distractions in Angora itself, the story of the hard work and the devotion of the whole population to the National Cause.

In Constantinople General Harrington received Miss Ellison. She afterwards attended the Lausanne Conference. Her memoirs comprise a fascinating record, both of interest and of value, of unique and often perilous experiences, related with much vivid detail.

Her old friends on the French Flag will rejoice to know that Miss Ellison recovered her health sufficiently (greatly shattered as it was in France) to undertake this extraordinarily interesting campaign.

COMING EVENTS.

June 5th to 9th.—St. Bartholomew's Hospital Octocentenary Celebrations.

June 9th.—League of St. Bartholomew's Hospital Nurses. General Meeting. 3 p.m. "At Home," Great Hall, to Delegates to the Octocentenary Celebrations. Guests received by Miss Helen Todd, S.R.N., President, and the Matron, Miss A. Mackintosh, C.B.E., R.R.C. 4 to 6 p.m. On view, Part of Queen Mary's Nurses' Home.

June 7th.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Miss Alice Cattell, S.R.N., "At Home." 3 to 6 p.m.

June 12th.—The Overseas Nursing Association. Annual General Meeting, Imperial Institute, S.W. Viscount Gladstone, President, will be in the Chair. 3 p.m.

June 14th.—National Council of Trained Nurses of Great Britain and Ireland. Annual Meeting. Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Luncheon 1 p.m. Meeting 2.30 p.m. Mrs. Bedford Fenwick, S.R.N., in the Chair.

June 15th.—Meeting General Nursing Council for England and Wales. Ministry of Health, Whitehall, S.W. 2.30 p.m.

June 15th.—Meeting National Council of Women, Caxton Hall. 2.30 p.m.

June 28th.—Matrons' Council of Great Britain and Ireland. Meeting, Glaxo House, 56, Osnaburgh Street, N.W. 2.15 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 INARTICULATE MENTAL NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—While agreeing with some of your remarks anent the Mental Nursing Committee's report to the last meeting of the General Nursing Council, there are a few which are not quite accurate, and with your permission I should like to correct.

Mental nurses did take part, financially and personally, in the agitation for Registration almost from its inception, and some of us as you are aware even assisted by giving evidence before the Select Committee appointed by the House of Commons in 1904.

It is unfortunately a fact that Mental nurses until very recently have not been articulate enough to make themselves heard, and they have been cold-shouldered in consequence, not because they had nothing to say, but because the Nursing Press, as a whole, absolutely ignored them as a body. We were compelled to work out our own salvation without aid from any quarter.

Had we had a Lady Cowdray or a College of Nursing behind us to stump the country on our behalf, matters might be very different in the mental nursing world and we might to-day be taking our proper place in the movement.

It is, however, quite true that Mental Hospital authorities have taken very little trouble to encourage or point out to their staffs the importance of State Registration, nor have they done so even yet, but this is the fault of the system in vogue, which the more enlightened members of the Medico-Psychological Association, to do them justice, desire to see altered.

You will agree, I think, there must be something radically wrong with a system which tolerated medical superintendents having the power to prohibit examinations in order to prevent their staff getting appointments elsewhere or entering the ranks of private nursing, as many of them did.

It would, indeed, as you point out, be an excellent thing to have had a representative who would visit the various mental hospitals to point out the advantages of State Registration, as, unfortunately, in many ways the Nursing Press have stood in their own light in the past because of their want of sympathy, and do not, in consequence, circulate as they ought in mental hospitals, and the ignorance of the fundamentals of the Act even among the higher officials is appalling.

Faithfully yours,

R. DONALDSON.

8, Hinde Street,
Manchester Square, W.1.

[We cannot agree with Mr. Donaldson that Mental Nurses as a class took effective action in

the thirty years' agitation for registration, a few Mental Nurses only, as individuals, supporting it. The Asylum Workers' Association, whilst it existed, consistently refused to co-operate with the supporters of the registration movement. Neither is the statement, "We were compelled to work out our own salvation without aid from any quarter," quite correct. In drafting the first Nurses' Registration Bill, the Society for State Registration of Nurses carefully included the special rights of the Mental Nurses, and urged them, throughout its long and costly campaign. We suggest that patronage is most injurious to all classes of workers, and in our opinion Mental Nurses are to be congratulated that they were not financed by Lady Cowdray or any other millionaire, even if they were unable to "stump the country on their own behalf" in the past. We hope to see at no distant date a strong, self-supporting, self-governing organisation of Mental Nurses, established to promote and protect their own educational standards and economic interests. Self-support is the only honourable method of securing professional stability, and until every class of nurse realises this they will make little moral progress. Now that we have legal status it is our duty to secure self-government on the same basis on which other learned professions are established.—Ed.]

We have received a letter from Miss A. E. Macdonald on this subject for which we hope to find space next week.

KERNELS FROM CORRESPONDENCE.

NEPOTISM IN THE G.N.C.

S. R. N., Birmingham.—"I read 'Three New Dangers' in last week's issue with amazement, especially No. 1. All told we are a professional class of some 100,000—and it is evident we must find an income of at least £10,000 a year to finance our G.N.C. work, including examinations. And it appears absolutely incredible that Sir Cooper Perry and his friends are to secure one of our official 'plums' for their unprofessional protégée. The post of Examination Officer, to cost us £700 a year, should be filled by a Registered Nurse. It will be a most scandalous piece of nepotism if it is allocated to a laywoman. I hope the names of the members of the G.N.C. who support this job will be taken down and made public."

THE TIME IS SHORT.

The General Nursing Council for England and Wales reminds Nurses that every person who desires to be Registered as an Existing Nurse must apply before July 14th, 1923, after which date no application can be entertained.

OUR PRIZE COMPETITION QUESTIONS.

June 16th.—What is Insulin? How is it produced? How does it affect diabetes?

June 23rd.—Describe the method of administering pituitrin, and any case in which you have seen it prescribed.

The Midwife.

QUEEN CHARLOTTE'S HOSPITAL.

Lord Howard de Walden, in presiding at the Annual Meeting of Governors at Queen Charlotte's Hospital, on May 30th, referred to the serious financial position of the Hospital. There was a debt of £20,000, and the Hospital had had to deposit all its securities against the overdraft at the Bank. As this was not sufficient the Committee had been compelled to take steps to raise money on the security of the freehold of the Hospital in the hope that their friends and the public generally would help them to pay off this mortgage and thus prevent any curtailment of the good work of the Hospital. The numbers of patients seeking admission were greater than ever, and it would be disastrous if it became necessary to reduce the accommodation for patients and the facilities provided for the training of Nurses and Students, who come to the Hospital from all parts of the country and our Dominions. He made an earnest appeal for additional support.

It would be remembered that the Hospitals of London Combined Appeal was launched with the object of clearing off the debts of the Hospitals. So far, Queen Charlotte's had received £1,600 from this Appeal, and the second (and final) grant was expected shortly. It was hoped that the amount will be much larger than the first instalment. While not wishing to belittle the great efforts which have been made in connection with this Appeal—efforts in which this Hospital assisted—there was a great danger that the public might obtain a wrong impression of the actual position of the Hospital. During the progress of the Combined Appeal all Hospitals had to abstain from any special appeals on their own account, and that abstention has lasted for nearly a year. In the case of Queen Charlotte's Hospital, they had to close down their Special Appeal Department, and their receipts from donations in 1922 were, in consequence, less by over £2,000 than in 1921.

Moreover, the special effort which the Hospitals in St. Marylebone were organising—under the name of the "Associated Hospitals of St. Marylebone Appeal"—had to be postponed, and the income which the Committee had hoped to receive from mass collections under this organisation has not yet materialised.

The Committee of Queen Charlotte's were very anxious that the Governors and the public generally should realise that, although the sum aimed at, namely, £500,000, has been obtained by means of the Combined Appeal, the debts of this Hospital had not been liquidated.

THE MORTGAGE.

Sir Chas. Pulley proposed that an organised effort be made to raise £8,000 for the purpose of redeeming the mortgage on the hospital freehold and buildings. The expense of the Hospital

increased by leaps and bounds during the war, but no extra money came in. To start the fund which he proposed he would gladly give £100.

Mr. A. B. Williamson seconded the motion, which was carried unanimously.

Lord Howard de Walden also promised a handsome donation.

Hearty votes of thanks were accorded to the Ladies' Association and the medical staff of the Hospital for their work during the past year.

GENERAL LYING-IN HOSPITAL.

Fourteen people sat for the test paper, at the General Lying-in Hospital, York Road, Lambeth, on Friday, May 31st. The prize winners were: First prize (10s.), Miss Marshall, Post-Certificate School, 77, Southampton Street, Camberwell; second prize (5s.), Miss Acis Sharpe, St. Mary's, 6, Marlborough Road, Ramsgate.

The following were the Questions set:—

1. What do you consider the most useful drugs for a Midwife to use? Give your reasons.
2. Give a short description of pyelitis during pregnancy and the puerperium. What signs would make you suspect failure of compensation in a cardiac case?
3. Give the chief points of differentiation between nervous unrest and dyspepsia in infants.
4. What points impressed you most in the Physical Exercises and Massage demonstration?

CENTRAL MIDWIVES BOARD.

The following is the paper set in the June Examination:—

1. Describe the vagina. Name the structures in contact with it and their positions.
2. How do you recognise a breech presentation? Describe in detail your management of the First and Second Stages of Labour in an uncomplicated case of this nature.
3. What are the duties of a midwife according to the Rules if she finds a purulent vaginal discharge in a pregnant woman? What are the dangers of this condition to mother and child, and what steps should be taken at the time of labour to minimise them?
4. What examination would you make in the case of a woman at full term, not in labour, to ascertain if the presenting head is engaged? What is the special importance of this examination in a primigravida?
5. What are the chief causes of fever during the puerperium? What investigation would you make in a case where the temperature on the fourth evening after delivery is 103.6 deg.?
6. A week-old baby vomits. What may be the cause, and what steps would you take in such a case?

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Vol. LXX

EDITORIAL.

THE PASSING OF PRINCESS CHRISTIAN, PRINCESS HELENA OF GREAT BRITAIN AND IRELAND.

*"You have deserved
High commendation, true applause, and love."*

The death of Her Royal Highness Princess Christian, Princess Helena of Great Britain and Ireland, has caused widespread national sorrow, for this noble Lady was greatly beloved. A daughter of Queen Victoria, no one who saw her could doubt from her bearing her Royal heritage, evident in the dignity, charm of manner, and strong sense of duty with which she discharged the obligations of her exalted position. Nevertheless, she knew how to unbend, and to reveal the simplicity and singleness of character, genuine kindness, humour, and genius for friendship which were so characteristic of this great Princess.

Highly educated, she was an accomplished musician and had a great appreciation of art; while it is not surprising that a daughter of the beloved Prince Consort should have a real interest in education, an interest which contributed to the staunch support she gave to trained nurses in the movement to better not only their material condition, but to improve their education and to obtain legal status.

Those nurses who were present at the meeting at St. George's Hall early in 1888, when the British Nurses' Association was publicly inaugurated, will remember that Her Royal Highness, as President, thus defined its aims: "The first object of the Association is to obtain for the calling of Nursing the recognised position and legal constitution of a profession. . . . It will follow from this that, in the future, every member of the nursing profession must have been educated up to a definite standard of knowledge and efficiency."

At a time when hospital authorities and their medical staffs were almost unanimously combined in the endeavour to prevent nurses from obtaining these elemental rights, it required

intuitive genius not only to appreciate but to publicly espouse their cause.

Many Royal ladies in all countries give their support to works of charity; but the special claim to greatness of Princess Christian lies in the fact that she saw that only along the lines of higher education and self-help lay the true path of development, and did not hesitate, while the British Nurses' Association was still in its infancy, to support its objects with the weight of her great position and personal interest.

It was this foresight on the part of Her Royal Highness which largely enabled the Nursing Profession to obtain favourable consideration of their aspirations for professional status, and her services to the profession in helping them to obtain the grant of a Royal Charter—the concrete foundation on which State Registration of Nurses has been built up—must ever be held in the greatest gratitude. And not only did the Princess give personal service to gain the Nurses their Charter; the day came when that Charter was in jeopardy, and she saved it for them. In days to come let the nurses of the Royal British Nurses' Association remember that the duty of preserving it intact is a sacred obligation entrusted to them by their first beloved President.

Never has so spontaneous a public tribute been paid to the talents and womanly virtues of a Royal Princess as the vote of condolence with His Majesty the King, moved in the House of Commons on Tuesday by the Home Secretary, on behalf of the Prime Minister, supported by the leaders of every Party in the House.

At the funeral, which takes place in St. George's Chapel, Windsor, on the morning of June 15th, the Army will provide a gun-carriage, and a detachment of two officers and fifty men of the King's Royal Rifle Corps. The burial will be in the royal tomb-house below the Albert Memorial Chapel, near the remains of the late Prince Christian.

A memorial service will be held simultaneously at Westminster Abbey.

OUR PRIZE COMPETITION.

WHAT IS INSULIN? HOW IS IT PRODUCED? HOW DOES IT AFFECT DIABETES?

We have pleasure in awarding the prize this week to Miss Mary Ramsey, S.R.N., Enmore Road, South Norwood.

PRIZE PAPER.

Insulin is an extract prepared from the normal pancreas in sufficient strength to make good the defect in the diabetic. The pancreas itself, as a whole, is not a ductless gland; its secretions of three or four digestive juices or ferments pass as the pancreatic juice into the intestine; but the Insulin-producing glands, which are known as the Islets of Langerhans, though situated in the pancreas, are seemingly independent of it. These glands secrete this hormone, which does not enter into the pancreatic juice but passes into the blood stream, not through any duct but through the capillaries which surround the Islets. It was found when experimenting upon dogs that the removal of the pancreas instantly caused diabetic symptoms in an acute form to appear but that upon the subsequent administration of an extract made from the Islets there was at once a diminution of the amount of sugar both in the blood and the urine.

For the preparation of Insulin it is necessary to obtain the pancreas in such a condition that there is a sufficiency of islet cells, and this is achieved by the use of fresh material. Any active ferment present must be destroyed, especially trypsin, which destroys the active principle. Fresh pig's pancreas is obtained, the animals having been without food for twenty-four hours before being killed. The fat and connective tissue is dissected away, and the pancreas cut up into small fragments; this tissue is placed in a distillation flask containing alcohol, and the mixture heated up in a water-bath to 60° C. for one hour. The flask is connected up with a vacuum pump and the process of distillation proceeds. As the extraction goes on, the mixture slowly darkens in colour, and this is the chief feature of the process. When this darkening has appeared, the extraction is completed. The contents of the flask is filtered and evaporated down in an electric drying oven. The final product is a hard mass which can be pulverised. The extract is kept in sealed bottles in ice boxes. The powder is soluble in water, but can be kept in solution in sterile saline. There are no proteins or peptones in the extract. It is put up in gelatine capsules in $\frac{1}{2}$ and 1 gr. doses.

The product must be given by subcutaneous

or intravenous injection,* and the dosage varied according to the severity of the disease, the body weight, and diet. The dosage must be controlled by frequent blood-sugar estimations in each case until one learns the amount in a given case on a given diet necessary, and to abolish glycosuria permanently. The usual dosage is to divide the daily quantity into three equal parts, each part to be given just before the three chief meals. Adjustments in dosage are often necessary, because a dose which controls glycosuria one day may be excessive or inadequate another.

Insulin has the power of replacing the internal pancreatic secretion; not only is the blood sugar lowered rapidly to the normal concentration but the patient becomes practically a normal individual for a few hours, and capable of taking a quantity of carbohydrate proportionate to the dose of Insulin injected without use of his blood sugar above the normal level. Insulin should never be given during periods of abstinence from food, as even the accidental omission of a meal expected to follow a dose may lead to harm. Glucose reaches the blood very soon after a meal, and continues to do so for two or four hours, varying with the nature of the meal. The effect of Insulin lasts for a period up to eight hours; therefore each injection should be followed by a meal in fifteen minutes, and fresh food should be given every three or four hours subsequently until the Insulin effect has passed beyond such activity as might reduce the blood sugar to a seriously low level. The commonest symptoms of excessive dosage are weakness, nervousness, dizziness, visual disturbance, profuse sweating, and may be removed by taking some cane sugar or fruit juice.

The aim of the Insulin treatment is to supply the patient with sufficient of the active principle to make up for the deficiency of his natural supply, and so to enable him to metabolise an adequate quantity of carbohydrate.

Control of the manufacture of Insulin in the British Isles is vested in the Medical Research Council.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss Edith Dowding, and Miss Sarah Paterson.

QUESTION FOR NEXT WEEK.

Describe the method of administering pituitrin, and any case in which you have seen it prescribed.

* Intravenous injection is neither so safe nor so effective as the subcutaneous method.—Ed.

NURSING ECHOES.

The Duke of Connaught (Grand Prior) has approved a recommendation of the Chapter-General of the Order of the Hospital of St. John of Jerusalem in England that the life-saving medal of the Order in gold be awarded to Mrs. Lilian Agnes Starr for her bravery in assisting in the rescue of Miss Ellis, who was abducted by Afridis last April from the British cantonment at Kohat, North-West Frontier Province, India.

The Hon. Officers and Delegates of the National Council of Trained Nurses will wear their red, white, and blue badges at the Annual Meeting on Thursday, June 14th, when they take counsel together at the Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Luncheon punctually at one o'clock. General Meeting at 2.30 p.m.

The League of Royal Infirmary Leicester Nurses is holding its annual gathering on the same day, so we shall miss old friends, amongst them Miss Gertrude Rogers and Miss E. Pell-Smith, both of whom have in the past taken an active part in international nursing affairs. We wish them a happy gathering at Leicester.

A Nurses' Reunion will be held at Bethnal Green Hospital on Wednesday, July 4th. The Matron hopes to see many past members of the Nursing Staff at this Reunion, which marks the completion of her twentieth year as Matron. There will be a short service in the Chapel at 4 p.m., with an address by the Rev. Canon Dodds (Matron's brother). Tea and Reception (in the garden if fine) 4.30 p.m. to 6 p.m. There will be an Entertainment by the Nurses' Dramatic Society, 6 p.m. to 8 p.m. Dancing and refreshments, 8 p.m. to 10 p.m.

We have been surprised, when attending hospital functions, to note the amount of dramatic talent hidden away under caps and aprons—and let loose for our pleasure and profit. We surmise "play acting" is a very real relaxation indeed to those who live so much by rule as nurses necessarily do, and it is well it should be encouraged.

The *Poor Law Officers' Journal*, the official organ of the National Poor Law Officers' Association, gives a full report of the Annual Meeting of the Association, held in Ipswich

on June 1st and 2nd, and under the heading of "Nursing Matters" we regret to note the Executive Committee report approval of the deprivation by the General Nursing Council of the right of probationers under the Nurses' Registration Act to a "prescribed training," as until this right is conceded Poor Law Infirmarys will continue to suffer from a shortage of well-educated intelligent probationers. The day has gone by when young women are going to accept a pig in a poke, and contract to serve a hospital for three years without the *quid pro quo* of an assured systematic education, especially as the State Examination will be compulsory in 1925.

In this connection we were greatly interested in being introduced at the great gathering of the League of Bart's Nurses, on Saturday last, to the blooming young daughters of several probationers trained there in our day. Just the type of girl we should have been happy to secure for the service of the sick. But in no instance were these girls contemplating making nursing their career. Two were studying medicine; another was a teacher; two were highly qualified clerical workers—all appeared happy with their choice of a career. None of these desirable girls were following in their mothers' footsteps. In reply to questions they variously objected to "drudgery," "pettifogging restrictions," "being treated like children," and "too many masters" (medical and otherwise), "future too precarious."

The attitude of Poor Law Guardians towards standardised training and professional education cannot fail under present conditions to react injuriously upon their nursing schools, and we advise no woman to train at any institution which is not prepared to support "prescribed training" before State Examination.

We are glad, however, to note that the P.L.O.A. are alive to the fact that unless steps are taken to establish one or more (of course, it must be many) scholarships for Poor Law Nurses, with the object of giving more opportunities to members of that Service to take the course of training for Sister Tutors at King's College, all Sister Tutors would be recruited from the general hospitals.

The Secretary pointed out that there were only eight scholarships at present available; only one for Poor Law Trained Nurses, viz., that founded by Miss E. Barton, late Matron of Chelsea Infirmary.

The Meeting was unanimous that something ought to be done in this matter, so the question of scholarships was referred to Committee.

It is to be regretted that approved societies in Liverpool have not made the fullest use of the facilities provided by the Liverpool nursing service for insured persons, undertaken by the Queen Victoria District Nursing Association, in conjunction with the other local associations.

During the year the number of insured persons and their dependents receiving nursing was 47, the visits paid by nurses numbering 716. The capitation fee payable by societies is 2d. per member.

The Nursing Association not only provides the services of a nurse, but is able to supply the necessary nursing appliances and requisites.

We wonder what the highly educated and well-disciplined women who compose the Nursing Profession in the United States will think of Lady Cowdray's crude deductions, formed after a visit to a few hospitals in America. According to the *Pall Mall Gazette*, Lady Cowdray is of opinion that "Our English nurses stand high in the estimation of the Americans, who, she believes, would welcome an arrangement by which some thousand or so of English nurses could be scattered about the States to inspire the high standard of discipline, service, and efficiency which are present in our hospitals."

Shades of Robb, Dock, Nutting, and Maxwell. We wonder what the Nursing World would be to-day without your inspired teaching and lifelong example of all that is fine and dignified in the care of the sick.

THE REGISTERED NURSES' PARLIAMENTARY COUNCIL.

431, Oxford Street, London, W. 1.

The following urgent Petition to Members of Parliament was issued from the Office of the Council on Tuesday:—

Nurses' Registration Act, 1919.

Members of this Council earnestly petition you to support Major Barnett in his opposition to the new Rule, framed by the General Nursing Council for England and Wales—Rule 9 (1) (g)—when he moves, on *Wednesday, June 13th*, that this Rule may be annulled.

The new Rule throws the General Part of the State Register of Nurses open to women without any hospital training whatever, only one month before the expiration of the period of grace, and constitutes a grave breach of contract with the 25,000 nurses who, during the past two years, have applied and paid for Registration under the Statutory Rules now in force.

MARGARET BREAY, S.R.N.,

Hon. Secretary.

NURSING IN THE HOUSE OF COMMONS.

THE GREAT BETRAYAL.

On July 14th, 1921, after twelve months' careful consideration the Statutory Rules for the Registration of Nurses under the Nurses' Registration Act were signed by the then Minister of Health—laid upon the table of the Houses of Parliament, and came into operation. The General Nursing Council to conform to the Act had to regulate the conditions of admission to the Register, enabling Existing Nurses for a period of two years to make application under conditions which appeared to the Council to be satisfactory, who had "adequate knowledge and experience of the nursing of the sick."

The Council in framing the Rules, of course, admitted trained nurses holding a three years' certificate—the standard in force for thirty years past—and as a minimum qualification, required that twelve months' training in a general hospital or Poor Law infirmary (a very low standard) with two years' further experience in nursing, should admit women of good character to the General Part of the Register—and under this contract some 25,000 nurses applied and formed the Register.

The Statutory Rules were printed and circulated, and for two years nurses were admitted to the Register without further comment. Then the College of Nursing, Ltd.—which carefully excludes untrained nurses from its rival voluntary Register—began an agitation to depreciate the standard for admission to the State Register, and by its usual circuitous methods raised a cry that the "old" nurses were being unjustly treated. By the "old" nurses the College really agitated for admission to the Register of *all the totally untrained women who had been exploiting the public as trained nurses for the past forty years.*

As soon as through the application of the preferential Rule 9 (A) the electorate was flooded with College members—and the College nominees had thus been elected to form the new Council—it agreed to a new Rule recommended by the Registration Committee, of which Dr. E. W. Goodall was Chairman, in the following terms:—

"Rule 9 1 (g).—In the case of a nurse who was at 1st November, 1919, engaged in actual practice, and who was also bona fide engaged in nursing prior to 1st January, 1900, and who does not comply with the above requirements, such special evidence of knowledge and experience as may be accepted by the Council in each individual case."

This Rule was signed by Mr. Neville Chamberlain, the new (and, so far as nursing is concerned, necessarily ignorant) Minister of Health. It now lies on the Table of the Houses of Parliament—together with the following amendments—and is being considered as we go to press.

But the most sinister outcome of College policy was the opportunity it afforded the Parliamentary Medical Committee—composed of medical M.P.s—to still further depreciate our standards. With that extraordinary lack of sympathy with higher education and professional status for

trained nurses, (which the medical profession enjoy in so marked a degree themselves), this Committee at once seized upon the opportunity to propose, without consulting the Nurses' Organisations, drastic amendments to Rule 9 (1) (g), which amount to a gross breach of contract and of good faith with the nurses who have paid some £25,000 under the present Statutory Rules to form the Register.

Later the Parliamentary Medical Committee received deputations from the College in support of Rule 9 (1) (g), and from the Royal British Nurses' Association in strong opposition to breaking faith with the Registered Nurses, also from the Registered Nurses' Parliamentary Council and the Professional Union of Trained Nurses, objecting to Rule 9 (1) (g), for sound reasons of equity and justice.

Orders of the Day.

The Orders of the Day for Wednesday, June 13th, contained notice of the following amendments to the present Statutory Rules:—

AMENDMENT NO. 1.

Dr. Chapple (Lib., Dumfries), Dr. A. Salter (Lab., Bermondsey), Dr. J. H. Williams (Lab., Llanely), Sir John Collie (N.L., Partick, Glasgow), and Dr. T. Watts (U., Withington): That Rule 9 (1) should be modified by inserting at the end of paragraph (g) the following new paragraph—

Or (h)—

(a) A certificate of good character;

(b) a certificate signed by a matron of a general hospital or an infirmary, or by two medical men setting out that the applicant has been in attendance upon the sick in the capacity of a nurse for a period of not less than three years prior to the 1st November, 1919; and

(c) a certificate signed by a registered nurse or by two medical men, one of whom shall be on the staff of a general hospital, setting out that the applicant has adequate knowledge and experience of medical and surgical nursing, and is competent to attend upon the sick in the capacity of a nurse.

Provided that the Council may require the applicant, as a condition precedent to registration, to present herself for special inquiry as to competency, and fitness before a medical officer, or officers, appointed by the Council.

If agreed these amendments provide (1) that women without any hospital training or experience whatever shall be eligible for registration on the General part of the Register, upon the recommendation of one Matron or two medical men (it is significant that medical women don't count), and (2) constitutes medical officers experts in the examination in Practical Nursing, an art in which the majority are by no means expert or qualified to judge. The principle here involved is that the technique of nursing does not exist, and that Practical Nursing, as apart from the theory upon which it is based, and is systematically taught by Nursing experts, is entirely ignored. This attitude upon the part of the six medical practitioners who support the amendments proves an entire misconception of

trained nursing as qualifying for registration at the present time, and assumes an absolute control of Nursing by Medicine to which it has no right whatever, under either the Medical or Nursing Acts.

AMENDMENT NO. 2.

Lieutenant-Colonel Fremantle (U., St. Albans) has placed the following amendment on the Paper:—

Nurses' Registration Act, 1919.—That the year 1910 be substituted for the year 1900, so as to read:—

After Rule 9 (1) (j) insert:—

(g) In the case of a nurse who was at the 1st November, 1919, engaged in actual practice, and who was also bona fide engaged in nursing prior to 1st January, 1910, and who does not comply with the above requirements, such special evidence of knowledge and experience as may be accepted by the Council in each individual case.

The result of this amendment would be to add ten years, from 1900 to 1910, in which totally untrained women will be eligible for Registration. Thus, although a three years' training, examination, and certification have been in force for thirty years, women who have shirked training and instruction up until thirteen years ago are to be granted registration on the complete Register—with title of "Registered Nurse," a dangerous imposition on an ignorant public—and giving such women preference over highly-qualified specialists, who are compelled to place their names on the Supplementary Registers. Colonel Fremantle's amendment is in effect a premium upon inefficiency—and places highly-qualified specialists in dangerous inferiority economically to women with *no training at all*.

AMENDMENT NO. 3.

We turn to Major Barnett's action in reference to this disastrous proposition with relief—if not with hope.

Major Barnett will move: "That a humble Address be presented to His Majesty praying that the proposed amendment to Rule 9 of the Rules under Section 3 of this Act by the addition of paragraph (1) g may be annulled."

In other words, that the grave breach of contract with the 25,000 nurses who have applied for and paid for Registration under the existing Statutory Rules—one month before the termination of the period of grace—may not be agreed to by Parliament. An honourable and statesmanlike policy, uninfluenced by professional intolerance upon the part of medical men—and the economic pressure of employers through the College of Nursing, Ltd.

HELP FOR THE CANCER CAMPAIGN.

The King has contributed £100 and the Queen £50 to the appeal for the British Empire Cancer Campaign.

A gift of £20,000 from a donor, who wishes to remain anonymous, towards the expenses of the campaign, has also been received.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

HER ROYAL HIGHNESS, THE PRINCESS CHRISTIAN.

FIRST PRESIDENT OF THE ROYAL BRITISH
NURSES' ASSOCIATION.

*"It is perfect service rendered, duties done
In charity, soft speech and stainless days
These riches shall not fade away in life,
Nor any death dispraise."*

With these words Her Royal Highness the Princess Christian concluded, thirty-five years ago, her first Presidential Address to the Royal British Nurses' Association. We may fittingly quote them again to-day, for we find no others which so well describe the simple goodness, high endeavour for others, and stainless honour of this great Royal Lady. Words seem to grow meaningless when we lift our pen to put on record the terrible loss which the Royal British Nurses' Association has sustained through her death. For some weeks her serious illness has cast a cloud over the Association she loved so well, and letters have poured in from all parts of Great Britain showing that our anxiety was shared by Members in every part of the country, and when on the evening of the 9th inst. (in the room where, two short years before, Her Royal Highness had declared the Club open) the nurses stood to record their sorrow, we felt that the hearts of Members, in all parts of the Empire, were throbbing in sympathy with those who, reverently and in silence, let their minds dwell on the great Personality who had passed from among us. In the messages and letters which have reached us from the nurses, one note is struck by all—that their sorrow and sense of loss are too deep for words; and so it is with us as we write the notice that is to carry from Headquarters to the Members the official intimation of the death of their President. We feel that they will not blame us if these lines express very inadequately their sense of grief. Feelings, not merely of loyalty, but of deep affection towards their President have knit

together us who are Members of the Royal British Nurses' Association, and, whatever its history may be in years to come, it will ever be permeated by the fragrance of the memory of many gracious acts of kindness on the part of Her Royal Highness. The younger Members of the Association will perhaps never realise quite how intimately she was connected with everything their Association found it good to undertake, how practical and unselfish was her interest in it, and how, in every decision she was called upon to make, the question "What is best for the nurses?" was the one that pre-faced her considerations and dominated her subsequent action. Here, to-day, in retrospect, we can only touch upon one or two of the many directions in which Her Royal Highness brought her great influence and her outstanding ability to help and strengthen the Association. To commence with, the beautiful preamble of the Royal Charter, in the quaint but strangely dignified phraseology of an olden time, tells how the nurses of the Empire owe this priceless possession to Her Royal Highness, the Princess Christian. It was due to her influence chiefly that we were given the right to prefix the title "Royal" to the name of the Association; and when various private nursing co-operations were founded by the Association from time to time, Her Royal Highness took a most practical interest in the work of organization. In their efforts to obtain legal status for their profession the nurses of the R.B.N.A. had the full sympathy of their President. She took part in every benevolent scheme inaugurated, and indeed in every enterprise undertaken by the R.B.N.A. we have had the unfailing and ever ready support of "The Nurses' Princess." Her interest in the Association lasted up to the close of her life. Of late, when her health has been failing somewhat, we have missed her from the Council table when matters of importance had to be discussed, but the Members may like to know her closing words at our last interview, which

took place a few short weeks ago, when we laid before our President the Annual Reports and discussed other matters connected with the Corporation: "Come and see me soon again, for I so like to hear all about the Association and what is happening at the Club. I have loved that Association." And looking back, we know that this was so, her interest in it was a living thing. We had barely taken possession of 194, Queen's Gate when we received intimation by telephone that Her Royal Highness was shortly to arrive and go over the Home, and those nurses who chanced to be in residence a few months ago, when the President last informally visited the Club, often refer with pleasure to that delightful afternoon when she came among them for the last time and talked so kindly and graciously to them all as we sat at tea in the drawing room at Queen's Gate. It was always a source of joy to Her Royal Highness that the Club had proved successful; she took a very personal interest in it from its commencement. Yet there was a note of prophetic sadness in some words she spoke then—"This is going to be my last piece of work for the Nurses."

And so it proved to be, and, curiously enough, the last business we discussed with Her Royal Highness was connected with the Club.

Quite a number of correspondents have inquired whether the nurses who were with Her Royal Highness were Members of the R.B.N.A.? All three were sent from the Association. Miss H. L. Hill went several weeks ago, and Miss A. Pearson and Miss G. M. Bevan went on duty some time later. A few

hours after all was over, Sir Stanley Hewett, Physician to the Princess, telephoned to say that he felt that the Committee of the Association should be informed that nothing could have exceeded the kindness of these nurses in every respect, and that he had never seen a patient nursed with greater efficiency and gentleness. Lord Dawson sent a message to the same effect, and, while we know that their words will give pleasure to every Member of the Corporation, we also realise that the three nurses regard themselves as having been very highly privileged.

One of them told us of a little incident which apparently touched her deeply, and occurred after the Royal patient was believed to have lost the power of speech. The nurse had just made some effort to add to the comfort of Her Royal Highness, when the Princess said, gently and falteringly, and when there must have been great difficulty in framing the words: "God bless you." The soft emphasis on the last word filled the little nurse's eyes with tears, and her voice trembled with quiet emotion as she related the incident to us.

But it is not only the Members of the R.B.N.A. who have lost

their best friend, although we shall be forgiven at this time if we strike overmuch the note of what her death means to the Association. Nurses all over the Empire are mourning to-day the loss of one whose constant thought was their welfare and professional advancement.

We might fittingly close with a quotation from the speech of Her Royal Highness when she opened the Club: "I need hardly say that you have my heartfelt good wishes for the suc-



THE LATE PRINCESS CHRISTIAN.

First President Royal British Nurses' Association.
1888-1923.

cess of the Club, for the progress of your profession and the welfare of its Members have been a matter of life-long interest to me. Throughout all the years during which I have been President of this Association I have striven to be no mere figure-head, and have been in very close touch with its activities. It is now more than thirty years since I chose for your Association the beautiful old motto which you see on the scroll of its banner to-day. Looking back on the history of those years, I feel that my Association has been "Steadfast and True" to a principle which I hope will ever dominate its policy—that of placing the welfare of the profession before even the interests of the Association itself. With such a policy to guide you, I look forward to the future of my Association with all confidence, and feel that this beautiful new Club will be used to benefit to the utmost extent possible the interests of the profession of nursing which all my life have been so dear to me."

Requiescat in Pace.

HELENA, PRINCESS CHRISTIAN.

"Steadfast and True."

SPECIAL MEETING OF THE GENERAL COUNCIL.

On Monday, 11th inst., the General Council held a Special Meeting at 3 p.m. Sir James Crichton Browne occupied the Chair, and in his address to the Meeting paid tribute to the splendid work which Her Royal Highness the Princess Christian had achieved for the Nursing Profession and to her kindness and goodness in connection with the Royal British Nurses' Association in particular.

The following Resolution was moved by Mr. Paterson, seconded by Miss Liddiatt, and carried by silent, upstanding vote:—

"The Council and Members of the Royal British Nurses' Association desire to place on record their deep sense of the abiding loss which they have sustained by the passing of their beloved President, Her Royal Highness the Princess Christian. For the long period of thirty-five years Her Royal Highness has been not only President but a real friend to the Members of the Association, and has endeared herself to all by her constant efforts to maintain and uphold the interests and the welfare of the Nursing Profession. Although her voice is stilled, her memory will never fade."

It was agreed that the sympathy of the Association be respectfully offered to Their Majesties the King and Queen and to their Royal Highnesses the Princess Helena Victoria and the Princess Marie Louise.

ISABEL MACDONALD,
Secretary to the Corporation.

LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

As befitted so great an occasion as the Octo-Centenary of the foundation of St. Bartholomew's Hospital, the General Meeting of the League of St. Bartholomew's Hospital Nurses held in the Clinical Theatre of the Hospital at 3 p.m., on June 9th, followed by an "At Home," and Reception of Delegates by the League in the Great Hall, was a record gathering.

The Chair was taken by Miss Helen Todd, S.R.N., who, rising, said that before beginning the meeting she was sure the League would wish to send a vote of condolence to the Princess Helena Victoria and the Princess Marie Louise on the death of H.R.H. Princess Christian, who had taken an immense interest in nursing for many years. The motion was carried in silence, the members rising and remaining standing while it was passed.

The President also said that some of the older members of the League would remember Nurse Harris, now Mrs. Whichello, who had lost her husband under sad circumstances. It was agreed that a vote of condolence should be sent to Mrs. Whichello.

Arising out of the minutes was the decision of the League to raise funds to endow a bed as an octo-centenary gift to the hospital, of which the meeting would, said the President, hear more at a later stage in the proceedings.

Miss Todd then reminded the members that her term of office as President had now expired. She would, therefore, vacate the chair and invite Mrs. Andrews, Vice-President, to take it.

Mrs. Lancelot Andrews, S.R.N., said that the Executive Committee had nominated Miss Todd for another term of office, and the voting papers returned showed that she was re-elected, subject to confirmation by the meeting. On being put to the vote this was carried unanimously.

Mrs. Andrews remarked that it was more years than she liked to remember since she and Miss Todd first confronted one another, but never on a pleasanter occasion than the present one. It was most particularly gratifying that this week Miss Todd should be President, for everyone who had been present at the Octo-Centenary Celebrations would agree that never again would the League pass through such a week in the lifetime of the present members.

On behalf of the League she asked Miss Todd's acceptance of a lovely bouquet of roses, and expressed great pleasure at her re-election as President for another term of office. The flowers were offered with the affection of the League and its admiration for the work she had done, and its good wishes and expectations for that which would follow.

The President who, on resuming the chair, was received with loud applause, said she deeply felt the honour of being again re-elected President of the League, and was much touched by it; she also expressed her warm thanks for the lovely flowers

She added a personal touch that the day was her birthday. She then announced that 57 letters of regret from members all over the country, at their inability to be present, had been received.

REPORTS.

The following reports were presented:—

From the Treasurer of the Benevolent Fund.

Mrs. Matthews presented the report of the Benevolent Fund which showed that one loan of £16 had been made during the year, which had been repaid within three months, and one grant of £1. The balance in hand in the current account was £20 4s. 3d., on deposit account £50, and in War Savings Certificates £100, which was earning 5 per cent.

From the Treasurer.

FINANCIAL STATEMENT.

Miss Mabel Sleigh, S.R.N., presented the Financial statement for the year. The subscriptions had come in well, but a number of members were still in arrears. She had sent out 300 reminders, and had received 169 replies. The bank balance was £140, which was growing. She thought, therefore, that the finances might be considered to be in a satisfactory condition.

THE NURSES' HOME FUND.

Miss Sleigh announced that cash deposited at the Bank amounted to £831. The running account, money invested, and interest amounted to £156 18s. 10d. This was in addition to the £2,000 already raised.

From the Secretary.

Miss H. T. Baines, S.R.N., then presented her report as Secretary, showing that 46 new members had joined the League during the year, 5 had been reinstated, 9 had resigned, and 2, she reported with regret, had died.

From the Treasurer of the Isla Stewart Fund.

Mrs. Shuter said that, at the close of the financial year the Committee had £40 in hand, of which they invested £20 to raise the capital to £700.

Mrs. Bedford Fenwick said the International Council of Nurses was to hold its next meeting in Helsingfors, Finland, in 1925, and if the Fund conserved its annual income there would be a nice balance from which to make grants to League members who wished to attend the Congress.

The President remarked there would be plenty of applicants.

The Retiring Vice-President.

Miss Todd then said that they bade farewell to Mrs. Andrews as Vice-President with great regret, and, in the name of the League, presented her with a lovely bouquet of love-in-the-mist and corn-flowers, most tastefully arranged.

Mrs. Andrews, in expressing her thanks, made a felicitous little speech. She said the flowers were beautiful but they would fade. The thought that had prompted the gift would not fade, and she thanked the League most sincerely.

We always regard Mrs. Andrews as the orator of the League, and we think she lived up to her

reputation in the charming impromptu speech, which was warmly applauded, and will, no doubt, be fully reported in *League News*.

The New Vice-President.

The next business was the election of a Vice-President. The President said that the Executive Committee had nominated Miss McIntosh, the Matron, who was willing to act if elected. The nomination was then approved *nem con*.

New Members of Executive.

The election of Miss Irvin (Home Sister, St. Bartholomew's Hospital), Miss Thompson (Sister Surgery), Miss Campbell (Matron, Parkwood, Swanley), and Miss Ransome (Staff Nurse, St. Bartholomew's Hospital) as members of the Executive Committee was then moved from the chair and carried, as was a motion thanking the retiring members, Lady Baddeley, Miss Kennedy, Miss Maw and Miss Riddell, for their services.

The Octo-centenary Appeal.

Mrs. Hayward then presented the Report of the Secretary of the Sub-Committee for the Octo-centenary Appeal and said that after unparalleled work she was voicing the feeling of the members of the Committee in saying they felt proud and satisfied and happy to take part in the Celebration. The Committee got to work early in the year. It held five meetings and sent out 1,250 circulars, with the result that by May it had £710. It then sent out 300 post cards, with the result that in a short time more than the £1,000 aimed at was received; the amount now stood at £1,162 13s. 6d., received in sums varying from £100 to 6d., the gift of a little child.

Mrs Hayward expressed the thanks of the Committee to those who, in various ways, had forwarded its work, and the President said that the League could not be too grateful to the Sub-Committee for the time, trouble and money they had spent on bringing the Appeal to such a successful issue.

It was decided to present a cheque for £1,000 to the Treasurer of the Hospital, and it was left to the Executive to consider and report on suggestions as to the disposal of the balance at the next meeting of the League.

The meeting then terminated and the members adjourned to the Great Hall.

THE NURSES' "AT HOME" TO THE DELEGATES.

The last of the Octo-centenary Celebrations was the "At Home" given by the League of St. Bartholomew's Hospital Nurses. The guests were received by the President, Miss Helen Todd, S.R.N., and the Matron of the Hospital, Miss McIntosh, C.B.E., R.R.C. The grand old Hall requires no decorations for the beautiful panelling and the portraits of King Kenry VIII and King Edward VII, and those of many famous men, adorn its walls, and great was the pleasure of many medical men and nurses who re-visited

the Hospital after years of absence to find the portraits of the chiefs under whom they served.

Tea was, as usual, served daintily at small tables round which friends foregathered, and the band, which was amateur, but the music far otherwise, consisting of piano, violoncello and violin, conducted by Miss West, daughter of the late Dr. West, was greatly enjoyed the while by those present.

After tea a pleasant ceremony took place, when Lord Stanmore, Treasurer of the Hospital, received from Miss Todd, President of the League, a cheque for £1,000 raised by it, for the purpose of endowing a bed to commemorate the octo-centenary birthday of the Hospital.

The President's Speech.

Miss Todd, in asking Lord Stanmore to accept the cheque, said that the League was founded in 1899 by the illustrious Miss Isla Stewart, and now numbered over 1,000 certificated nurses of the Hospital. This was not the first time that the League had helped the hospital. When the Nurses' Home became so bad that they could scarcely live in it, the League raised and presented to the Treasurer and Almoners £2,000 towards the erection of the new Home.

The Nursing Staff were the direct representatives of the four Sisters who, with Rahere, started the nursing of the Hospital 800 years ago. She had now great pleasure in handing the cheque to the Treasurer, and in presenting to him Mrs. Hayward, Chairman of the Appeal Committee, and Mrs. de Segundo, the Treasurer.

Lord Stanmore's Reply.]

Lord Stanmore, replying, thanked Miss Todd and the League for its magnificent birthday present to the Hospital. Since he had been Treasurer it had received some splendid gifts of money, but he knew that not only by himself, but also by the Governors, this gift would be specially valued as the most touching it had yet received, because it was the symbol of the love of its nurses for the Hospital, a love which had grown up through self-sacrifice. As Miss Todd had said, it was not the first time the League had helped the Hospital. He was glad to think this gift would be perpetuated by naming a bed in one of the Hospital wards. Once more he warmly thanked the League for its gift.

The Nurses' Home.

Many of those present, before leaving the hospital, took the opportunity of visiting the first block of the new Nurses' Home, now nearing completion, and which consists entirely of bedrooms. It stands back from the road in the Little Britain, and each nurse located there will enjoy the privilege of a bedroom to herself.

The spacious wardrobes, built into the wall, containing drawers, shelves, and a hanging cupboard, were cordially approved, the wash-hand stands built into the corner of each room, with marble slab and tiled back, which must apparently be equipped with crockery, came in for some

criticism, and considerable disappointment was expressed that hot and cold water were not laid on. Also that the only method of warming the bedrooms was through a ventilator over the top of the door, by means of central heating in the corridors. The supply of baths, and also the arrangements for shampooing the hair met with warm approval. The flat roof affords a pleasant prospect of enjoying the fresh air without being compelled to go out into the streets.

It is hoped that this block will be finished and ready for occupation by October, when no doubt, when the decorations and fittings are in place, a better idea of the arrangements will be presented.

ST. BARTHOLOMEW'S HOSPITAL.

800th ANNIVERSARY.

The Octo-centenary Celebrations at St. Bartholomew's Hospital, which, as we reported last week, opened so felicitously on Tuesday, June 5th, were continued throughout the week, and Lord Stanmore, the Treasurer, the Governors, Officers, and friends of the Hospital associated with them, are warmly to be congratulated on their great success. On Wednesday, June 6th, Bartholomew Fair was opened, according to ancient custom, by the Lord Mayor of London; and on Thursday, 7th, the *Conversazione* in the Hospital and Medical College proved one of the most popular functions. The guests were received by Lord Stanmore, Treasurer of the Hospital, the Rev. W. G. Sandwith, M.A., Rector of St. Bartholomew's the Great, Dr. T. W. Shore, O.B.E., M.D., Dean of the Medical College, and Miss Macintosh, C.B.E., R.R.C., Matron of the Hospital. The various exhibits were extraordinarily interesting, Miss Ellen Birch, an inimitable Sairey Gamp, represented "old nursing," and incidentally collected over £10 for the benefit of the Hospital. Most interesting was the demonstration of "new nursing" given by members of the present nursing staff.

Everyone was loud in admiration of the Tableaux illustrative of events in the Hospital's history.

Mr. Thomas Hayes, Clerk to the Governors, must have been a proud man when the successful week closed—a triumph of organization.

The King's Good Wishes.

Lord Stanmore, Chairman of the Octo-centenary Committee of St. Bartholomew's Hospital, has received from the Prince of Wales, the President of the Hospital, the following message sent to him by the King:—

"In thanking you for the Gold Medal and the History of St. Bartholomew's Hospital which you, as President, have sent to me, I take this occasion of offering you my heartfelt congratulations on the eight hundredth anniversary of the Hospital's foundation. I always look back with the greatest pleasure to the interesting years of my own presidency, and I trust that the praiseworthy efforts to maintain undiminished the record and traditions of this famous Hospital will be crowned with success.—GEORGE R.I."

THE RANYARD MISSION.**ANNUAL MEETING.**

The 66th birthday of the Ranyard Mission was celebrated at the Annual Meeting held at Westminster Central Hall (Small) on Friday, June 1st, 1923.

The staff mission workers and nurses sat on the right and left of the hall, and the central part was well filled by friends and supporters. It was an enthusiastic gathering. The Bishop of Woolwich was in the chair, and at the close spoke warmly of the magnificent work that is being done in London through steady, persistent home visiting. The speakers were:—

The Lady Sydenham, Miss Irene Hett (Hon. Secretary Ranyard Mission), J. Prescott Hedley, Esq., F.R.C.S. (St. Thomas' Hospital), the Rev. Cyril C. B. Bardsley, D.D., and the Rev. Ivor J. Robertson, D.D.

Dr. Bardsley gave six reasons why the Ranyard Mission should be supported, and spoke with deep appreciation of the training given and the care shown for members of the staff when at work.

Dr. Hedley referred to the hospitals' appreciation of the co-operation of the district, and spoke warmly of the spirit in which the work is carried out by Ranyard nurses. He also expressed thanks for the privilege of sending patients to the Mission's Convalescent Home.

The chief feature of the meeting was the presentation of £345, the proceeds of a sale-of-work arranged entirely by the mission workers and nursing staff at the Lambeth Baths before Easter, followed by a supplementary sale of the surplus goods held at Catford. This was presented by the senior mission worker, who had been on the staff for 42 years, and the senior nurse, who had been on the staff for 31 years. The wonderful total shows how much work must have been put in the preparation, and is a token of the keen sense of fellowship uniting the whole staff of the mission.

Following the meeting, the staff and friends met for tea, while the London Diocesan Bandette played.

Throughout the meeting urgent appeals were made for more financial support, in order that the work of the 72 mission workers and 85 nurses may not only be maintained, but the work increased and developed.

We greatly regret to note in the annual report the death of Miss Harriet Barton, trained at St. Bartholomew's Hospital, and for 27 years a Sister in the Mission, after a few days' illness, from pneumonia.

EXAMINATION OF NURSES.**SCOTTISH BOARD OF HEALTH.**

On May 1st and subsequent days, the Scottish Board of Health held an examination for the certification of trained General nurses and of trained Fever nurses. Four hundred and eight candidates in all presented themselves for examination—333 for the First Part Examination and 105 for the Final Examination. The examination was held at Glasgow, Edinburgh, Dundee and Aberdeen. The examiners were Dr. Robertson, Medical Officer of Health, Edinburgh; Dr. Johnston, Stobhill Hospital, Glasgow; Dr. Ker, City Hospital, Edinburgh; and Dr. Richard, Southern General Hospital, Govan, 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 King's Cross Hospital, Dundee.

Forty-seven candidates have now completed the examination in General Nursing, and 53 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 the certificate of efficiency granted by the Board.

APPOINTMENTS.**MATRONS.**

Jessop Hospital for Women, Sheffield.—Miss A. M. Bishop, S.R.N., L.L.A., St. Andrews, has been appointed Matron. She was trained at King's College Hospital, London, and in midwifery at the Women's Hospital, Brighton. Miss Bishop has held the following positions:—Sister-Tutor, King's College Hospital; Home Sister, Night Sister, Sister of Medical and Surgical Wards, Sister X-Ray Department, and Theatre Sister in the Territorial Force Nursing Service; Sister at the East London Hospital for Children, Shadwell, and at the North-Eastern Fever Hospital.

Miss Bishop was registered at the earliest possible opportunity on September 30th, 1921, and is No. 57 on the State Register of Nurses.

General Hospital and Poor Law Infirmary, Jersey.—Miss H. G. Millar, R.R.C., has been appointed Matron. She was trained at the Edinburgh Royal Infirmary, and in Fever Nursing at Bradford. She has been Sister-in-Charge and Matron in Q.A.I.M.N.S. (R.).

ASSISTANT MATRON.

Mental Hospital, Sunderland.—Miss Margaret Middlemass has been appointed Assistant Matron. She was trained at the Royal Infirmary, Bradford, afterwards holding the position of Out-Patient Sister there. She worked with the Scottish Women's Hospital Unit in France and Corsica during the war, and afterwards at the Royal Naval Hospital, Haslar. She is a Certified Midwife and holds the certificate of the Apothecaries Hall.

Essex County Hospital, Colchester.—Miss Halls has been appointed Assistant Matron. She was trained in the same Institution, where she has been Sister and Theatre Sister. She has also been Staff Midwife at the General Lying-In Hospital, S.E. She holds the Massage Certificate of the National Hospital, W.C., and is a Certified Midwife.

SISTERS.

Essex County Hospital, Colchester.—Miss Ireland has been appointed Sister of a Medical Ward. She was trained in the same Institution, and has been Staff Nurse at the National Hospital, Queen Square. She holds the Certificate of the Chartered Society of Massage and Medical Gymnastics.

THE PASSING BELL.

We regret to announce the death of Miss Edith Stewart, Theatre Sister at the Mill Road Infirmary, Liverpool, for many years, which took place in that institution, where she was held in great esteem.

THE LADY WORKERS' HOMES, LTD.

The Lady Workers' Homes, Ltd., the Registered Office of which is at 24, Grove End-road, St. John's Wood, N.W.8, announce that in order to meet the great demand for their popular flats they are developing a further portion of their St. John's Wood Estate, comprising about 100 flats, of which a large number are specially designed for lady workers. They therefore invite applications for 150,000 6 per cent. Preference Shares of £1 each. Half-yearly dividends at March and September have been regularly paid since the inception of the Company. For further particulars of this attractive proposition we refer our readers to our advertisement pages (front cover).

A DELUSION AND A SNARE.

The following letter appeared in *The British Medical Journal* on June 2nd :—

REGISTRATION OF NURSES.

SIR,—The suggestion that women who have been nursing the sick for three years before November, 1919, should be admitted to the Register without taking any training into account seems to me deplorable. In my opinion the Register resulting will be absolutely farcical.

I suppose nurses, in self-defence, will have to register, but I hope they will one and all take good care to let the public know on every possible occasion that this registration is a "delusion and a snare."

The only status that a nurse should feel at all adequate to protect her high calling is membership of the College of Nursing. I for one will, on all occasions, draw a very material distinction between a so-called registered nurse and an adequately and fully-trained nurse as proved by her membership of the College of Nursing.

May I appeal to the better instincts in our ranks to voice their indignation on behalf of those women who have taken the trouble to go through a course of severe and arduous training in our hospitals?

I am, &c.,

G. W. R. SKENE,
Chairman, Medical Committee, Willesden
General Hospital.

London, N.W., May 21st.

To judge from his letter, Dr. G. W. R. Skene is evidently ignorant that the proposal that totally untrained women should be admitted to the General Part of the Nurses' Register emanated from the Council of the College of Nursing, Ltd., and that for months this company which runs a rival to the State Register, has been agitating to debase our standards.

The new Rule projected by the College, and thrust through the General Nursing Council by its representatives—now signed by the new Minister of Health—will, if agreed to by Parliament, render Nurses' Registration a positive danger to the public for the next twenty years, and the gross breach of faith with the trained nurses who have formed the Register under the present Statutory Rules, will do much to discourage honourable women adopting nursing as a profession.

DEMAND FOR ENQUIRY.

At a meeting of the British Constitutional Labour Movement held on Saturday, June 2nd, 1923, the following resolution was passed unanimously, and the Secretary was instructed to forward it to the Prime Minister :—

"The British Constitutional Labour Movement very earnestly appeals to the Prime Minister to sanction the appointment as speedily as possible of a Select Committee of the House of Commons to enquire into the constitution, objects, methods of working, and finances of the General Nursing Council for England and Wales, of the College of Nursing, Ltd., and of the Nation's Fund for Nurses."

THE BRITISH HOSPITALS ASSOCIATION.**SOME ADMINISTRATIVE PROBLEMS.**

The Lancet (June 9th) publishes certain passages of especial importance from communications made at the Annual Conference of the British Hospitals' Association, held at Sheffield, May 31st and June 1st. The following extract from an address dealing with problems of hospital administration, by Mr. Herbert L. Eason, Medical Superintendent of Guy's Hospital, we quote in full from *The Lancet*, as the question of the shortage of suitable probationers for training is one, which sooner or later, must be seriously considered by the community, with a view to increasing the supply by removing disabilities.

Maintenance of the Supply of Nurses.

On the basis that this is one of the most acute problems with which we are faced. According to him, the present supply of probationers is most precarious, and there are few hospitals that have a full nursing staff. Before the war, probationers were not usually admitted for training until they were twenty-three years of age or over, but efforts to enlist the sympathy of head-mistresses in bringing nursing as a career to the notice of girls at school are met by the rejoinder that if there is a compulsory interval between leaving school and commencing training the girl drifts off into some other occupation or career. Probationers are therefore admitted into many hospitals now at the age of nineteen, but the experiment is far from being a success. Girls of this age often do not know their own mind and after a course of instruction in a preliminary training school many of them come to the conclusion that nursing does not appeal to them or that it is too hard. The percentage of sickness among young nurses is also much higher than among older women, as they are not sufficiently resistant to disease. Of every batch of probationers entering a preliminary training school at a hospital, from 25 to 50 per cent. may leave the hospital before the completion of their first year of training. It also appears to be the experience of many matrons that the more off-duty time that is allowed the higher is the incidence of sickness. The off-duty time is occupied with pleasure and amusement, and the nurse returns to her ward fatigued and more liable to infection. The probationer's life in these days is also made more strenuous by the increasing severity of her educational curriculum. The modern tendency is for the training of nurses to become more and more advanced on the scientific side so that there appears to be a danger that the curriculum for probationers will be little less than that of the woman doctor. As most of this mental work has to be done by the nurse in her off-duty hours when she is usually physically fatigued, the strain may soon become intolerable. As it is essential that a nurse should have a good physique, and physique and intellectual capacity do not always go hand in hand, there may be a

danger that, in demanding too high an intellectual standard from our probationers, we shall lose those women who are by nature physically best fitted to undertake the strenuous life of the hospital nurse.

Nursing in the wards is also becoming harder and harder every day owing to the increasing demands of medical service. Investigations are becoming so complex, bismuth meals and special diets are adding so greatly to the routine-work of a ward and the number of persons who now have duties in the wards and require the attention of the nursing staff is increasing to such an extent that it is impossible to staff a hospital with the number of nurses that was adequate a few years ago. And the problem is not merely one of more nurses. More nurses require greater housing accommodation, greater nursing accommodation means an increased domestic staff, who, in their turn, require additional accommodation, and all the while the cost of maintenance in respect of food, heating and lighting increases without limit. Then, again, at the end of the period of training, the fees now charged in private by the trained nurse are becoming so high that it is becoming increasingly difficult for persons of moderate means to afford their services, and nurses realise that there is hardly a living to be made.

The supply of nurses for hospitals, their training and the fees charged for their services in after life are, therefore, all problems which require the most cool-headed consideration on the part of those who are responsible for the future of the nursing profession. Finally, the pensions to which nurses can aspire at the end of their professional life are in most cases miserably inadequate, and a nurse is usually worn out at fifty. Her professional career is very short, and unless she is of a rigidly economical frame of mind the end of her life may be a sad struggle with actual poverty. It is essential, therefore, Mr. Eason said, in order to attract nurses of the right type in sufficient numbers to train at our hospitals that every attempt should be made to make their life, while in training, attractive by the provision of comfortable bedrooms, good sitting rooms, and amusement in the way of week-end cottages, sports grounds, nurses' leagues, and all forms of co-operative interest and social enjoyment. And for the trained nurse some adequate pension scheme is the problem of the hour.

LEGAL MATTERS.

Wearing the uniform of a nurse, an elderly woman, giving the name of Eleanor Barrington, was sentenced by the magistrate at Westminster last week to twelve months' imprisonment on two charges of shoplifting.

Presumably this is the type of person who, if at large, might apply for registration under Rule 9 (1) (g). Let us be thankful she will not be out of fail in time!

BOOK OF THE WEEK.

THE YARD.*

Lovers of sport and horses will be the chief admirers of this refreshing novel, but all classes will appreciate the pretty love thread that runs through it.

The "Yard" refers to a horse-dealer's environment, which is charmingly illustrated in the frontispiece.

The prologue, of course, gives the key to the story, and it describes how Tom Kinsman came home one fine day to find how Em'ly, his wife, had eloped with a nagsman, leaving him with the charge of a little girl.

Tom was proud of his "kid," partly because his neighbours assured him *she* took after *him*. In his heart Tom hoped that little Margie was "the goods." She was now four years old, and had her sire's seat on a tiny rocking-horse. She cooed at best in the stables; she kissed soft muzzles.

On the night of Em'ly's desertion he sat beside the bed till his child fell asleep. Phœbe, the maid, brought in his supper. He could see she had been crying, which affected him oddly, because he had not treated her too kindly. Inefficiency irritated him.

"It's so awful!" she said. "You was so good to 'er and livin' so close to the Cathedral. But mother said to me only las' Sunday: 'There's a heap of immortality,' she says, 'in these old towns, so mind who you walks out with.'"

"And do you?"

"Yus, I do. I'm ever so sorry you hasn't a nicer supper."

"Must cut loose," he decided. "Must make the best of Margie."

And he lay awake half that miserable night wondering how he could do it.

It was afterwards that he became possessed of the Yard. It looked, and was, spick and span. Tom was a first-class horse-master, insisting on kindness of treatment.

Margie was now an attractive young woman who had proved herself "the goods" so far as horses were concerned.

The dealer had given his daughter a good education and one piece of advice:

"Tell the truth, Missy, when it doesn't hurt other people, and keep your stockings well gartered. I hate slummicky girls."

Missy believed that her mother was singing in the heavenly choir along with other angel mothers.

From time to time Tom heard from his wife. Invariably she demanded a grant in aid. Of course he might have divorced her, but he belonged to that class which fears lawyers and courts of law. Tom's experience of the holy estate of matrimony made him whisper to himself, "Never again."

If a horse-dealer possesses a charming daughter, who is in addition a first-class horsewoman, it is no detriment to her father's business, and young Roddy, the son of a prosperous stockbroker, be-

* Horace Vachell. (Chatto & Windus.)

came "keen" on sport after preliminary experiences in hunting when Missy gave him his first tips.

Roddy, who was a Commander in His Majesty's Navy, was summed up by Tom to his nagsman after his first visit to the Yard:

"I make no doubt that Commander Selwyn can ride the stormy ocean, but I don't think he can ride Timbuctoo."

At first, Roddy's object in becoming at home in the chase was to "ride into" the affections of Diana Pundle, one of General Pundle's four daughters, who apparently lived for that exciting sport.

His friend, Harry Slufter, assured him that was the only way to win her.

His presence in the hunting field is now explained, though he had yet to learn that something else was needed beyond a decent mount.

Harry Slufter, a cavalry officer, eyed his friend of the Senior Service with dismay.

"Anything wrong?"

"Everything, old bean. I never saw such a rag-bag out of the comic papers. Where did you get 'em?"

"I borrowed most of 'em."

"A horseman," said Harry solemnly, "should be a credit to his gee. However, I'll see you through. We'll nip up to town together. If little Di wasn't the kindest soul on earth she wouldn't speak to you."

But, as we have hinted, it was Missy who kept him "keen."

The story, which seemed likely to end on a note of tragedy, happily ends with a hint of wedding bells, not only for Missy and Roddy, but also for honest Tom (now a widower), and comely Mary Chaundy, of the "Bell" Inn.

"He turned off the gas and walked silently into his own room. He flung open the window. Across the yard he could see another window in which a light burned steadily. The blind was drawn.

Black upon amber, Tom could see the figure of Mary. It vanished.

"Gosh!"

After a long pause he spoke again:

"Why not?"

Furtively he blew a kiss to her.

OUTSIDE THE GATES.

Mrs. Philipson, was greeted with cheers from all parts of the House of Commons when she took her seat and signed the roll on her election for Berwick-on-Tweed on June 7th, in succession to her husband, who was unseated on petition. She was introduced by Sir T. Inskip, Solicitor-General, and Colonel Leslie Wilson, Chief Government Whip.

As Miss Mabel Russell she was well known as a very popular stage favourite before her marriage—and she states she is keenly interested in the much-talked of Bill to protect actors and actresses from the bogus manager.

Whilst welcoming another woman M.P., we think it is now time women were elected on their

own merits, and not as "relicts" of the male sex. Moreover, it is high time the Nursing Profession sent a courageous Registered Nurse to Parliament. The Parliamentary Medical Committee is proving a very dangerous power against nursing standards in the House, and if they get their way over Rule 9 (1)g they will practically deprive both efficient nurses and the public of any benefit from Registration for the next twenty years. Two or three of the Medical M.P.s are well-known to be strongly antagonistic to any professional status for trained nurses. "Hewers of wood and drawers of water" so far as their relations to medicine is concerned—their model the "cottage gamp."

Unfortunately the public suffer from the delusion that a medical practitioner is a trained nurse in addition. This type of practitioner warmly supports the College Caucus—which uses its supine self-interested membership in suppressing the professional aspirations of the free nurses.

We hope, as Mrs. Philipson has been a wage-earner, she will sympathise with working nurses—so far her women colleagues have studiously ignored their rights and privileges.

By a majority of 231 votes the Third Reading of Mr. Entwistle's Matrimonial Causes Bill passed the House of Commons last week. This Bill provides for equality between the sexes. Hitherto it has been necessary that a woman should prove cruelty as well as misconduct against her husband if she wished for a divorce, whereas a man need only prove adultery. The wife may now sue for divorce for adultery alone—to many the bitterest form of cruelty.

From Rome comes the news that Signor Mussolini has introduced in the Chamber the Bill promised granting an administrative vote to women.

COMING EVENTS.

June 15th.—Funeral of Her Royal Highness Princess Christian. St. George's Chapel, Windsor Castle. 11.30 a.m.

Memorial Service. Westminster Abbey. 11.30 a.m.

June 15th.—Meeting General Nursing Council for England and Wales. Ministry of Health, Whitehall, S.W. 2.30 p.m.

June 15th.—Meeting National Council of Women, Caxton Hall. 2.30 p.m.

June 28th.—Matrons' Council of Great Britain and Ireland. Meeting, Glaxo House, 56, Osnaburgh Street, N.W. 2.15 p.m.

June 28th.—Royal British Nurses' Association. Annual General Meeting. 194, Queen's Gate, S.W. 3 p.m.

Mrs. Campbell Thomson, Nurse Hon. Secretary, invites members to tea at the Club after the meeting.

LETTERS TO THE EDITOR.

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

MENTAL NURSES AND REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Honest criticism is stimulating and helpful, but one can scarcely say the criticism in this week's Journal of the Report of the Mental Nursing Committee of the General Nursing Council is based on accurate knowledge. May I say here, *en passant*, our Committee has done, and is doing, yeoman service, and its latest recommendation of circular letters *re* Registration to the mental hospitals is only one of many instances of its vitality. It is inaccurate, to put it mildly, to say we have taken no part in obtaining State Registration—both financially and otherwise. Those of us who *really* know the excellent work of the Asylum Workers' Association for many years emphatically refute your assertion. We still have our idealists and pioneers who are enthusiastically carrying on that work without flair and with good results. The Mental Nursing Branch is vital and therefore stands for self-government along constitutional lines. The Act of Parliament now functioned by the General Nursing Council is the most powerful lever of the Profession; guiding without interfering, and helping without dictating.

I should like to assure the Editor the Mental Nursing Committee's Report more than justifies the confidence of the electors in its representatives on the General Nursing Council.

I am, dear Madam,

Yours very truly,

A. E. MACDONALD,
(Sister).

194, Queen's Gate,
London, S.W.7.

[We advise our readers to study our remarks on the Mental Nursing Committee's Report, which appeared in our issue (June 2nd) on page 349. We never make inaccurate statements. During the thirty-five years' struggle for State Registration, which we inaugurated in 1887, we acted in an official capacity throughout, and drafted the first Nurses' Registration Bill introduced into the House of Commons in 1904, the principles of which were incorporated in the Nurses' Registration Acts of 1919. Throughout that long period we urged the State Registration of Mental Nurses, but, with the exception of Miss Lord of Banstead, and subscriptions from time to time from Mr. M. C. Walshe, J.P., and a few individual nurses, we repeat Mental Nurses, *through their organization*, took no part in supporting, working for, or paying for the propaganda which the general nurses' organizations financed—£20,000 in hard cash, and another £20,000 in voluntary labour. The Asylum Workers' Association—excellent as far as it went—did not go far enough, as it

was largely controlled by Medical Superintendents, and not by the rank and file of the working nurses.

When invited to co-operate with the other nurses' organizations—mostly self-governing—which formed, with the British Medical Association, the Central Committee for the State Registration of Nurses in 1910, the Asylum Workers' Association did not accept the invitation, and thus did not unite with the General Nurses, or contribute to the dues enabling it to place the Nursing Acts on the Statute Book, thanks to Major Barnett, Dr. Addison, and the late Sir Robert Morant. We repeat that thousands of Mental Nurses know nothing of the Registration Movement, which is proved by the fact that in two years only about 1,500 out of at least 40,000 have been registered so far.

The authorities of Mental Hospitals have not in the past encouraged their nursing staffs to read THE BRITISH JOURNAL OF NURSING—the professionally edited Registration organ for 35 years—but publications which have misrepresented and bitterly opposed the movement for legal status and prescribed education for nurses, organized under State Authority. The result of this misdirection by the lay proprietors and editors of the anti-Registration press is now apparent.

The Mental Nurses' representatives on the General Nursing Council stood for election as Independent Candidates, and can therefore act and vote independently of any outside caucus, and we are glad to know they have proved they possess the will and courage to do so.

It is high time Mental Nurses who do not care to join the National Asylum Workers' Union (a Trade Union) organised a *self-governing* Mental Nurses' Association.—ED.]

WHERE TO REGISTER.

Apply for Application Form to the Registrar :—
ENGLAND AND WALES—12, York Gate, Regent's Park, London, N.W.

SCOTLAND—13, Melville Street, Edinburgh.

IRISH FREE STATE—33, St. Stephen's Green, Dublin.

NORTHERN IRELAND—118, Great Victoria Street, Belfast.

Forms should be carefully filled in and the names given for references from persons who have agreed to supply them.

OUR PRIZE COMPETITION QUESTIONS.

June 23rd.—Describe the method of administering pituitrin, and any case in which you have seen it prescribed.

June 30th.—What points require to be observed as a routine by a nurse in all patients in regard to the following :—(a) Urine, (b) Stools, (c) Appetite, (d) Sleep, (e) Condition of mouth?

July 7th.—Describe briefly how you would prepare the following baths, namely :—Alkaline, saline, mustard, starch, sulphur.

The Midwife.

GENERAL LYING-IN HOSPITAL.

THE ELEVENTH ANNUAL POST-GRADUATE WEEK.

In our issue of June 2nd we referred to the opening of Post-Graduate Week at the General Lying-in Hospital and to Dr. Richardson's inaugural lecture.

All through the week a very high standard of attendance was maintained at both clinics and lectures. Delightful visits were paid to the Salomon Centre and Children's Ward, Guy's Hospital, where the Post-Graduates were afterwards entertained to tea in the Nurses' Home; to Queen Charlotte's Hospital, where the usual kindly hospitality was received; and to the Express Model Dairy Farm, Finchley, where a most delightful time was spent in rural surroundings, seeing the cows milked and the cooling and bottling which immediately followed, with the resulting service of the famous "Grade A" milk. The wonderful efficiency of the cleaning and sterilizing machinery for the bottles and cans, and the sterilizing of all milk received from the other farms, filled one with admiration. A delightful tea was enjoyed in the little blue-and-white dairy—an added kindness very much appreciated. On Thursday, City Road Maternity Hospital kindly entertained some of the Post-Graduates at Dr. Owen's Clinic and to tea afterwards; while others spent an enjoyable afternoon at the School of Mothercraft, Trebovir Road. All the lectures were very much appreciated. Lady Barrett's lecture on diseases complicating pregnancy made one realise more than ever that the work of the doctor and midwife did indeed "dove-tail," and that there was no room for a petty jealousy, but for a whole-hearted co-operation on both sides for the benefit of the patient.

Dr. Fairbairn, as always, taught and inspired at the same time—opening up wonderful visions of life itself and deepening and renewing our reverent admiration of the processes which it is our privilege to assist at the completion.

Dr. Cameron fascinated us by his wonderful understanding of the nervous organisations of the tiny restless bundles, the nervous babies one so often comes across. He showed the extraordinary interaction of one nervous system (often the mother's) upon the miniature one of the baby's, and incidentally explained the strange compliance of the same baby to the raw probationer in Hospital.

A most excellent lantern lecture was given by Dr. Stanley White (of Parke, Davis Company's Scientific Staff), wherein many illuminating facts concerning the preparation and standardisation of

various serums, vaccines and glandular products were obtained.

Miss Randall (Sister-in-Charge of St. Thomas's Massage Department) gave an excellent lecture and demonstration of the uses of Massage and Physical Exercises in the Puerperium. It gave one "furiously to think" on the standard of efficiency of the twentieth century, which will not allow nature even to take a rest without assistance.

The last event of a crowded week was a very excellent lecture by Dr. Amy M. Davis at the Midwives' Institute, to which the Post-Graduates were very kindly invited by Miss Paget and the Council. The subject was "Venereal Disease: Its Effects on Mother and Child," and it was most clearly and comprehensively given in a way which could not fail to be of the greatest service to those who come across it and must deal with it for the safety of all concerned.

DEPARTMENTAL COMMITTEE ON PUERPERAL MORBIDITY.

The Scottish Board of Health have appointed a Departmental Committee to enquire into the incidence of Puerperal Morbidity and Mortality, with special reference to the causes contributing thereto, and to suggest any remedial measures. The Rt. Hon. Lord Salvesen is appointed Chairman, and it includes four medical practitioners and the following women members:—Mrs. Mary Barbour, a Member of Glasgow Town Council; Miss M. E. Cairns, Glasgow, Vice-President, Scottish Midwives' Association; Miss A. M. Fraser, Superintendent, Motherwell and District Nursing Association, Assistant Inspector of Midwives and Chief Health Visitor, Motherwell and Wishaw Burgh; with Mr. C. L. Farmer, Scottish Board of Health, as Secretary.

VIROL, LTD.

An excellent report was presented on Monday last at the Annual Meeting of Virol, Ltd., the Chairman, Mr. B. S. Straus, in moving the adoption of the report, saying that the sales for the period under review constituted a record in the history of the company, and that there was hardly a market in the world in which their sales had not shown a substantial increase over those of the previous year. This applies both to Virol and Virolax. The directors recommended the payment of a dividend of 20 per cent. on the ordinary shares, as against 17½ last year.

A resolution was passed granting a donation of 200 guineas to the National Baby Week Council.

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SATURDAY, JUNE 23, 1923.

Vol. LXX

EDITORIAL.

NEW PRINCIPLES IN BACTERIAL IMMUNITY.

One of the very fascinating aspects of nursing to intelligent nurses is that it brings them into touch with the most recent developments of medical science. For new treatment frequently demands new methods of application, and though the nurse cannot go deeply into the scientific aspect of a new discovery, it behoves her to know the principles upon which it is based. Her place in the remedial scheme is to maintain the patient in the best condition for the application of the remedy. She must, therefore, understand what it is that the medical practitioner desires to accomplish, and then consider how, from the nursing point of view, she can best aid his endeavour.

At St. Mary's Hospital, Paddington, on June 14th, Professor G. Dreyer, of the Pathological Department of the University of Oxford, delivered a lecture on "New Principles in Bacterial Immunity," which may well introduce a new epoch of hope for those infected with tuberculosis, and possibly other diseases; and though the details of the discovery are abstruse, the underlying principles, like all great truths, are not difficult of comprehension.

One aim of vaccine-therapy is to render the person treated immune against a particular disease, and the comment of the *Lancet* on Professor Dreyer's de-fatted bacterial vaccines is that this new departure in vaccine-therapy is one of the most hopeful and interesting ventures which it has been able to chronicle for some time.

Everyone knows of the classic instance of vaccination against smallpox. People may or may not believe in it; but they are wise if they accept the decision of medical science on the question. "The principle," says the medical correspondent of the *Times*, "is that the body can re-act to small doses of certain organic poisons produced by parasites in such a fashion

as to provide effective resistance against larger doses of those same poisons. More generally, this is the principle of learning by experience; more generally still, it is the principle of adaptation, a fundamental property of Life.

In some instances bacterio-therapy achieves brilliant successes, and in others it fails or succeeds only very imperfectly. Of the latter, Koch's tuberculin, of which such high hopes were entertained, is one of the best-known instances.

Here comes in the value of quiet and patient study, and, incidentally, the rich reward which may result from the endowment of medical research. Why has the treatment of tuberculosis with vaccines been so disappointing hitherto? How can disappointment be translated into success?

Professor Dreyer lays it down as a general proposition that bacteria which are "acid-fast" and gram-positive" strongly resist the influence of vaccines designed to overcome them.

This "acid-fastness" has been proved to reside in the fatty sheath which surrounds these germs, and the problem which Professor Dreyer set himself to solve was how to deprive the germs of tuberculosis of their fat; because, unless the dose of poison contained within the sheath is set free, the body will not make the antidote against it.

The Professor demonstrated, in the course of his lecture at St. Mary's Hospital, how bacteria may be treated by formalin and acetone so that their fatty sheaths may be dissolved and their essential contents become accessible to outside agencies. Much is hoped, and there appear to be good grounds for hope, as to the results to be obtained with these de-fatted antigens, particularly in the cure of tuberculosis, but also in other diseases. The Nursing Profession will endeavour to further the work of the Profession of Medicine in this direction by any means which are open to it. If the scourge of tuberculosis can be banished from this world, it will not only be a much happier place but there will be much more productive labour.

PRINCESS CHRISTIAN'S FUNERAL.

CEREMONIAL AT WINDSOR.

The funeral service of the late Princess Christian took place on Friday, June 15th, at St. George's Chapel, Windsor. The King and Queen, the Princess of Wales, Princess Helena Victoria, Princess Marie Louise, and other members of the Royal Family took part in a simple and moving ceremony. The coffin, covered with the Royal Standard, on a gun carriage, was drawn by six bays of the Royal Horse Artillery, the pall-bearers walking on either hand. The coronet and insignia of her late Royal Highness were borne by equerries on cushions, the short procession passing to the music of the "Dead March" in *Saul*.

As the coffin was lifted from the gun carriage the Dean of Windsor, who awaited it at the foot of the church steps, began to read the sentences from the Order for the Burial of the Dead. Inside the Chapel the choir took its place at the head of the procession, and as it moved up the aisle, sang the hymn, "For all the Saints who from their labours rest." The service was short. The 90th Psalm was sung, and the Bishop of Oxford read the Lesson from Wisdom iii, 1-9, "The souls of the righteous are in the hands of God." Then came prayers, and a Collect and the Blessing by the Archbishop of Canterbury.

The coffin was then taken to where it now reposes, in a grave in the aisle near the east end of the church—not, however, to be its final resting-place. Later it will be placed in the Royal Tomb House, which is immediately below the Albert Memorial Chapel.

The coffin was banked high for many yards with wreaths of exquisite flowers. On the coffin itself, upon the Royal Standard, lay two simple wreaths only—one all green from the Princess Christian's daughters, and one from the members of her household. Amongst the wreaths was one of great beauty sent by the members of the Royal British Nurses' Association, composed of exquisite white flowers, and a very lovely wreath of the red and white roses of York and Lancaster from the National Council of Trained Nurses of Great Britain and Ireland.

Miss Isabel Macdonald, Secretary of the Royal British Nurses' Association, was invited to attend the funeral at Windsor, together with the three members who nursed the Princess in her last illness—Miss Bevan, Miss Hill, and Miss Pearson.

THE MEMORIAL SERVICE AT WESTMINSTER.

The crowded Memorial Service held at Westminster Abbey was a most impressive occasion, and was conducted by the Dean of Westminster (Bishop Ryle). The music was exquisite. In an address the Dean said he had been asked to say a few words in tribute to Her Royal Highness. Princess Christian was a good woman, whom very many loved and all honoured. She was one who from her girlhood gave herself up to the duties and discipline of nursing. Throughout her long life she was devoted to the promotion of causes whose object it was to relieve suffering, and, if possible, to recover the fallen. It was her constant ambition to use aright the position which she had inherited for her country's good. Her strong personal traits were her peace of mind and inspiration for ceaseless benevolence and her thought for others. She inherited from her mother, Queen Victoria, a noble tradition, and she upheld it worthily.

There was no cause for sorrow, but rather of thanksgiving to Almighty God for the pattern of her life, and for the example of fortitude in the time of trouble.

"One Army of the Living God,
At His command we bow.

Part of the host have crossed the flood
And part are crossing now."

A large number of nurses were prominent amongst the congregation. Miss Beadsmore Smith, R.R.C., Matron-in-Chief Q.A.I.M.N.S., Dame Maud MacCarthy, R.R.C., with many Army Sisters in their distinctive uniforms; Mrs. Bedford Fenwick, President, National Council of Trained Nurses; and many members of the Royal British Nurses' Association, specially represented by Mrs. Campbell Thomson, Hon. Nurse Secretary; Miss Alice Cattell, Miss Liddiatt, Miss Forbes, Miss Dempster, Miss Beatrice Cutler, Miss Sadlier, and others. Miss Margaret Breay, Hon. Secretary, Registered Nurses' Parliamentary Council, and Miss Lord, National Union of Trained Nurses. The nurses present realised they had lost an understanding friend, whose place it would be impossible to fill, and passed out of the Abbey with an irremediable sense of bereavement.

—◆—

We regret we are unable to award a prize this week. An excellent Paper was received from Miss E. Wett, Bethnal Green Hospital, which only contained 384 words. It did not, therefore, comply with the Rules, which require competition papers to contain from 500 to 650 words.

NURSING ECHOES.

There is no time to be lost if opposition to Dr. Chapple's Prayer to the King in Council is to be opposed. Our advice to nurses who object to the General Part of the Register being thrown open, thus late in the day, to persons without any hospital training whatever, is to send a signed postcard to this effect to the Clerk of the Council, Privy Council Office, Whitehall, S.W.1., and to the Minister of Health, Ministry of Health, Whitehall, S.W.1. Catch the first post.

We hope the address on "The Value of a District Nurse in Preventive Work," by Dr. Wheatley, County Medical Officer of Health, Shropshire, delivered at a recent annual meeting of the Shropshire Nursing Federation will be widely circulated, as these County Nursing Associations are costing the public thousands of pounds annually, and are still apparently doing little to establish a higher standard of education and professional knowledge amongst village nurses, who should now be the well-instructed teachers of public health throughout rural districts.

Dr. Wheatley laid great stress on the fact that a district nurse ought to be drawn from an educated class. She should also be well trained in the laws of health and hygiene, based on physiology. In comparing a district nurse with a hospital nurse it was done simply to show that a district nurse was thrown on her own resources. She had but little supervision, and she was engaged in educating to a great extent the people with whom she came into contact, and had to use her brain in an entirely different way from a hospital nurse. For that and other reasons he thought she wanted to be a well-educated woman. They would have to realise, however, that this would only come about in time, that the district nurse would have to have a different status, and different remuneration. Speaking of the district nurse as a health visitor, he said they were great teachers of hygiene. They all said prevention was better than cure. Everyone repeated it, but very few acted upon it.

Dr. Wheatley then spoke on the detection and preventive treatment of rickets, and on the work of the visiting nurse in connection with tuberculosis, and said perhaps her work in connection with orthopaedic surgery was the most important. He recognised as well as anyone that the improvement with regard to the district nurses would have to be gradual. The service required a class of a high order of

intelligence, and steps should be taken to improve their status.

After Dr. Wheatley's wisdom, it is sad to read the following expression of opinion from Dr. Haviland at the annual meeting of the East Sussex County Nursing Federation at Hastings.

Dr. Haviland is reported to have said: "With regard to choosing of women for training, it was not sufficient to choose healthy and educated women unless they considered their attitude toward nursing. Why was Mrs. Gamp so often preferred to the fully trained nurse? First, because, perhaps, she might come a little cheaper—[Only in filthy lucre. Mrs. Gamp is a very costly fraud where the health of the people is concerned.—ED.]—and they did not have to go into so many formalities; but the chief reason was, he believed, that Mrs. Gamp was a person who had a natural aptitude and inclination for nursing, and with such people they got a sympathy which bound the nurse to the patient in a way which the more educated person, unless she had that sympathy, could not do."

Sir Francis Champneys (Chairman of the Central Midwives' Board), who presided, said in his address that he never regarded Mrs. Gamp as a really very benevolent person. She had a natural aptitude for gin, if he recollected, and, of course, that was not necessary in a midwife's equipment. The character of the woman should be of the first importance.

Alas! that the whirligig of time should have brought us to the canonisation of Mrs. Gamp. We are indeed in a parlous state! When doctors differ, however, there is some hope for the patient.

Remarkable findings as to infection, overcrowding, and scarcity of trained nurses appear in the report of Dr. Miles B. Arnold, who conducted an inquiry on behalf of the Ministry of Health into conditions at the Staines and District Hospital.

"It is very desirable," he declares, "that there should be a larger proportion of trained nurses on the staff.

"It seems probable that at times patients have been discharged whilst in an infectious condition.

"Overcrowding to the degree which occurred in the Staines Isolation Hospital brings with it grave danger that patients may be infected with some other disease than that for which they were admitted.

"The Hospital Committee should consider the serious question of overcrowding of the hospital."

We wonder if this institution is "recognised" as a Training School by the G.N.C.!

The voting on the question of certain alterations in the fees to be charged by private nurses in Victoria resulted in the following scale being adopted, which comes into force as from May 1st, 1923:—

	£	s.	d.	
Ordinary Medical and Surgical Cases	3	3	0	per wk.
Mental, Alcoholic and Venereal Diseases	4	4	0	"
Infectious Diseases (Notifiable to Board of Health)	4	4	0	"
Obstetric Cases	3	3	0	"
and an extra £1 rs. for confinement.				
	£	s.	d.	
Confinement Only	1	1	0	
Performing last offices when specially called out to do so	1	1	0	
Preparing and attending an operation on another patient in private house when general or spinal anæsthetic is given	1	1	0	extra.
Fee for 24 hours, including 4 hours away from patient's room	1	1	0	
Fee for 12 hours	15	0		

Although the cost of living is higher in Victoria than at home, the fees are less in some instances than those charged in London. For instance, our usual fee for ordinary medical and surgical cases is £3 13s. 6d.; maternity fees from £4 4s. to £5 5s.; and £1 rs. is the usual fee per one night or one day. Statistics prove that since higher fees have been charged, few private patients can afford whole-time nurses, and that cases are considerably shorter. Thus private nursing is more arduous, because a nurse is often not engaged until the patient is in a serious condition, and requires unremitting attention, and she often goes from one very serious case to another without attendance during a period of convalescence.

We know it is a good deal to expect our readers to go steadily through the lengthy reports published this week, but we invite them to do so, as they are full of matters of vital importance to our profession, which would not be seething in this witch's cauldron if nurses assumed more professional responsibility.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

The meeting of the National Council of Trained Nurses of Great Britain and Ireland, held at the Club of the Royal British Nurses' Association, 194, Queen's Gate, S.W., on June 14th, was a great success, and it was a very happy party which met at luncheon before the meeting.

Mrs. Bedford Fenwick, S.R.N., President of the Council, presided, and there were present, amongst the guests seated on her right, Miss J. Bicknell, Director of Division of Nursing, Department of Health, New Zealand; and on her left Miss Aeschmann, *Diplômée* of the Florence Nightingale School of Nursing at Bordeaux, Miss J. C. Child, Overseas President, South African Trained Nurses' Association, Miss M. Heather-Bigg, R.R.C., as well as many representative officials and members of the National Council.

The tables were beautifully decorated by Miss Beatrice Cutler, S.R.N., Hon. Secretary of the Council, and, needless to say, the luncheon, prepared and served by the expert domestic staff, was excellently done.

White soup, Scotch salmon, mayonnaise sauce, galantine, new potatoes, lemon and black-currant jellies, trifle—presented in little glass dishes with angelica handles to represent baskets—strawberry cream ices, and coffee.

It was evidently a "best hat" gathering, and everyone present seemed full of life and spirit.

There was only one toast, "The King," which was, of course, honoured standing and with great enthusiasm, after which everyone adjourned to the drawing-room for the business meeting, which was crowded, including two representatives of the Dutch Nurses' Association (Nosokomos), Sister Verhagen and Sister Van der Berg.

PRESENTATION OF THE FIRST STATUTORY REGISTER TO MRS. BEDFORD FENWICK.

Before the meeting began Miss A. M. Bushby, S.R.N., took the chair, and said that the publication of the first State Register of Nurses appeared to be a fitting occasion to present a specially bound copy to Mrs. Bedford Fenwick. She would invite Miss Breay to make the presentation.

Miss Breay handed to Mrs. Fenwick a copy of the first Statutory Register, bound in rose-coloured morocco, the border lined and pearled in gold, the Tudor Rose in each corner, and in the centre a Lozenge suspended from a ribbon

bearing heraldic arms which Mrs. Fenwick is entitled to use as a direct descendant in the female line of her ancestress, Mrs. Palmer of Thurnscoe, *née* Ann Armroyd.

A short Address, beautifully illuminated, was inscribed within the book as follows:—

PRESENTED TO

MRS. BEDFORD FENWICK,

THE FOUNDER, IN 1887, OF THE
MOVEMENT FOR THE ORGANISATION OF THE NURSING
PROFESSION BY NURSES IN GREAT BRITAIN AND FOR
THE ORGANISATION OF TRAINED NURSING BY THE
STATE IN ORDER TO SECURE PRESCRIBED
SYSTEMS OF TRAINING AND EXAMINATION
TO QUALIFY FOR ADMISSION TO A
STATUTORY REGISTER OF NURSES
IN GRATEFUL ACKNOWLEDGMENT OF HER WORK OVER A
PERIOD OF 32 YEARS, DURING WHICH SHE CONDUCTED
THE CAMPAIGN FOR THOSE OBJECTS WITH
BRILLIANT FORESIGHT, SKILL, AND COURAGE.

In making the presentation Miss Brey said:—

Madam President, Ladies, Dear Mrs. Bedford Fenwick,—

Our first pleasant duty this afternoon is to render homage where homage is most due, and to ask you to accept from some of your friends a copy of the first State Register of Nurses, published under the direction of the General Nursing Council for England and Wales, a volume which owes its inception to your foresight, and which symbolises your devotion to the interests of the sick; your desire that the future members of the Nursing Profession may have facilities for development along the best lines; the right to a prescribed training; and admission to the profession of nursing and to the State Register through a one portal examination.

There are some here to-day who have followed your leadership through the thirty-six difficult years since you first gave forth this aspiration as a vital force, and I have the absolute certainty that they would willingly follow it for another thirty-six years—(applause)—if need be, for well they know that, ignoring personal advantage, you have ever sought the public good, and that, as the Prime Minister recently said of one of the greatest of his predecessors, you have done so with amazing pre-vision, unerring perception of the essence of things, and almost superhuman courage.

There are interleaved with the pages of this volume many hopes, much admiration, and great affection.

If I began to speak of your many-sided activities for the Nursing Profession, I should need a volume. This is not the time or the place, nor is it necessary, for they are revealed to us in THE BRITISH JOURNAL OF NURSING, which is one of them, and the one for which, perhaps, we are most deeply indebted to you; for this gallant organ in the press which we owe to your pre-vision, to your literary talent

—and you yourself only know to what extent in hard cash and self-sacrifice—is the JOURNAL through which the battle for Nurses' Registration has been fought and won.

I have been assured by one of your disciples that, in a hundred years' time, you will be canonized and that the nurses of that generation will be putting up marble statues in your honour. You may, perhaps, derive some satisfaction if you look down upon them from the starry heights; but there are some of us to whom that seems rather cold comfort. We want to express to you here and now, the warmth of our appreciation, our gratitude, and our affection. So I have been charged with the duty and pleasure of asking you to accept this volume. We have tried to make it beautiful, for it enshrines beautiful ideals. We hope it will please you, and with Miss G. A. Rogers (of Leicester), who wrote regretting that she could not be with us, we believe that, though the outlook at the moment may not be a very happy one, you have worked for the future as well as for the present, and we have every confidence that good seed will produce good fruit.

Mrs. Fenwick, in accepting the gift, warmly thanked the donors—all associated with her in the long struggle for legal status—and without whose loyal support victory would never have been won. The volume she held in her hand was far "above rubies," and she valued it deeply, not only for its intrinsic beauty, but for all it represented in human aspiration and achievement for the uplift of the Profession of Nursing.

The Tudor Rose, the Badge of the Registered Nurse, which was well chosen, appeared on its cover, together with her Lozenge. The appreciative words of the beautifully illuminated Address would be valued not only by herself, but by those who came after her into possession of this exquisite Book. It would be left as an heirloom in her family.

The Book was then passed round the room, and was greatly admired by those present—the majority of whom had contributed generously to this very appropriate gift.

Miss S. A. Villiers then asked Mrs. Fenwick's acceptance of a bouquet of beautiful crimson roses and carnations.

A VOTE OF CONDOLENCE.

Mrs. Bedford Fenwick then took the Chair. Before asking the Hon. Secretary to read the Minutes, she said she was sure all those present would wish to record their deep sorrow at the death of H.R.H. Princess Christian, so sympathetically associated with trained nurses throughout her life. Those present then rose and passed the vote in silence, and it was agreed that it should be sent to His Majesty the King,

to Her Highness Princess Helena Victoria, and to Her Highness Princess Marie Louise.

THE BUSINESS MEETING.

An extremely interesting Meeting then took place which we hope to report in full next week.

Owing to action taken in the House of Commons on the previous day—through a motion proposed by Dr. Chapple, seconded by Dr. Salter—which threw the General Part of the Register open to persons acting as nurses with no hospital training—leave was given to forward emergency resolutions on the subject as follows:—

RESOLUTION I.

The National Council of Trained Nurses of Great Britain and Ireland, in general meeting assembled, desires to protest emphatically against the action of certain members of the Parliamentary Medical Committee of the House of Commons, in persuading Parliament to break its contract with the 25,000 nurses who have applied, and paid, for Registration under the present Statutory Rules of the General Nursing Council for England and Wales, which cannot fail to create a deep sense of indignation in the minds of the nurses thus betrayed.

The National Council of Trained Nurses protests against the General Part of the Register being thrown open (four weeks before the expiration of the term of grace) to women who, without any hospital training, have ventured to assume the responsibility of attending the sick for gain in a professional capacity, and strongly deprecates the conduct of the Medical Group in the House of Commons in ignoring the conscientious convictions of Trained Nurses concerning their own professional affairs, and in depriving the Public of the protection provided for it in the Nurses Registration Act.

The National Council of Trained Nurses most emphatically protests against a policy promoted by Medical Members of Parliament which permits totally untrained persons to assume the title of Registered Nurse, and to wear the protected uniform and Badge of Registered Nurses, which will undoubtedly deter highly qualified nurses from utilising these privileges.

The National Council of Trained Nurses desires to put on record its sense of indignation that nursing standards and the safety of the sick, should have been treated as a Party question by Liberal and Labour Members in the House of Commons.

RESOLUTION II.

In the opinion of the National Council of Trained Nurses of Great Britain and Ireland, in general meeting assembled, the best interests of the Nursing Profession, and the Public, were sacrificed by the support given by the Labour Party in the House of Commons, on June 13th, to the Motion of Medical Members to throw open the General Part of the State Register of Nurses to women without any hospital training, which constituted a grave breach of contract with the 25,000 nurses who have paid for State Registration under the present Statutory Rules.

The National Council regrets this united action of the Labour Party the more, as, in the past, it has owed sincere gratitude to many Members of that Party in the House, for the sympathetic assistance they have rendered the Profession of Nursing.

RESOLUTION III.

The National Council of Trained Nurses of Great Britain and Ireland desires to offer to Major Barnett, M.P., its most heartfelt gratitude for the statesmanlike

manner in which he attempted to protect the interests of Registered Nurses, and the Public, in the House of Commons on June 13th, when he placed on the Order Paper a notice to move that an Humble Address be presented to His Majesty praying that the dangerous new Rule (9 (1) (g)), drafted by the General Nursing Council for England and Wales, and approved by the Minister of Health, may be annulled, which Rule made it possible for women without any hospital training to be placed on the General Part of the Register, to use the title of Registered Nurse, and to assume the protected uniform and Badge of that class.

It was agreed that copies of these Resolutions should be sent to the Prime Minister and to the Minister of Health.

Copies of the Resolutions—all of which were carried unanimously—have also been forwarded officially to Members of the House of Commons, as directed, and the Council is taking prompt action in other directions.

LEICESTER ROYAL INFIRMARY NURSES' LEAGUE SUPPORTS THE SYLLABUS OF TRAINING.

The twentieth Annual Meeting of the Leicester Royal Infirmary Nurses' League was held in the Nurses' Home at Leicester Royal Infirmary on June 14th. Miss Vincent, R.R.C., presided, and most interesting discussions took place on the Nursing questions of the day, the members being unanimously of the opinion that a recognised Syllabus should be in use in all Nurse Training Schools, and that no further widening of the portal of State Registration to admit untrained women should be authorised. "State Registered" Nurses should be "Trained" Nurses. The Secretary was directed to forward copies of the following resolutions to the Chairman of the General Nursing Council, the Minister of Health, and the local Members of Parliament:—

"This Meeting of the Leicester Royal Infirmary Nurses' League is strongly of the opinion that a Syllabus of Training, on the lines of the 'Syllabus of Subjects for Examination' set out by the General Nursing Council, is essential; and that only those Hospitals and Infirmarys which use this Syllabus in preparing their Nurses for the State Examination should be approved as Training Schools by the General Nursing Council."

"Nurses' Registration Bill: Draft of Rule 9, 1.—This Meeting of the Leicester Royal Infirmary Nurses' League protests against any further widening of the portal of State Registration for the purpose of admitting untrained Nurses to the General Part of the Register."

Much regret was expressed at the absence, through illness, of Miss Rogers, Hon. President, and Miss J. W. Davies, Vice-President, and messages of sympathy were sent to them.

At the conclusion of a very successful meeting tea was served in the sitting-room; old friends were welcomed, reminiscences exchanged. Later the visitors visited the wards and inspected the new Block of 100 beds shortly to be opened.

NURSING IN THE HOUSE OF COMMONS.

THE GREAT BETRAYAL.

On Wednesday, June 13th, at 11 p.m., in accordance with notice, Dr. Chapple, M.P., moved that an humble Address be presented to His Majesty praying that the Amendment laid on the 28th day of May, 1923, of Rule 9 of Rules under the Nurses' Registration Act, 1919, be modified.

We print an abridged report of the proceedings from the Official Report, Parliamentary Debates, House of Commons.

HOUSE OF COMMONS.

Wednesday, 13th June, 1923.

OFFICIAL REPORT.

[ABRIDGED.]

Nurses' Registration Act, 1919.

(The following Notice of Motion as it stood on the Order Paper in the name of Dr. Chapple was not in order, but by leave of the Deputy-Speaker he was permitted to move it in an alternative form.)

MR. DEPUTY-SPEAKER: The Motion for an Address, as it appears on the Paper, is not in order, but the hon. Member for Dumfries (Dr. Chapple) has presented me with an alternative form, and I call upon him to move it in that form.

DR. CHAPPLE: I beg to move

"That an humble Address be presented to His Majesty praying that the Amendment laid on the 28th day of May, 1923, of Rule 9 of Rules under the Nurses' Registration Act, 1919, be modified as follows:—

In line 2, by leaving out '1919,' and inserting '1916'; and by leaving out from 'who,' to the end of the Rule, and inserting 'produces the following evidences of knowledge and experience:—

- (a) a certificate of good character;
- (b) a certificate signed by a matron of a general hospital or an infirmary or by two medical men setting out that the applicant has been in attendance upon the sick in the capacity of a nurse for a period of not less than three years prior to the 1st November, 1919; and
- (c) a certificate signed by a registered nurse and by two medical men, one of whom shall be on the staff of a general hospital, setting out that the applicant has adequate knowledge and experience of medical and surgical nursing, and is competent to attend upon the sick in the capacity of a nurse.

Provided that the council may require the applicant, as a condition precedent to registration, to present herself for special inquiry before a medical officer, or officers, appointed by the council."

This Address raises a very important and very grave problem that I will endeavour to deal with as briefly as is consistent with clearness. The Nurses' Registration Act was passed in 1919, and made provision for existing nurses.

. . . This Act makes provision for the future training and future registration of nurses. Many other Acts have made a similar provision. The Medical Act made provision for the training and registration of doctors, and the same thing occurred in the case of the Act dealing with

veterinary surgeons. Every Act of this kind which has been passed has made provision for those practising *bona fide* at the time the Act was passed. Every Act of this kind confers a status upon a certain class, and it says that they shall be registered. By virtue of that it says that certain people are not registered, and therefore they are not competent. It does something for those that are competent and excludes those that are not competent. It is not correct to say that you are simply conferring a privilege on one class, because you are conferring a disability on the class that is excluded. Every Registration Act has laid down before that those who are *bona fide* qualified under the old *régime* and practising their calling shall not be asked to suffer this disqualification and be disqualified from carrying on their calling.

SIR HENRY CRAIK: May I ask the hon. Member, before entering into a discussion, to state what are the alterations in the proposal on the Paper which he wishes to make?

MR. DEPUTY-SPEAKER: It is quite in order to put that question if the hon. Member for Dumfries gives way, but, at the same time, the hon. Member is also entitled to state it at his own time.

DR. CHAPPLE: I am only anxious to make the thing clear. I take the existing Rule that has been laid down on behalf of the General Nursing Council and leave out the date "1919," and I put in the date "1916." The second part of the Rule states that the knowledge and experience which an applicant has must be satisfactory to the Council. I simply state what that knowledge and experience should be instead of leaving it to the Council. I say that an applicant should present three certificates. The first, a certificate of good character; the second, one signed by a matron of a general hospital or infirmary and two medical men, stating that the applicant has had three years' *bona fide* practice nursing the sick before the 1st November, 1919. The third certificate must be signed by a registered nurse and two medical men, one of whom shall be upon the staff of a general hospital, that she is competent to nurse the sick both in surgery and medicine. I add the proviso that the Nursing Council can, if they are not satisfied with these certificates, call upon the applicant to present herself and have her certificate and character and qualifications inquired into by a medical officer or the medical officer upon the Council, so that I take more precautions to prevent any applicant who is not qualified in every respect than were ever taken in any Registration Act before. No Act passed in this House or in any other House that I know of has ever demanded more or as much as I demand in this Amendment. This is to prevent anyone who is not a qualified nurse and who has not been in practice for three years before November, 1919, and who cannot present all these certificates, being on the register.

I want to emphasise that the Act has made provision already for this class of applicant. It sets out that there must be certificates of training and qualifications for future nurses, but that for

existing nurses there should be no training. The Nursing Council has stipulated that there must be a year's training in hospital, and that excludes a large number of nurses. The Act requires that the General Council should make provision enabling persons who have not been trained to provide evidence of at least three years' practice of their profession before the 1st November, 1919, and to satisfy the Council as to their knowledge and experience. A large number of nurses are practising their profession who have not been trained in a general hospital, but they are satisfactory to the members of the medical profession, or to some of them, and to a large *clientèle* of patients. Many of these have been brought before my notice and before the notice of the Medical Committee. [Dr. Chapple then gave some concrete instances.] There are nurses in this country who are going to be wronged, and hon. Members ought not to treat this subject with levity as they are doing now. The women of this country are entitled to better treatment.

MAJOR BARNETT: To which hon. Member is the hon. Member referring? He is shaking his fist in this direction.

MR. POTTS: If it were your daughter who was concerned in what he is talking about you would not treat the subject with such levity.

DR. CHAPPLE: The hon. Member certainly would realise that it is a subject which should commend itself to the attention of the House. The Council of the College of Nursing has expressed itself as in entire sympathy with the complaints of the nurses who are being denied the privilege of coming under the Act, and they respectfully urge that the door of admission to the first register should not be closed to any existing nurses who can show that they have *bona fide* acted as nurses of the sick for three years. In passing, I may point out that after the 14th of next July no nurses can be put on the first State register unless they have gone through a curriculum course of training in a general hospital.

MR. R. RICHARDSON: Why put on those who have not gone through such a course?

DR. CHAPPLE: The nurses for whom I am pleading have qualified under the old *régime*, yet it is proposed to deprive them of the right to continue their work. As I have said, the Council of the College of Nursing has entire sympathy with their complaints, and

"begs respectfully to urge that the door of admission to the first State register should not be closed to nurses who can show that they have *bona fide* acted as nurses of the sick for three years before November, 1919, and that they possess adequate knowledge and experience of nursing the sick, however such knowledge and experience may have been acquired."

The Act claims that the knowledge and experience shall be acquired by training in a hospital, but my proposed Amendment lays it down that it does not matter how it is acquired. I only ask that we should be fair to these women. One objection that has been made is that it would open the door to the V.A.D., but it would do

nothing of the kind. Any V.A.D. would have to provide certificates in medical as well as surgical nursing, and must have been in practice for three years before the 1st December, 1919, or she would have no chance of getting on to the register. I desire to emphasise the importance of that. It is for the existing nurses, and once through it will soon pass away. I admit that these nurses are not so highly qualified as will be the case in the future, but provision has to be made, as has always been done in the past, for the *bona fide* workers who are in practice when the legislation is passed.

DR. SALTER: I beg to second the Motion. The object of this Address is to remedy certain anomalies and injustices which have arisen owing to the sanctioning by the Minister of this Rule 9. As my hon. Friend has explained, in order that a nurse may get on the existing register she has to comply with certain specified conditions, and those who support this Address agree that the most stringent conditions possible should be imposed so far as the future is concerned. We do not desire in the least to lower the standard of nursing education: we desire to raise it. We do not mind how narrow the portal of entry is made so far as the future is concerned, but we do plead for justice and fairness for women who are extremely highly qualified in many respects, but who do not fulfil all the technical requirements of this Rule. One illustration that I will give will bring home to the House something of the character of the injustice and anomaly that is now being perpetrated. If any hon. Member were taken suddenly ill with, say, appendicitis, and were removed to almost any one of the well known nursing homes in London, he would be attended almost certainly—at least, the chances of it would be 10 to 1—by a person who is not on the register and is not eligible under this Rule to go on the register. There you have a most extraordinary position. Again, if any hon. Member were to meet with an accident while motoring in the country, and were to be taken with a broken leg to the nearest cottage hospital, in all probability the matron of that hospital would be a person who is not on the register and is not eligible to be on it.

I suggest that, in these circumstances, it is monstrous to make a Rule of this sort. The fact stands out that in practically all the leading nursing homes in this city, and for that matter in most provincial cities, almost all the members of the nursing staffs there employed are women who do not and cannot fulfil the requirements of this Rule. May I give one illustration only, of the case of a nursing home, known to practically everyone in this House who has any connection with such affairs? It is a nursing home of the highest possible standing, to which leading medical men, surgeons and physicians, send their patients. The senior nurse in that institution is a person who had two years' training at the Poplar Women's Hospital, to commence with, some years ago, but, because that hospital is a special and not a general hospital, she does not

fulfil the requirements of the Rule. She had five years' subsequent experience in that nursing home, she takes complete charge of the nursing home in the absence of the matron, is in complete charge of the operating theatre, assists the first surgeons of the land in the most delicate and difficult operations on the human body, and has under her charge and direction—and this is the extraordinary thing—registered nurses, although she herself is not eligible for the register. The position is really too ludicrous as it stands, and I do submit that some change ought to be sanctioned. The Address now before the House makes proposals whereby efficiency, character, and training of the necessary kind would be provided and safeguarded. This body of worthy noble women, doing a very fine service to humanity, should not be practically deprived of their livelihood, because that is really what it comes to. It is true that technically, and by the Rules, they are not prevented hereafter from practising their profession for gain, but that is only true in a very limited sense.

The Medical Committee of the House has already had brought to its notice the case of women who because they cannot get on the register are not even eligible to apply for various nursing appointments. That condition of affairs is going to be increased. In five or six years' time in all probability a nurse who is not on the register will find it practically impossible to gain a livelihood. Never before in the history of legislation has Parliament deliberately prevented persons in *bona fide* practice, with good experience and training, from earning a livelihood by creating a Registration Act. It has always allowed those persons, with proper safeguards, to go upon the register, though it has guarded the entry of other persons by stringent safeguards, such as certificates of training and so on. I earnestly appeal to the House not to continue to inflict this injustice on a very worthy body of women.

The MINISTER OF HEALTH (Mr. Neville Chamberlain): I feel the House must be in some confusion as to what it is exactly that we are debating, more especially because of the Amendment of the Resolution which has been forced upon the hon. Member in order to put himself in order. The modifications do not really alter the substance of the Motion, but merely put it into order by making it in the form of an Amendment of the Rule instead of the addition of a new Rule. The Rule I have approved, the new Rule, which has been made by the General Nursing Council, is identical with the Motion in the name of the hon. and gallant Member for St. Albans (Lieut.-Colonel Fremantle), with the exception that in the third line of (g) the date is 1st January, 1900, instead of 1910. This is a highly controversial matter. These controversies almost invariably arise when you try to stabilise a profession which hitherto has had no general standard, but there is this difference between the case of the nurses we are now considering and the cases which have previously been dealt with, such as the midwives or the

dentists, in that under those provisions people could not practise the profession at all unless they came on the register. That is not so under the Act which we are considering. There is nothing in the Act to prevent a nurse from practising her profession, even if she be not on the register. There is a very definite distinction between these two cases. I am not prepared to deny that the fact that there are some nurses on the register who are entitled to call themselves registered nurses, and others who are ineligible for the register, does inflict some hardship upon certain nurses; but the hon. Member's Motion appears to me to go a great deal too far. He proposes in paragraph (c) that nurses who can obtain a certificate signed by a registered nurse and two medical men should have the right of entry upon the register. That takes away from the General Nursing Council the discretion which is given to them under the Rule which I have approved of under the Motion in the name of the hon. Member for St. Albans.

I am not sure whether this Motion is not inconsistent with the Statute, but as the Chair has not raised that point, I do not want to press anything in the nature of a technicality. I prefer to argue the case upon its merits. It must be remembered that about 27,000 nurses have already applied for entry upon the register. These nurses have applied for entry on the understanding that the conditions were those that have been laid down by the General Nursing Council. If it had been suggested to them at the time they made their application that it was possible to bring in a large number of other nurses under such a proposal as this—nurses who had had no hospital training, and as to whose qualifications they would probably have a good deal to say—I am not at all sure that they would have applied for registration. Certainly, if at the last moment, by a regulation of this kind, I am to interfere with the powers of the General Nursing Council, there would be, on the part of those who have already obtained entry upon the register, an accusation that there had been a breach of faith, and that the value of the register to them had been most seriously diminished by the importation of all these other nurses who were not up to their standard.

DR. CHAPPLE: The Act actually makes provision for existing nurses. There can be no breach of faith towards the nurses who are now upon the register by doing justice to the other nurses for whom the Act makes special provision. The Act says that Rules shall be made

"enabling persons who, within a period of two years after the date on which the Rules to be made under the provisions of this paragraph first come into operation, make an application in that behalf (in this Act referred to as 'an existing nurse's application') to be admitted to the Register."

MR. CHAMBERLAIN: Yes, but those nurses have to be nurses who are

"*bona fide* engaged in practice as nurses in attendance upon the sick, under conditions which appear to the Council to be satisfactory for the purposes of this pro-

vision, and have adequate knowledge and experience of the nursing of the sick.

That is an important qualification. That qualification does not appear to be covered by paragraph (c) of the hon. Member's Motion. He would say: "What can you have better than a certificate signed by two medical men?" I do not pronounce any opinion upon the value of a certificate of this kind given by two medical men.

But I am bound to take notice of the fact that many of these nurses do not consider that the certificate of a medical man is the best certificate of the competence of a nurse. They think that a medical man, particularly a surgeon, considers that the best nurse is the nurse who hands him the right thing at the right moment. But that is not the sole or even the most important qualification of a nurse, and while I do not express any opinion on the point, I do say that a certificate by two medical men is not sufficiently satisfactory to a large body of these nurses. The result of a Motion of this kind would be to impose on the nurses already on the register and on the General Nursing Council a large number whom they do not consider as being of the right stamp. What effect that would have I do not profess to know, but I anticipate that it would give rise to grave discontent, and it might have an effect on the carrying out of the Act passed in 1919. I think that this goes altogether too far, but the House will realise from what I said a little while ago that I do realise that this is a genuine grievance on the part of many women who have been engaged in nursing but who have not had the training to enable them to comply with the regulations that have been laid down under the Act. Therefore I shall not be sorry to see some relaxation, and it seems to me that the proposal made by my hon. and gallant Friend the Member for St. Albans in the next Amendment would be a fair compromise which would cover most of the hard cases which were referred to by the hon. Member for Bermondsey.

DR. SALTER: Not one of the cases I referred to would be covered by that Amendment. Every nurse in the nursing home to which I referred has been engaged for less than 13 years. One has been engaged 12 years, another 11, and another 10, but every one of them would be excluded by the Amendment of the hon. and gallant Member for St. Albans.

MR. CHAMBERLAIN: I am sorry to hear that. I have no doubt that there would still be a certain number of hard cases, but we have got to face the facts of the situation. We have got a strong feeling on the part of a large body of nurses already on the register, and I have come to the conclusion that the Amendment of the hon. and gallant Member for St. Albans is about as far as we could go with any hope of getting any practical result. Therefore I am going to ask the House to reject this Motion and to accept the next one on the Paper.

MR. PRINGLE: The question is whether the Regulations, even with the Amendment which the right hon. Gentleman proposes to accept, comply with

the provisions of the Statute. It seems to me that under the Regulations, even as amended, a qualification which was not contemplated by the Legislature when it passed the Statute is imported. Let me read Sub-section (2) of Clause 3 of the Nurses' Registration Act. It says:

"Rules under this Section shall contain provisions—

- (c) enabling persons who within a period of two years after the date on which the rules to be made under the provisions of this paragraph first come into operation, make an application in that behalf (in this Act referred to as 'the existing nurses' application') to be admitted to the Register on producing evidence to the satisfaction of the Council—"

The nature of the evidence is laid down in very specific terms.

—"that they are of good character, are of the prescribed age, are persons who were, for at least three years before the first day of November, 1919"—

exactly the terms which my hon. Friend lays down—

—"bona fide engaged in practice as nurses in attendance on the sick under conditions which appear to the Council to be satisfactory for the purposes of this provision, and have adequate knowledge and experience of the nursing of the sick."

There you have the conditions laid down, and, as I understand, a condition has been laid down by the Council, in regard to this provision, in which it is stated that a year's training in hospital is required. I contend that the paragraph which I have read to the House neither contains nor contemplates any such qualification. The qualification might, therefore, be held to be *ultra vires*.

MAJOR BARNETT: I wish to oppose the Motion. The hon. Member who moved the Prayer had not the advantage of being in the last Parliament, which passed this legislation, and I am afraid that he has not appreciated the fact that the Act, and the Rules made under it, can be read. Rule 9 says:

"The following evidence of adequate knowledge and experience shall be required from every person who makes application as an existing nurse."

What is the first thing that the hon. Member puts down as evidence of adequate knowledge and experience? The first thing is a certificate of good character. There is a whole rule, Rule 8, which does nothing but provide for the good character of people who want to go on the Register. I think that the hon. Member has not read Rule 8. You may have a character good enough for an Archbishop or for a member of the Independent Liberal party and yet not be a person fit to look after the sick. His second point is that the certificate of a registered nurse and two medical men shall be sufficient evidence as to the capability of the nurse. The hon. Gentleman puts forward an extraordinary proposition. He says the Act lays down that there shall be no training for existing nurses. As one who was concerned in the initiation of this legislation, I should like to see the part of the Act where that is laid down.

MR. PRINGLE: Paragraph (e), which I read to the House, does not require training for existing nurses.

MAJOR BARNETT: The hon. Member for Dumfries did not put it in that way. He said the Act laid down that there should be no training. What the Act says is that they should have adequate knowledge and experience of nursing the sick, and that it is for the General Nursing Council to decide what is adequate experience.

DR. CHAPPLE: What I really said was, that the provision for the training of nurses is already set out in the Act but when it comes to the existing nurses, it deliberately leaves out the question of training. The reference to the Nursing Council is imported against the meaning of the Sub-section.

MAJOR BARNETT: With great respect, what the hon. Member said was, that the Act laid down that there should be no training. The crux of the matter is the question of what is adequate knowledge of the nursing of the sick and who is to be the authority to decide. The hon. Member wants to set up an authority, and he sets up that authority in an Ollendorffian manner. It is to consist of two medical men and a registered nurse. It reminds one of the lessons in the old Ollendorf books. "Do you know German?" "No, but I have an uncle who plays the German flute." In this case the question is, "Have you adequate knowledge and experience?" And the answer, "No, but I know two medical men and a registered nurse who think I have." My submission is that the Prayer which stands in the name of the hon. Member for Dumfries does more credit to his heart than to his head. We know there are hard cases, but no matter how you make your laws there will be hard cases, and hard cases make bad law. After a campaign which lasted over 30 years, this House raised nursing to the status of a profession, and gave the name of "registered nurse" to a nurse who had certain qualifications. It is possible that there may be cases of hardship, but wherever you draw the line you will always have cases of hardship, and is it not a far greater hardship, in the case of the body of women who have put their names on the register, who now number 25,000 and who claim the proud title of registered nurse, to see the whole of their qualifications whittled away at the last moment by putting people on the register who are not fully competent? This Prayer is an amiable attempt to please everybody, but sentimental legislation must be paid for, and this is at the expense of the public and of those who have secured the status of registered nurse.

MR. FOOT: I only intervene for a few minutes to meet if I can the point raised by the hon. and gallant Member who has just spoken. . . . When the House found it necessary to bring in this Measure to register nurses, they had no right, in bringing about that necessary reform, to inflict hardship on a number of women whose qualifications were very high and who had done nothing to deserve this slur.

LIEUT.-COLONEL FREMANTLE: I think it incumbent on me to give one or two reasons why I differ from my professional colleagues who are supporting the Motion now before the House. I can do so very shortly, inasmuch as the Minister of Health has already stated the main reasons. If I had had a share in framing the Act of 1919, I should probably have taken the same view as the supporters of the Motion. None of them, nor I, had any share in drawing up and passing that Act. I quite agree that the best thing to do would have been to have introduced everybody up to the time of the passing of the Act, and to have let them go on as *bona fide* members of the profession. That would have had this extra advantage, as was the case in the Midwives Act, with which I have had a great deal to do, that you would thereby have brought a whole lot of these persons, who are outside the profession, within the ambit and discipline of the profession. Unfortunately I have been unable to agree to that position in face of the present Act, because that ground is cut away from our feet by the decision of Parliament. Wrong as I think it was, that was the decision. The position is, to my mind, very clearly laid down in the particular Rule which has been so much quoted, although only partially quoted. It is perfectly true that Parliament laid down that Rules should be made for the introduction of the *bona fide* nurse, but it says that the conditions she has to fulfil are to be such as appear to the Nursing Council to be satisfactory. The position is surely this, and I do not think it has been mentioned so far. Parliament, under the Act, provided a democratic constitution for the new profession. A Provisional Council was first of all formed and nominated in various ways. It had to arrange for a democratic election of a Representative Council. That election has recently been held, and a newly appointed democratic Representative Council is now in being. It is not to the point to say that that does not really represent the *bona fide* nurses. That is the democratic constitution, laid down by the will of Parliament. That constitution has resulted in the General Nursing Council being formed, who have got to approve the Rule and lay down the conditions. Therefore it entirely prevents the Motion now before the House being carried, because that General Nursing Council have definitely stated that they do not consider they can frame any Rule of this sort that would be satisfactory to them.

Therefore we come back to asking if it be possible to frame any Rule for *bona fide* nurses that is satisfactory to the present Nursing Council, representing mainly fully-trained nurses. Logically, I believe it would be impossible, and that the logical position is that taken up by the Member for South-West St. Pancras, but the Nursing Council have already been illogical, because they have passed a Rule saying that they will be satisfied with certain conditions for *bona fide* nurses as long as they practised before 1900. Now we come to a compromise. We have the fact that they have definitely laid it down that they can accept as satisfactory certain conditions for nurses who were

bona fide in practice before 1900, and we believe that that can be extended to nurses who were *bona fide* in practice up to 1910, which is the substance of the Amendment standing in my name. Some 13 years have elapsed since 1910, and they have had a much wider experience.

I should like to throw this extra light upon the question as shown before the Medical Committee by the deputation from the General Nursing Council. They clearly represented the point of view that they put the line at 1900 because before then they thought it was not sufficiently recognised that if a nurse was going in for a general nursing practice she must have a general nursing training. We asked: "Do you consider that after 1900 they had this general recognition?" and they said, "Yes," but in cross-examination I persuaded myself that they had not proved that it was the case in regard to nurses in the provinces, and especially in the smaller towns. I maintain that the training facilities were not sufficient in the early years of the present century, and that it was not generally recognised that nurses would one day have to show that they had had a general nursing training. I think, therefore, 1910 is a fair line to take up. If Parliament has decided on a democratic constitution for the nursing profession, and that constitution is represented by the present General Nursing Council, who have clearly declared that it is impossible for them to recognise as satisfactory such *bona fide* nurses as would come in after the year 1910, we cannot possibly pass this proposal that is before the House now.

MR. AMMON: Did the Minister of Health give us to understand that the Government Whips would not be put on?

MR. N. CHAMBERLAIN: The Government Whips will not be put on.

LORD HUGH CECIL: I have listened to this Debate with a perfectly open mind, because I have no previous acquaintance with the subject, but I have found it impossible, as the discussion has gone forward, to support the position taken up by the Minister of Health. The case, as it has been stated, amounts to this, that there are a number of nurses who are qualified to nurse the sick from the point of view of the sick, and who are not incompetent for that duty. They are to be refused registration because of the professional feeling of the Nursing Council, and we all know what professional feeling is.

LIEUT.-COLONEL FREMANTLE: Not professional

feeling, but professional judgment, as laid down by the Act.

LORD HUGH CECIL: That is the same thing, and we all know what that sort of sentiment is. It is always rather narrow, and I confess I think it is only natural that it should be respected in regard to future nurses, but in respect of those whose livelihood now depends on being registered nurses, I think it is inflicting on them a most unreasonable hardship. It may be from the point of view of the sick she is sufficiently qualified, and should not be excluded merely because other nurses have a professional feeling on the subject, such as we know easily arises. We should not be guilty of injustice to persons entitled to look to us for justice, and, therefore, I shall myself vote in favour of the Motion.

LIEUT.-COLONEL NALL: Like others, I feel responsible to this House. I also think that what the Noble Lord has just said has considerable force. No doubt injustice will follow if the Amendment be not made. But I am very much impressed by the argument of the Minister of Health against that part of the proposal regarding the certificates granted by medical men, and other registered nurses. That, I think, is thoroughly unsound, and therefore, for that reason alone, I oppose the first Motion on the Paper. It does seem to me that the House ought not to take action on this matter to-night in the present state of uncertainty, and I want to appeal to the Minister as to whether we should not have further inquiry made into this matter with a view to accepting an Amendment on the lines of that proposed by the hon. and gallant Gentleman the Member for St. Albans (Lieut.-Colonel Fremantle), where the alteration is in the date. If my hon. Friend's Motion is made effective at a much later date, and, say, 1914 inserted, that would take away a good deal of what the hon. Member opposite complains about; therefore, if postponement till to-morrow would enable the Minister to do this, or if he would make further inquiries, either through a Departmental Committee or a Select Committee of this House, it would be well, for I believe this question is worth further consideration. Whatever decision is taken to-night, if one is taken, considerable feeling will be aroused, and the matter will not be allowed to remain in whatever position we may put it.

Question put.

The Address as moved by Dr. Chapple and printed on page 393 was then read by the Speaker. The House divided: Ayes, 111; Noes, 81.

AYES.

Adams, D.
Adamson, Rt. Hon. William
Adamson, W. M. (Staff., Cannock)
Ammon, Charles George
Berkeley, Captain Reginald
Bonwick, A.
Bowerman, Rt. Hon. Charles W.
Broad, F. A.
Bromfield, William
Brown, James (Ayr and Bute)
Buchanan, G.
Buckle, J.
Burnie, Major J. (Bootle)
Buxton, Charles (Accrington)

Buxton, Noel (Norfolk, North)
Ceil, Rt. Hon. Lord H. (Oxford Univ.)
Charleton, H. C.
Clayton, G. C.
Collins, Pat (Walsall)
Cotts, Sir William Dingwall Mitchell
Cowan, D. M. (Scottish Universities)
Davies, Rhys John (Westhoughton)
Dudgeon, Major C. R.
Dunnico, H.
Ede, James Chuter
Edwards, C. (Monmouth, Bedwellty)
Entwistle, Major C. F.
Fairbairn, R. R.

Furness, G. J.
Goeling, Harry
Graham, D. M. (Lanark, Hamilton)
Gray, Frank (Oxford)
Greenall, T.
Grenfell, D. R. (Glamorgan)
Grundy, T. W.
Hall, F. (York. W. R., Normanton)
Hall, G. H. (Merthyr Tydvil)
Hamilton, Sir R. (Orkney and Shetland)
Harbord, Arthur
Hardie, George D.
Hay, Captain J. P. (Oathcart)
Hayday, Arthur

Hayes, John Henry (Edge Hill)
 Herriotts, J.
 Hinds, John
 Hirst, G. H.
 Hodge, Lieut.-Col. J. P. (Preston)
 Hurd, Percy A.
 Jenkins, W. (Glamorgan, Neath)
 John, William (Rhondda, West)
 Johnson, Thomas (Stirling)
 Johnstone, Harcourt (Willesden, East)
 Jones, Henry Haydn (Merioneth)
 Jones, J. J. (West Ham, Silvertown)
 Jones, Morgan (Caerphilly)
 Jones, R. T. (Carnarvon)
 Jones, T. I. Mardy (Pontypridd)
 Jowett, F. W. (Bradford, East)
 Kirkwood, D.
 Lansbury, George
 Lawson, John James
 Leach, W.
 Lunn, William
 Macdonald, Sir Murdoch (Inverness)
 Maclean, Neil (Glasgow, Govan)
 March, S.

Marshall, Sir Arthur H.
 Martin, F. (Aberdeen and Kincardine, E.)
 Millar, J. D.
 Moore-Brabazon, Lieut.-Col. J. T. C.
 Morel, E. D.
 Mosley, Oswald
 Murnin, H.
 Murray, John (Leeds, West)
 Murray, R. (Renfrew, Western)
 Newman, Sir R. H. S. D. L. (Exeter)
 Oliver, George Harold
 Paling, W.
 Parker, H. (Hanley)
 Parkinson, John Allen (Wigan)
 Phillipps, Vivian
 Potts, John S.
 Pringle, W. M. R.
 Rees, Sir Beddoe
 Richardson, Lieut.-Col. Sir P. (Chertsey)
 Richardson, R. (Houghton-le-Spring)
 Riley, Ben
 Ritson, J.
 Robinson, W. C. (York, Elland)
 Saklatvala, S.

Salter, Dr. A.
 Sexton, James
 Smith, T. (Pontefract)
 Snell, Harry
 Stephen, Campbell
 Sturrock, J. Leng
 Sullivan, J.
 Thomson, T. (Middlesbrough, West)
 Turner, Ben
 Watson, W. M. (Dunfermline)
 Watts-Morgan, Lieut.-Col. D. (Rhondda)
 Welsh, J. C.
 Wheatley, J.
 Whiteley, W.
 Williams, Dr. J. H. (Llanelly)
 Williams, T. (York, Don Valley)
 Wilson, C. H. (Sheffield, Attercliffe)
 Wilson, R. J. (Jarrow)
 Wood, Major M. M. (Aberdeen, C.)
 Wright, W.
 Yeung, Robert (Lancaster, Newton)

TELLERS FOR THE AYES:
 Dr. Chapple and Dr. Watts.

NOES.

Agg-Gardner, Sir James Tynt
 Archer-Shee, Lieut.-Colonel Martin
 Ashley, Lieut.-Col. Wilfrid W.
 Astbury, Lieut.-Com. Frederick W.
 Baird, Rt. Hon. Sir John Lawrence
 Balfour, George (Hampstead)
 Bellairs, Commander Carlyon W.
 Bird, Sir William B. M. (Chichester)
 Blades, Sir George Rowland
 Bowyer, Captain G. E. W.
 Brass, Captain W.
 Bridgeman, Rt. Hon. William Clive
 Brown, Brig.-Gen. Clifton (Newbury)
 Brown, Major D. C. (Hexham)
 Brown, J. W. (Middlesbrough, E.)
 Bruton, Sir James
 Buckley, Lieut.-Colonel A.
 Gadogan, Major Edward
 Gayzer, Sir C. (Chester, City)
 Geoll, Rt. Hon. Lord R. (Hitchin)
 Chadwick, Sir Robert Burton
 Chamberlain, Rt. Hon. N. (Ladywood)
 Colfox, Major William Phillips
 Cope, Major William
 Courthope, Lieut.-Col. George L.
 Craik, Rt. Hon. Sir Henry
 Crooke, J. Smedley (Deritend)
 Davidson, J. C. C. (Hemel Hempstead)

Dawson, Sir Philip
 Elliot, Captain Walter E. (Lanark)
 Falle, Major Sir Bertram Godfray
 Fawkes, Major F. H.
 Ford, Patrick Johnston
 Foxcroft, Captain Charles Talbot
 Fraser, Major Sir Keith
 Garland, C. S.
 Gilmour, Lieut.-Col. Rt. Hon. Sir John
 Grenfell, Edward C. (City of London)
 Halstead, Major D.
 Hannon, Patrick Joseph Henry
 Hawke, John Anthony
 Hay, Major T. W. (Norfolk, South)
 Hennessy, Major J. R. G.
 Herbert, Dennis (Hertford, Watford)
 Hogg, Rt. Hon. Sir D. (St. Marylebone)
 Holbrook, Sir Arthur Richard
 Hopkins, John W. W.
 Hobfton, John Plowright
 Inskip, Sir Thomas Walker H.
 Kinloch-Cooke, Sir Clement
 Lamb, J. Q.
 Lane-Fox, Lieut.-Colonel G. R.
 Lloyd-Greame, Rt. Hon. Sir Philip
 Loyd, Arthur Thomas (Abingdon)
 Manville, Edward
 Margesson, H. D. R.

Morden, Colonel W. Grant
 Murchison, C. K.
 Nail, Major Joseph
 Nicholson, Brig.-Gen. J. (Westminster)
 Paget, T. G.
 Parker, Owen (Kettering)
 Pennefather, De Fonblanque
 Penny, Frederick George
 Percy, Lord Eustace (Hastings)
 Perkins, Colonel E. K.
 Raeburn, Sir William H.
 Raine, W.
 Remnant, Sir James
 Samuel, Samuel (Wandsworth, Putney)
 Sanders, Rt. Hon. Sir Robert A.
 Sanderson, Sir Frank B.
 Shepperson, E. W.
 Stott, Lieut.-Colonel W. H.
 Stuart, Lord C. Grichton
 Tryon, Rt. Hon. George Clement
 Wilson, Lt.-Col. Leslie O. (Portsmouth, S.)
 Wise, Frederick
 Wolmer, Viscount
 Wood, Rt. Hon. Edward F. L. (Ripon)
 Yerburgh, R. D. T.

TELLERS FOR THE NOES:
 Major Barnett and Lieut.-Col. Fremantle.

Address to be presented by Privy Councillors or Members of His Majesty's Household.

The following Motion stood on the Order Paper in the name of Lieut.-Colonel Fremantle:

"That an humble Address be presented to His Majesty, in accordance with Section 3 (4) of the Nurses' Registration Act, 1919, praying that the proposed Amendment of Rule 9 by the General Nursing Council under Section 3 (2) (c) of that Act, which was laid upon the Table of this House by the Minister of Health on the 28th day of May, be modified by the substitution of the year 1910 for the year 1900, so as to read:

—After Rule 9 (1) (f) insert—

(g) In the case of a nurse who was at 1st November, 1919, engaged in actual practice, and who was also *bona fide* engaged in nursing prior to 1st January, 1910, and who does not comply with the above requirements, such special evidence of knowledge and experience as may be accepted by the Council in each individual case."

The following Motion stood on the Order Paper in the name of Major Barnett:

"That an humble Address be presented to His Majesty praying that the proposed Amendment of Rule 9 of the

Rules made under Section 3 of the Act by the addition of new paragraph (1) (g) may be annulled."

MR. SPEAKER: The decision of the House disposes of the other two Motions on the Order Paper.

THE EFFECT OF DR. CHAPPLE'S PRAYER.

The effect of Dr. Chapple's Prayer is:—

- (1) To wipe out Rule 9 (1) (g) as from June 13th;
- (2) To admit to the General Part of the Register every woman of good character who was at the 1st November, 1916, engaged in actual practice, without the necessity for any hospital training;

ROYAL RED CROSS.

At an Investiture held at Buckingham Palace on June 15th the King awarded the following decoration:—

THE ROYAL RED CROSS.

Member:—Miss Dorothy Alban, Queen Alexandra's Imperial Military Nursing Service.

THE COLLEGE CLIMBS DOWN.

We have received from Miss M. S. Rundle, Secretary of the College of Nursing, Ltd., a lengthy statement repudiating Dr. Chapple's claim in the House of Commons on June 13th that

"The Nursing College Council has expressed itself as in entire sympathy with the complaints of the nurses who are being denied the privilege of coming under the Act."

The Council of the College of Nursing, Ltd., strongly repudiate Dr. Chapple's right to quote their letter in support of his proposal. Their description of the position is as follows:—

"At the request of its members the Council of the College approached the General Nursing Council in the letter quoted by Dr. Chapple, asking that the door of admission should be opened wider to the *bona fide* practising nurse, following which the General Nursing Council framed Rule 9 (1) (g), which admitted on their individual merits nurses in practice before 1900 and in 1919, and this Rule was entirely approved by the College Council as meeting the case of the older practising nurses."

Sir Arthur Stanley, Chairman of the Council of the College of Nursing, Ltd., has also written to Dr. Chapple, and sent a copy of his letter to the press, accusing him of misleading the House of Commons, while fully aware of the position taken by the Council of the College in this matter.

Dr. Chapple's misfortune is that he placed faith in the permanence of a conviction embodied in an official letter from the Secretary of the College, when he should have been "fully aware" that no reliance can be placed on such convictions.

We regret that the limited space at our disposal does not permit us to do justice to the subject in this issue. We shall refer to it again. In the meantime we draw the attention of our readers to the following facts, which can be proved from official documents:—

(1) *June 16th, 1923.*—Letter read by the Chairman at the meeting of the General Nursing Council for England and Wales from Miss M. M. C. Herbert, 8, Porchester Square, W., Member of the College of Nursing, Ltd., and formerly in its office, asking the Council to consider the advisability of "having a Clause inserted under Rule 9 empowering the Council to deal with, on their individual merits, all those cases, whether for the General or Supplementary parts of the Register, in which the applicants' training or qualifications conform to no definite standard, but yet who under the Existing Nurses clause of the Act are obviously entitled to be State Registered."

(2) *July 21st.*—The General Nursing Council for England and Wales approved a new Rule (Rule 9 (b)).

Rule 9 (b).

"Notwithstanding anything in the preceding Rules the Council shall have power to consider any

application for registration which shall be referred to it, in detail, by the Registration Committee as *being of an exceptional character*, and, if it thinks fit, to approve the applicant for registration."

That Rule would have enabled the Council to deal with "hard cases," while still maintaining standards. The Scottish Council took exception to it, and it was not submitted to the Minister.

(3) *December 15th.*—The General Nursing Council, on the recommendation of the Registration Committee, adopted Rule 21 (3) (d) of the Scottish Rules, which did not require training in a General Hospital, and would have practically annulled Rule 9 (1) (b), requiring evidence of not less than one year's training in a General Hospital and enabling the Council to put V.A.D.s and semi-trained specialists on to the General Register. Rule carried by the Council by the vote of the College members, in spite of a proposal by Mrs. Bedford Fenwick that it should be referred back to the Registration Committee for further consideration, and the opinion she expressed that one less injurious to the interests of the nurses on the General Register might easily be drafted.

Letter from the Council of the College of Nursing, Ltd.

(4) *March 16th, 1923.*—At the meeting of the General Nursing Council for England and Wales a letter was presented in the Report of the Registration Committee from the College of Nursing, Ltd., officially signed by its Secretary, Miss M. S. Rundle, from which the members of the College on the General Nursing Council took no steps to dissociate themselves at that date. [The letter, dated December 29th, 1922, was referred (unread) to the Registration Committee at its meeting on February 16th.]

The letter, addressed to the Chairman of the G.N.C., stated:—

"The Council of this College has received numerous complaints regarding the undue stringency with which the General Nursing Council is alleged to have carried out the provisions of the Nurses' Registration Act, 1919, concerned with 'Existing Nurses' and the class of nurses now known as 'Intermediate.' The Council is in entire sympathy with these complaints, and begs respectfully to urge that the door of admission to the first State Register should not be closed to any 'Existing Nurses' who can show that they were in *bona fide* practice as nurses of the sick for three years before November, 1919, and that they possess adequate knowledge and experience of the nursing of the sick, however such knowledge and experience may have been acquired."

Dr. Chapple may be pardoned for supposing that a principle with which the College of Nursing, Ltd., was in entire sympathy on March 16th would have its sympathy three months later, but in the meantime it had

(1) (According to Miss Seymour Yapp) been memorialised by 15,000 of its own members against its disastrous policy;

(2) Agreed to support Rule 9 (1) (g) of the General Nursing Council for England and Wales,

which proposed to admit only *bona fide* nurses who were engaged in nursing prior to January 1st, 1900.

The true inwardness of the *volte face* of the Council of the College of Nursing, Ltd., was doubtless revealed in the statement of Miss Seymour Yapp at the General Nursing Council Meeting on June 15th, that 15,000 members of the College had petitioned the Council against the condition which Dr. Chapple's motion would bring about, so, of course, they had not supported it.

The fact remains that to the Council of the College of Nursing, Ltd., must be attributed the inauguration of the attempt to depreciate the General Part of the Register, evidence whereof is to be found not only in the letter of the Secretary of the College to the General Nursing Council, but also in the letter addressed by its Registrar, Miss F. A. Sheldon, to *Time and Tide* in January last, in which she advocated the depreciation of the Register by the admission of *bona fide* nurses.

Let Registered Nurses realise that none of the five Hon. Officers of the College of Nursing, Ltd., are Registered Nurses, or eligible to be registered. They will then perhaps understand why this lay-controlled society is a menace to the free nurses through its members on the General Nursing Council.

HOSPITAL WORLD.

The Queen has sent £100 to Queen Mary's Hospital for the East-End, at Stratford, towards furnishing the new Nurse's Home.

The Marquess of Cambridge, in the absence of the Duke of Connaught, opened at St. Thomas's Hospital the new bio-chemical laboratory presented to the institution by the trustees of the late Sir William Dunn, a wealthy South African merchant.

Sir Jeremiah Colman, the chairman of the donors, in handing over the laboratory to the Hospital, announced an additional gift of £5,000 for further equipment and general purposes.

Westminster Hospital will be closed for in-patients for about six months from July 2nd, in order that repairs and alterations may be made.

The Duke of Bedford last week opened a fete at Bedford County Hospital to raise £8,000 towards building a new Nurses' Home. Bedford County Hospital is a self-supporting voluntary Hospital. The Duchess of Bedford and Lady Amptill were also present.

By 93 votes to 80 a special meeting of governors of the Nottingham General Hospital decided to admit women to sit on the Monthly Board of the Institution.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

The Thirty-Seventh Meeting of the General Nursing Council for England and Wales was held at the Ministry of Health on Friday, June 15th, at 2.30 p.m. SIR WILMOT HERRINGHAM, K.C.M.G., C.B., M.D., F.R.C.P., Chairman of the Council, presiding.

Minutes.

The Minutes of the last meeting were, with four corrections, notified by the Chairman as necessary, confirmed.

Correspondence.

The CHAIRMAN reported letters of regret at inability to attend from REV. G. B. CRONSHAW, the HONBLE. MRS. EUSTACE HILLS, and SIR T. JENNER VERRALL.

MISS DU SAUTOY pointed out that only the names of absent members were entered on the minutes. She considered it would be convenient for reference purposes if the names of those present were notified.

The CHAIRMAN said the practice was begun when one of the clerks at the Ministry was acting as Secretary. Miss du Sautoy's proposal should be carried out in the future.

He then notified that a letter had been received from the Minister of Health which was not in the room at present and which he would read when it arrived.

Also a letter from Mr. Sydney Pitt thanking the Council for the honour it had done him in appointing him its solicitor, and saying that his best services would be at its disposal.

LETTER FROM THE MINISTER OF HEALTH.

MINISTRY OF HEALTH,
Whitehall, S.W.1.

June 12th, 1923.

SIR,—The Minister has had under consideration your letter of the 19th March, forwarding copies of the Syllabus of Training and Examination for the Supplementary Parts of the Register. The Minister notes that it is stated in the Preface that the Syllabus of Training is issued "in the hope that it may aid the training schools in arriving at a general standard of nursing education," and it appears to him that there has been some misapprehension as to the division of responsibility between the Council and himself in this matter. Broadly speaking, the legal position is that anything which the Council proposes to make absolutely binding on all persons concerned must be made the subject of a Rule, and, as such, must receive his sanction before it can become operative.

But he is advised that the provisions of Section 3 (2) (a) with regard to "prescribing training" will be fully complied with if the Examination Syllabus is made compulsory by scheduling it to the rules, and if a rule is added requiring that candidates presenting themselves for examination shall satisfy the Council that they have undergone systematic instruction in the subjects set out in the Examination

Syllabus. The Minister would suggest to the Council that it is more consonant with the dignity of a Statutory Body to rely, so far as the provisions of the Act allow, on their own authority in preference to invoking his sanction in matters in which there is no statutory necessity to do so. In the Minister's opinion it is better that the Council should take the responsibility of issuing on their own authority such instructions or recommendations as to the course of training as they may from time to time consider it desirable to issue for the guidance of the Nurse Training Schools. For these reasons the Minister is not at present prepared to issue a compulsory Syllabus of Training, and he would, therefore, advise the Council to revise their proposals in the light of the considerations already set out, and submit for his sanction, and for inclusion in the Rules, a Syllabus indicating the subjects in which candidates are to be examined.

I am, Sir,
Your obedient servant,
W. A. ROBINSON.

The Chairman,
General Nursing Council.

The Vote in the House of Commons.

LADY HOBHOUSE here asked the Chairman to give an explanation as to how the matter stood in regard to the vote on Dr. Chapple's motion, praying His Majesty in Council to modify Rule 9 (i) (g).

The CHAIRMAN said that according to the Act of Parliament the Rule was not in operation unless and until it was signed by the Minister of Health.

An Address was presented in the House of Commons on June 13th praying His Majesty to modify the Rule. The effect of this would be to entirely remove the discretion vested in the Council by Act of Parliament. That had not yet gone before the Privy Council. The General Nursing Council had nothing whatever to do with it until an Order in Council was made.

The CHAIRMAN thought it preferable not to state what he had said to the Minister that morning and what he intended to do.

MISS COWLIN proposed that the matter should be discussed *in camera*.

MR. DONALDSON considered it a question of public importance which should be discussed before the press.

MISS COX-DAVIES asked the Chairman whether the Council could best assist him by discussing or not discussing it.

The CHAIRMAN said that he did not understand the legal position. He was obtaining Counsel's opinion as to the position in which the King in Council would be placed by the Address.

DR. BEDFORD PIERCE enquired whether any opportunity would be afforded of explaining the view of the Council.

MISS DU SAUTOY enquired what *was* the view of the Council.

The CHAIRMAN said the view of the Council was expressed in Rule 9 (i) (g).

The CHAIRMAN said further that the question was if an Order in Council were given what legal steps would be possible.

MISS SPARSHOTT stated that Dr. Chapple had spoken without the authority of the College of Nursing, the College was supporting Rule 9 (i) (g).

The CHAIRMAN said he hoped the College was taking steps to make its views known.

MISS COX-DAVIES said it had done so.

MISS LLOYD-STILL said that the Chairman of the College was dealing with the matter.

MISS E. SMITH asked how long the modified Rule would have effect, seeing that the period of grace ended on July 14th.

The CHAIRMAN was understood to say that did not matter.

MISS SEYMOUR YAPP said that the Nursing Profession had an idea that the General Nursing Council could do everything. She said further 15,000 members of College had petitioned the Council of the College against the condition which Dr. Chapple's amendment if enforced would bring about, so, of course, the College Council did not support it.

REPORTS.

1. Report of the Finance Committee.

In the absence of its Chairman the Report of the Finance Committee was presented by Mr. Donaldson, who moved that it be received.

IV. REPORTED—That the sum of £5,000 is available for investment, and that the Registrar was instructed to ask the Bank for advice to lay before the Council.

REPORTED—That the Committee raised no objection to Recommendations 14 and 15 of the General Purposes Committee, to Recommendation 20 of the Uniform Committee's Report, and to Recommendation 6 of the Registration Committee.

Recommendation 2.

That the sum of £200 for general postage for the ensuing month be allowed and £20 for insurance stamps.

CONSIDERED—Paragraph IV of the General Purposes Committee's Report.

Recommendation 3.

That a qualified bookkeeper be engaged till the end of the year at a salary not exceeding £3 10s. per week.

(This being in the nature of an amendment, was held over for consideration with the Report of the General Purposes Committee.)

CONSIDERED—Paragraph V of the Uniform Committee's Report.

Recommendation 4.

(a) "That the badges be issued direct from the factory to the nurses after authority has been given by the Registrar, and that the nurses forward their application for the badge along with the money to the Registrar."

(b) "That the price to be charged to the nurse be 5s. 6d., including badge, engraving, and registered postage."

Discussion.

The CHAIRMAN reported on IV that "the Bank" recommended investing the £5,000 in Local Loans standing at £68—£69 per cent. or L.C.C. securities.

MR. DONALDSON moved that the money should be invested in the first-mentioned securities, if possible, and this was seconded by LADY HOBHOUSE and agreed.

The Report as a whole was approved.

2. Report of the Registration Committee.

The Report of the Registration Committee was presented by the Chairman of the Committee (Dr. E. W. Goodall), who moved that it be received.

I. REPORTED—That the Committee has met three times—on May 25th, June 1st, and June 8th.

II. CONSIDERED—*Letter, dated April 25th, 1923, from the Prison Commissioners.*

In this letter the Commissioners ask the Council to consider the desirability of instituting a Supplementary Register for Nurses (male and female) who are working in prison hospitals, but who, by reason of their not having received the one year's training, are ineligible to be placed on the Register as nurses.

Prison Nurses are engaged in general nursing and come under the rules of admission to the General Part of the Register. It appears to the Committee to be highly undesirable to set up a separate Register of General Nurses on the ground that they are nursing in special institutions.

Recommendation 5.

"That the Prison Commissioners be informed that the Council regrets that it does not see its way to instituting a supplementary register for Prison Nurses."

III. CONSIDERED—*Letter, dated May 9th, 1923, from the General Nursing Council for Scotland on the question of the fee for admission to the Register by examination (future nurses).*

Recommendation 6.

"That the registration fees for future nurses shall be the same as those already in force for Intermediate Nurses, and that they shall be additional to any fees charged for examination."

This recommendation has been submitted to the Finance Committee.

IV. Applications for Registration.

The following statements have been forwarded to the Minister of Health:—

Applications received during the week ending—	
May 12th, 1923	750
May 19th, 1923	763
May 26th, 1923	631
June 2nd, 1923	1,003

V. Registration to June 2nd, 1923.

Applications received	28,593
Applications approved by the Council to	
May 18th	18,416
Applications for approval at meeting on	
June 15th	2,649
Applications ineligible to meeting on May 18th	897
Applications ineligible to be brought before	
meeting on June 15th	50
Applications withdrawn	82
Applications incomplete	6,499
	<hr/>
	28,593

General Register	2,309
Male Register	5
Mental Register	188
Sick Children's Register	58
Fever Register	89
	<hr/>
	2,649

VI. (To be taken *in camera*.)

Lists of 2,649 applicants for registration, whose applications have been found to be in conformity with the rules, are appended, as also is a list of applicants whose applications are not in conformity with the rules.

Recommendation 7.

"That the 2,649 applicants whose applications have been found to be in order be approved for registration, and that the Registrar be instructed to enter their names in the appropriate parts of the Register."

Recommendation 8.

"That the appropriate certificate be granted to each of these applicants, and that authority be hereby given to affix the Seal of the Council to each certificate."

VII. (To be taken *in camera*; see report appended to lists of applications.)

Recommendation 9.

6.—Report of the Uniform Committee.

The Report of the Uniform Committee was presented by the Chairman, MISS S. A. VILLIERS.

I. REPORTED—That the Committee has met twice—on May 28th and June 4th, 1923.

II. REPORTED—That the Committee has inspected various designs for the Uniform from different firms.

Recommendation 18.

"That the designs of Mr. Boyd Cooper be accepted and registered."

Recommendation 19.

"That the Solicitor be instructed to carry out the registration of the designs."

III. REPORTED—That in view of the urgency of the matter the Committee, with the informal sanction of the Chairman of Council and Chairman of the Finance Committee, have inserted advertisements in the Trade Journals for the supply of the registered material, buttons and braid.

Recommendation 20.

"That the action of the Committee be approved."

IV. *Recommendation 21.*

"That Clauses (c) and (d) of Recommendation 16 in the Uniform Committee Report (Minutes of Council Meeting, May 18th, 1923) be rescinded."

The Committee would be prepared, if the Council agrees to this, to submit to a subsequent meeting the draft of a short notification as to when and how the badge should be worn.

V. REPORTED—That estimates have been received for the issue of the badge to the applicant from the factory direct. Another method would be to issue only from the office. The Committee feels that these matters are outside its province.

Recommendation 22.

"That the procedure to be adopted in issuing the badge be left to the Finance Committee."

VI. REPORTED—That estimates are being obtained for a woven badge for the hat band and storm cap.

Discussion.

MISS MUSSON said there was a very strong feeling on the part of the nurses with General Training that the uniform for the nurses on the General Part and the Supplementary Parts of the Register ought not to be the same. She thought there would be very great indignation if this were enforced. Moreover, the anomalous position would be created that a junior probationer who had had special hospital training, and was on one of the Supplementary Registers would have the right to wear it, while a senior probationer in the same ward would not. She thought it should be referred back to the Committee for further consideration.

MR. DONALDSON protested against its being referred back. There should be no distinction.

MISS SEYMOUR YAPP thought every branch should be accepted at its proper value and a nurse on a Supplementary Register should have a right to wear the uniform.

MISS COX-DAVIES expressed the opinion that in view of what had been done about the *bona fides*, in the House of Commons the uniform would not be popular with trained nurses.

MISS VILLIERS said that Registered Nurses felt very strongly on the subject of the uniform. She urged the Council to pass the recommendation if possible, so that the Committee could get on with something.

On being put to the vote, 20 voted for the Recommendation, and one (Miss Musson) against.

On Recommendation 21, MISS VILLIERS said that the objection had been raised that nurses ought to be allowed to wear the Badge at any time. If the Recommendation to rescind were carried, the Committee were prepared to submit a recommendation as to when and how the Badge should be worn to a subsequent meeting.

MR. DONALDSON said the Rule prohibiting the wearing of the Badge except with an authorised uniform could not be enforced, and it seemed best therefore to leave it to the good taste of the Registered Nurses not to wear it unsuitably.

On Recommendation 22, MISS MUSSON asked whether the Badge remained the property of the Nurse.

THE CHAIRMAN said the Council had not taken any power to get it back, but a person who wore it unlawfully could be proceeded against.

As a matter of urgency, the Chairman permitted MISS COWLIN to move that the Uniform Committee be permitted to register the design of the hat when approved.

The Report was approved.

The Council then went into *camera*.

We hope to publish the remaining Reports of Committees (Education and Examination, Mental and General Purposes) in our next issue.

AN INDEFENSIBLE APPOINTMENT.

We have received the following official announcement from the Registrar of the General Nursing Council for England and Wales:—

“At a meeting of the General Nursing Council for England and Wales, held on June 15th, 1923, Miss Elsie Mackirdy was appointed Examinations Officer. Miss Mackirdy was educated at the Blackheath High School for Girls, and subsequently took a course of training for secretarial work at Kensington College. She has had nearly fourteen years' experience of secretarial work. Her first appointment was as clerk on the staff of the Railway Passengers' Assurance Company for fourteen months. In November, 1913, she was appointed Assistant Secretary to the Governors of the Royal Holloway College, where she had experience in the arrangements for the Annual Scholarship Examination. She is at present First Division Clerk in the Department of the University Extension Registrar, University of London, which post she has held since January, 1918. Miss Mackirdy's duties are mainly in connection with School Examinations conducted by the University and she assists in all branches of the administration work entailed in the organisation of an examination which is taken by over 10,000 candidates at about 300 centres.”

This appointment carries with it a salary of £375 per annum, and travelling expenses. We Registered Nurses may, therefore, look forward to paying some £700 a year for the services of a young clerical worker who never having spent a day in a Nurse Training School in her life is necessarily entirely ignorant of the scientific basis of Nursing Education and Examinations, and would inevitably be plucked if she submitted herself to the professional tests she will be required to supervise! We warned the Profession on June 2nd that an unprofessional applicant, a protégée of Sir E. Cooper Perry, Hon. Sec., College of Nursing, Ltd., would probably secure this professional “plum” over the heads of numerous highly-qualified matrons who had applied for it, and who possessed the knowledge necessary to adequately fill the position. The General Nursing Council perpetrated this injustice *in camera* at its recent meeting on June 15th, and thereby prevented the Profession knowing which of its members voted for, and which against, this latest insult to Registered Nurses.

Injury, moreover, is added to insult so far as the Assistant Registrar, Miss Parsloe, is concerned, to whom the odious duty of “covering” Miss Elsie Mackirdy has been assigned. To Miss Parsloe has been entrusted the supervision of this lay official, who is to be paid a higher salary by £75 than Miss Parsloe, a Registered Nurse and former Matron—after three years' arduous work!

What do Registered Nurses, who are compelled to finance this job, think of this latest evidence of disloyalty to professional ideals? Is it really a fact that amongst the boasted 22,000 nurse

members of the College there is not one considered qualified by its Hon. Secretary to perform the duties required, and, incidentally, enjoy pleasant and varied work, at the rate of some £700 a year?

This latest scandal is the result of government by medical autocrats and professional sycophants.

APPOINTMENTS.

FIRST ASSISTANT MATRON.

Lambeth Hospital, S.E.—Miss Esther Yorke has been appointed First Assistant Matron. She was trained at Bagthorpe Infirmary, Nottingham; and the City Fever Hospital, Seacroft, Leeds. She has held the following appointments: Ward and Theatre Sister, Royal Hospital for Children, Glasgow; Staff Nurse and Sister, Military Nursing, Northern General Hospital, Leeds; Ward Sister, Queen's Hospital for Children, Hackney; Night Sister, Whipp's Cross Hospital; Midwifery Pupil, Soldiers' and Sailors' Families' Association; House Sister, Trinity Nursing Home, Torquay; and Third Assistant Matron, Southwark Infirmary.

SECOND ASSISTANT MATRON.

Lambeth Hospital, S.E.—Miss Minnie Ash has been appointed Second Assistant Matron. She was trained at Lambeth Hospital; and has been Staff Nurse at the Westmorland County Hospital, Kendal; Night Superintendent and Day Superintendent of X Block; and Third Assistant Matron at the Lambeth Hospital.

SISTER.

Isolation Hospital, Roman Road, East Ham.—Miss E. M. Kershaw has been appointed Ward Sister. She was trained at King's College Hospital, London, and has held the following appointments: Staff Nurse, King's College Hospital; Charge Nurse, M.A.B., South-Western Hospital, Stockwell; Sister, Anglo-American Nursing Home, Rome; private nursing, America; and Sister and Deputy-Matron, Borough Hospital, Wolverhampton.

Miss Gladys A. Seeley has been appointed Sister at the same hospital. She was trained at Monsall Fever Hospital, near Manchester, and at the General Infirmary and Dispensary, Bolton; has been Sister, Q.A.I.M.N.S. Reserve for five years; Sister, Borough Hospital, Croydon; and also at the Royal Victoria Hospital, Netley.

Miss Beatrice Parker has been appointed Sister in the same Institution. She was trained at the Children's Hospital, Pendlebury, and the Royal Southern Hospital, Liverpool, and has been Sister at the General Infirmary, Harrogate, and Night Sister at the Children's Hospital, Hestwall.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elsie M. Bath is appointed to Surrey, as Assistant County Superintendent; Mrs. Elsie Burr, to Sawston; Miss Amy Burton, to Newton Heath; Miss Annie Casey, to Usworth; Miss Elizabeth Cole, to Fareham; Miss Alice M. Hipsey, to Clarence and Haverton Hill; Miss Dorothy Hoggarth, to Huthwaite; Miss Nellie E. Jones, to Berkhamsted; Miss Olive Kermod, to Gloucester; Miss Edith Milner, to Sunderland; Miss Jane E. Pinnock, to Eastwood; Miss Caroline R. Sowden, to Durham.

PRESENTATION OF PRIZES.

The annual presentation of prizes to the Probationer Nurses at Paddington Hospital who had passed their examinations, was recently held in the Nurses' Home. Twenty-eight nurses entered, and every one passed. Nine (1st year)—Three obtaining honours. Eleven (2nd year)—Two obtaining honours. Eight (3rd year)—and final—Two obtaining honours.

Miss A. Millicent Ashdown, the examiner, reported to the Guardians that, on the whole, the results were quite satisfactory, there being evidence of very careful systematic teaching, and the nurses all worked in the right spirit.

A letter had been received from Mr. P. Biddulph Hancock (Clerk), on behalf of the Guardians, to Miss Windley, the Sister-Tutor, expressing their appreciation of the results obtained by the nurses.

Miss Gertrude Copeman, the Matron, gave some interesting particulars of the work of the hospital. It was certified for 594 beds. The cases dealt with, in co-operation with St. Mary's Hospital, were chronic and acute. They had now 150 nurses, each with separate bedrooms. They had one of the finest operating theatres in the country. The Paddington Hospital had now been certified as a Training School for Nurses. The Guardians deeply appreciated the work, the devotion and loyalty of their nurses for whom facilities had now been provided for their recreation, including tennis courts and gardens.

PRIZE WINNERS.

Nurse Elizabeth Bullimore, December, 1922, 1st in Final Examination—Silver Medal.

SECOND YEAR NURSES.

Nurse Agnes Calcutt.
May, 1923 (Final), Nurse Kate Wand—Silver Medal.

SECOND YEAR NURSES.

Nurse Ada Stephenson.
1st Year.—Nurse Ethel Isaac.

MATRON'S SPECIAL PRIZES.

Nurse Bullimore (November).
Nurse Sparrow (May).

These two prizes are given for general good conduct and efficiency.

COMING EVENTS.

June 22nd.—National Council of Trained Nurses. Meeting Executive Committee. 431, Oxford Street, London, W. 5 p.m.

June 23rd.—Registered Nurses' Parliamentary Council. Meeting. 431, Oxford Street, London, W. 4.30 p.m.

June 28th.—Matrons' Council of Great Britain and Ireland. Meeting. Glaxo House, 56, Osnaburgh Street, N.W. 2.15 p.m.

June 28th.—Royal British Nurses' Association. Annual General Meeting. 194, Queen's Gate, S.W. 3 p.m.

Mrs. Campbell Thomson, Nurse Hon. Secretary, invites members to tea at the Club after the meeting.

July 7th.—Isleworth Nurses' League. Annual Garden Party in the grounds of the Hospital. Matron will be pleased to welcome any former nurses and their friends. 3 p.m. 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.

PROSECUTION UNDER THE DENTISTS ACT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I enclose cutting as follows. I note they are not going to allow any blacklegging among the dentists—why among nurses?

"FIRST CASE IN SCOTLAND.

"The first prosecution in Scotland under the Dentists Act came before the court at Aberdeen yesterday when William Wellburn, a dental mechanic, not being registered, was fined £6 for having fixed artificial teeth to a dental plate and taken an impression of a woman's mouth preparatory to fitting a set of artificial teeth."

I have written to the Minister of Health, as, by signing Rule 9 (1) (g) he has deprived the public of the protection they enjoy under the present Statutory Rules, and made it possible for us to be exploited by humbugs who, posing as nurses, have never had a day's hospital training in their lives. The doctor M.P.s—especially Dr. Chapple, who knows better—are showing the old cloven hoof of professional jealousy of the thoroughly qualified nurse. No wonder the right type of girl fights shy of nursing. How different to the good old days, when nurses had some self-respect! Now, under College caucus, they appear too cowardly to keep the splendid privileges won for them. Well do I remember the fine professional spirit of the eighties at meetings presided over by Princess Christian, whose death is a great blow to nurses and nursing.

Yours truly,

A MEMBER OF THE EXPLOITED PUBLIC.

[According to the statement made by Miss Seymour Yapp at the recent G.N.C. meeting, 15,000 College nurses have protested against the proposal of their Council made in a letter to the G.N.C. and signed officially by Miss Rundle, the Secretary, on December 29th, 1922, that "the door of admission to the first State Register should not be closed to any 'Existing Nurses' who can show that they were in *bona fide* practice as nurses of the sick for three years before November, 1919." That includes nurses with no hospital training whatever.—Ed.]

KERNELS FROM CORRESPONDENCE.

THE PROTECTION OF THE UNTRAINED.

M. A. B. writes: "The following has come to my notice. Some years ago, a woman without any nursing experience became nurse-caretaker to a small-pox hospital. Later she took a midwifery training, and is now a boarding house proprietor in a seaside town. She has been accepted for the State Register, and her certificate is framed and hanging in the said boarding house.

The State Register appears to be for the protection of the untrained and not for the trained."

[The name of this registered nurse is not enclosed, but now that the demand originating from the College of opening the General Part of the State Register to "every existing nurse," whether trained or not, has been agreed to by the support of the Labour Party, the Register will be of little use to trained nurses and the public for years to come, as any untrained Gamp may now wear our "protected" uniform and badge.—ED.]

Trained Nurse, Dumoon, writes: "In *Glasgow Herald* appears an advertisement inserted by the Old Kilpatrick Parish Council for a 'female' to act as nurse. Applicant must be able to 'draw up reports on cases, have experience of needlework and best 'general nursing, etc.' One wonders what the 'etc.' is supposed to include. One would like to know if many 'females' of the particular sample required by the O.K. Council reside in the parish."

[Now that State Registration of Nurses has been in force for two years—all such advertisements for nurses paid by public bodies should begin "Required a Registered Nurse," and then the duties and salary should be inserted. But we fear so long as the so-called Nursing Profession is governed by the laity and controlled by employers that everything will be done to minimise the "status" granted to nurses by Parliament. In England we are the mere "chattels" of titled women, medical autocrats, and self-interested matrons in high places, of bureaucratic Government officials, and—as you will see by the report of the Debate in the House of Commons on 13th inst.—the Labour Party instigated by the medical Member for Dumfries played "soccer" on the floor of the House with our Statutory rights. "What a game!" as Lord Curzon says.—ED.]

NOTICE.

BADGE FOR REGISTERED NURSES.

The Badge for Nurses registered in England and Wales has now been approved by the Council.

Nurses who wish to have the badge should apply direct to—

The Registrar,

General Nursing Council

for England and Wales,

12, York Gate,

Regent's Park,

London, N.W.1.

Stating full name and present address, also registration number and whether registered on General or Supplementary Parts of the Register.

Postal Order for 5s. 6d. should be enclosed, and the word "Badge" written on the outside of envelope.

OUR PRIZE COMPETITION QUESTIONS.

July 7th.—Describe briefly how you would prepare the following baths, namely:—Alkaline, saline, mustard, starch, sulphur.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS. BEDFORD FENWICK, REGISTERED NURSE.

No. 1,839.

SATURDAY, JUNE 30, 1923.

Vol. LXX

EDITORIAL.

LAW MAKERS AND LAW BREAKERS.

On January 8th, 1920, in the Rooms of the Medical Society of London, an historic meeting was held. The purpose was to rejoice over the passing of the Nurses' Registration Acts, and to give thanks to whom thanks were due, namely, Dr. Addison, then Minister of Health, and Major Barnett, M.P. We were full of high hopes and confidence that the powers and privileges granted to us would be realised, and that the General Nursing Council to be appointed would, with one heart and one mind, govern the Nursing Profession with impartiality and strict justice. That was our vision. The bitterest disillusionment has followed. A small minority of six alone were the faithful friends of the Nurses; the actions of the rest proved conclusively that they were the partisans of a certain Body of Nurses, and that impartial justice was not part of their code. With such a groundwork there could be no building up of the Profession; destruction has followed, not *construction*. We have watched with anxiety and amazement the many acts, and attempted acts, on the part of the majority of the former and of the present Council.

New Rules have been framed in order to give them power to govern with tyranny and autocracy. These words are not too strong, because there has been the clearest proof of such conduct: they have given themselves away again and again. The few who were single-minded have been ignored and insulted, until they were successfully hunted out of the Council; thereafter things have become steadily worse. The true friends of the Nurses on the present Council are so few that they are unable to accomplish much. The most serious consequence is that there is—there *must* inevitably be—a total absence of any sense of security, because the Act itself is violated whenever this is found convenient. Those of us who were in the House of Commons on March 22nd, 1922, cannot forget the disgraceful sight of a Cabinet Minister (Sir Alfred Mond) making a feeble attempt to justify himself in respect of the violation of the Act on that occa-

sion (*re* the Scottish Council not being consulted, &c.). Fifteen months later—namely, June 13th, 1923—we have another instance of law-breaking. The Act lays it down definitely that an applicant for admission to the State Register "*must prove to the satisfaction of the Council*" that he or she is so entitled. In this case the law-breakers are certain members of the Parliamentary Medical Committee, who, *without the approval of the General Nursing Council*, and for reasons of the most glaring partiality, have lowered still further the prestige of our beloved profession.

We would remind M.P.s and the General Nursing Council, and the College of Nursing Co., Ltd. (the Body who were the originators of this last damaging proposal), that our highest principle in demanding State Registration was, from the first: (1) *The protection of the Sick Public*; (2) *To safeguard trained certificated Nurses*. That is the theory: in practice it is precisely the opposite. All the sentiment and sympathy goes to the untrained women, and none at all to the trained. While the sick are totally unprotected, and trained Nurses, who in their thousands have registered, under the false contract of protection, are of no account. Now it is quite obvious that if Acts of Parliament can be violated with impunity in one case they can be in others, therefore they are not worth the paper they are printed upon; and if this process were carried to its logical conclusion there would follow unmitigated anarchy. We have at the present time this anomalous position: law makers and administrators can and do become law breakers; this is no exaggeration, and it is a very serious and dangerous position indeed. In conclusion, we would ask, Where were the three women M.P.s on the night of June 13th? They owe their position largely to the votes of women, and yet desert their own sex when they most need their help. Strong speeches from them showing the trained Nurses' point of view might have turned the scale and given a balance of justice. Is this how they are going to treat the interests of the sick and suffering?

BEATRICE KENT.

OUR PRIZE COMPETITION.

WHAT POINTS REQUIRE TO BE OBSERVED AS A ROUTINE BY A NURSE IN ALL PATIENTS IN REGARD TO THE FOLLOWING:—(a) URINE. (b) STOOLS, (c) APPETITE, (d) SLEEP, (e) CONDITION OF MOUTH.

We have pleasure in awarding the prize this week to Miss Violet Ventris, North-Western Hospital, Hampstead.

PRIZE PAPER.

Urine.—Appearance should be observed as to: (a) *Colour*—either light straw colour as in health, dark yellow or reddish as in febrile conditions, “smoky” urine indicating the presence of blood, a deep yellow ochre tinge pointing to bile, or there may be an abnormal colour, such as a dark green urine, which is caused by the absorption of carbolic acid. (b) *The presence of any deposit* must be noted, and whether this deposit is present directly the urine is passed or after cooling. Urates give a red deposit on standing. Blood may also give rise to a chocolate coloured sediment. Pus produces a milk white deposit, and mucus produces a light deposit or cloud, and this is frequently present in health. (c) *The amount passed* at a time must be noted, and the number of frequencies reported. A healthy adult will pass about $2\frac{1}{2}$ pints of urine in the 24 hours, but in disease the quantity passed may rise to 20 pints a day or be decreased to only a few drachms.

Suppression of urine, retention, and incontinence must be at once reported.

Stools.—The points to be observed are their shape, colour, consistency, and amount; whether they contain blood, mucus, pus, or undigested food; the frequency of motions, and whether there is any pain in passing them.

Blood in the stools may be the result of hæmorrhoids, or may be due to ulceration in some part of the large or small intestine. The nurse should always observe if the patient is taking iron or bismuth in any form, as “tarry” stools result. Clay-coloured stools are passed when, owing to some obstruction, bile is unable to get from the liver into the intestine, and such stools may be observed in cases of jaundice. When the structure of the rectum is much narrowed by a cancerous growth the stools are smaller and in shape like a ribbon or thin pipe. Anything unusual should be preserved and shown to the medical practitioner, and this should always be done with the first stool of a typhoid fever patient. A pane of glass should be placed over the bed-pan before showing the contents to the doctor.

Appetite.—Note if the patient appears to enjoy his food or otherwise. One result of

acute disease is a general derangement of the organs of digestion, and while using every endeavour to keep up the patient's strength, the nurse must remember not to overtax his feeble digestion. She must keep two objects in view: (1) To check wasting by giving as much food as is safe and possible; and (2) to give nothing that cannot be easily digested and absorbed.

Too much food must not be given at a time; “little and often” must be the rule. A patient with a high temperature suffers from a chronic thirst, and is therefore always ready for a drink. In observing the appetite of a convalescent patient the nurse will have one of two difficulties to contend with: (a) To get him to take enough; (b) to prevent him taking too much.

Scrupulous cleanliness and extreme care in serving each meal are essential to a sick person, whether his appetite be good or bad. Care must be taken that the patient is not kept waiting, nor disgusted by the sight of a large quantity of food. Finally, when reporting to the doctor as to the amount of food the patient has consumed, the nurse must always endeavour to be exact, so as to give the medical man an accurate idea of the patient's appetite.

Sleep.—The nurse must be most accurate in estimating the amount of sleep that the patient has had during the day or night. She should always note the exact number of hours that her patient sleeps; whether his rest is natural and undisturbed by dreams, or whether his mind wanders and he mutters, as in delirium. If the patient has been given a drug to help him sleep she must note how long it is before it acts. A warm drink will often help the patient to sleep, but if he continues sleepless the nurse must observe whether it is due to cold feet, too few or too many bedclothes, or to a light shining on the patient's face. Also she must be on the lookout for a most important condition of sleeplessness, which is distension of the stomach with wind, which gives rise to a feeling of pain and oppression in the cardiac region. Also want of sleep may be due to pain or mental worry, and the nurse must do all she can to relieve this.

Condition of the Mouth.—The nurse must observe if the teeth are in a good condition—whether there is any dental caries. Also the presence of “sordes” upon the lips, teeth, and tongue should be noted. These are composed of dead epithelium, the remains of food, and various fungi, which form in consequence of the absence of the usual movements of

mastication, by means of which the mouth in health is kept clean.

Ulceration of the gums must be noted and reported; also the condition of the tongue—whether it is furred, and whether there are any *marked papillæ*, such as are seen in the “strawberry” tongue of scarlet fever. The nurse must also observe the mucous membrane of the cheeks, and report at once if small white spots with a greyish centre are present; these are Koplick’s spots, which help the early diagnosis of measles. She must note also if the fauces and uvula are clean.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. G. Firth Scott, Miss Mary Ramsey, S.R.N., Miss Mabel James, and Miss Sarah Cousins.

QUESTION FOR NEXT WEEK.

Describe briefly how you would prepare the following baths, namely:—Alkaline, saline, mustard, starch, sulphur.

THE LAST DAY FOR REGISTRATION OF EXISTING NURSES.

Very contradictory statements are being circulated on the question of the day on which the term of grace for the registration of Existing Nurses terminates. According to the Nurses’ Registration Act and Statutory Rules the last date on which such applications can be legally received at 12, York Gate for consideration is the 14th of July next. Nurses who desire to register should send in their Application Forms without delay. *The General Nursing Council has no power to extend the two years within which Existing Nurses are eligible for registration.*

Intermediate Nurses who complete their three years’ term of training after 1st November, 1919, are eligible to register until the date on which the Rules for Examination come into force in 1925.

As Probationers in training have been denied *their right* under the Act to a prescribed Syllabus of training by the present General Nursing Council, their position is a very precarious one, as they are to be compelled to submit themselves to a State Examination, without any security that they will receive adequate training and teaching to prepare them for the test.

We hope all probationers in training, and certificated nurses, will unite with us to compel the General Nursing Council and the Ministry of Health to carry out the provisions of the Nurses’ Registration Act in this all-important particular.

NURSING ECHOES.

Mrs. Bedford Fenwick will be “At Home” to the kind contributors to the lovely gift of the specially bound copy of the State Register of Nurses on Friday, July 6th, at 20, Upper Wimpole Street, London, W., from 4.30 to 6.30 p.m., when she hopes many of her friends will be able to accept her invitation, to enable her to thank them in person for their appreciation of her part in helping to obtain legal status for the Profession of Nursing, and for the handsome and generous expression of friendship and goodwill towards her. Mrs. Fenwick hopes those who are able to be present will send her a card to that effect. The lovely Gift will be on view.

During their visit to Becontree, the new housing estate of the London County Council near Ilford, the King and Queen thoroughly inspected the interiors of about 20 houses. In several the Queen asked to see the bathroom, and on being shown it said how necessary she considered it for a house to have a bath.

We welcome this influential expression of opinion. As sound health depends so largely on cleanliness, to deprive people of the means of keeping themselves clean is a direct incitement to ill-health and vice.

Princess Mary (Viscountess Lascelles), with Viscount Lascelles, will visit the hospital of the West Ham Board of Guardians at Whipp’s Cross on July 11th and present medals and awards to the nurses.

It was stated at a recent Meeting of Q.V.J.I. that the Marchioness Curzon of Kedleston had handed £3,300 to Her Majesty Queen Alexandra for the Institute, as the result of the ball recently held at Lansdowne House. As the result of the Queen’s Fund meeting and an appeal made by Sir Harold Boulton, the chairman of the Council, over £1,900 had been raised.

The names of seventy-eight nurses have been added to the roll of Queen’s Nurses since the last meeting of the Committee, and six new districts have been affiliated. Long-service badges, denoting twenty-one years’ service, were awarded to eight Queen’s Nurses.

The *Poor Law Officers’ Journal* highly approves of the action of Medical Members of the House of Commons, supported by the Labour and Liberal Parties, in degrading the General Part of the Nurses’ Register by the admission

of persons who may never have spent a day in a hospital in their lives, and who for gain have nursed the public without any training. We wonder what the thousands of highly qualified certificated nurses, well trained in Poor Law Infirmaries, think of this support to the grave breach of faith which Dr. Chapple's new Rule effects with them? And will such nurses now wear the "protected" uniform and badge, when it must be shared with women who have not the slightest *right* to either privilege, never having worked to qualify themselves for their responsible duties. It is the recently certificated nurses who will suffer from the economic competition of these "whited sepulchres." The well-paid or pensioned middle-aged matrons, who through the College have made this wrong possible, delude the younger generation by talking of the Acts "working for the future." The younger generation of qualified nurses must earn their living *now*, and the gross injustice of being classed with the ignorant and untrained will, we feel sure, be injurious to their prospects in the highest degree.

Unlike the Midwives Act, the Nurses Act is not compulsory; so that if the public wish to employ untrained attendants they can do so. The injustice to the public under the new Rule will be that they will be deluded by the State into the belief that they are employing trained and efficient nurses when such skill may mean life (and the lack of it death) to their dearest—a cruel delusion.

The Royal Infirmary at Derby has not yet been able to start a Preliminary Training School for its nurses, owing to want of accommodation. It also needs a Sister Tutor. Unless an effort is made to provide such teaching, it is to be feared the School will suffer. Now that a State Examination is on the way pupils will naturally gravitate to institutions at which the most efficient teaching is provided.

The total amount which has been given in response to the recent special appeal for the Cathedral Nursing Society, Newcastle, is £889, so that the debt of £867 has been entirely paid-off. While thanking all those who have so kindly sent donations, the Committee now desire to appeal for more annual subscriptions, in order that the present nursing staff need not be reduced. The hon. treasurer, who will gladly receive all subscriptions, is Mr. F. G. Clayton, Barclays Bank, Collingwood Street, Newcastle-on-Tyne.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

The Business Meeting of the National Council of Trained Nurses was held in the beautiful drawing-room of the Royal British Nurses' Association, 194, Queen's Gate, S.W., which was filled to the doors. Mrs. Bedford Fenwick, S.R.N. (President of the Council), was in the chair. The following Leagues and Societies were represented: The Matrons' Council of Great Britain and Ireland; the Irish Matrons' Association; the Registered Nurses' Parliamentary Council; the National Union of Trained Nurses; the Professional Union of Trained Nurses; the Registered Nurses' Society; the League of St. Bartholomew's Hospital Nurses; the Royal Infirmary, Leicester, Nurses' League; the Queen's Hospital, Birmingham, Nurses' League; the St. Bartholomew's Hospital, Rochester, Nurses' League; the Victoria and Bournemouth Nurses' League; St. John's House Nurses' League; the London Temperance Hospital Nurses' League; the Glasgow Royal Infirmary Nurses' League; and guests from New Zealand, South Africa, France, and Holland.

MINUTES.

The Minutes of the previous meeting were read and confirmed.

CORRESPONDENCE.

Miss Breay reported that a large number of letters had been received of regret at inability to attend. Amongst them letters from Miss K. M. Olmsted, Chief, Division of Nursing, League of Red Cross Societies; Miss Evelyn T. Walker, Directrice of Child Hygiene and Public Health Nursing, Comité Americain pour les Régions Dévastées de la France, who wrote: "I cannot tell you how sorry I am, as it would have been a great pleasure to meet the English Nurses, of whom I am really one"; Dr. Anna Hamilton, Bordeaux, who sent photographs of the new Florence Nightingale School at Bordeaux; and Miss Maud Lamb, National Association of Trained Nurses of India.

Miss G. A. Rogers, Hon. President, Royal Infirmary, Leicester, Nurses' League, wrote: "I should have liked to join in offering congratulations to Mrs. Bedford Fenwick on the realisation of her long-delayed hope"; and Miss Stewart Bryson, President of the Fever Nurses' Association: "I shall be with you in spirit, and wish you a most successful meeting."

An invitation from the National Council of Women to appoint two representatives to attend the Annual Meeting in Edinburgh, in October, was received; and Mrs. Bedford Fenwick and Miss A. Carson Rae undertook to act in this capacity; other correspondence was dealt with.

REPORT OF THE HON. SECRETARY.

The Report of the Hon. Secretary was presented by Miss Beatrice Cutler, Hon. Secretary. It dealt principally with the questions of State Regis-

tration of Nurses and the International Council of Nurses.

In the Discussion upon this Report, great indignation was expressed at the proceedings engineered by the Medical Members in the House of Commons on the previous night, when Dr. Chapple moved and Dr. Salter seconded that a humble address be presented to His Majesty praying that Rule 9 (1) (g) under the Nurses' Registration Act, 1919, be modified, enabling women with no hospital training to be admitted to the General Part of the Register.

Three Resolutions (published last week) were unanimously agreed to in opposition to this Prayer.

FINANCIAL STATEMENT.

The Financial Statement was presented by the Hon. Treasurer (Miss M. Breay), and showed a balance in hand.

Both reports were approved.

ELECTION OF HON. OFFICERS.

The election of Hon. Officers was the next item on the agenda, and Miss G. B. Macvitie, S.R.N., took the chair and asked Miss H. L. Pearse, S.R.N., to propose the election of the President.

Miss H. L. Pearse proposed that Mrs. Bedford Fenwick be re-elected President; if she was willing to accept office for another three years there was no question as to whom the Council would desire in that office. The present was a time when things were difficult and the Council peculiarly needed Mrs. Fenwick's guidance as President. The motion was seconded by Miss M. L. Rimmer, S.R.N., and carried by acclamation.

On resuming the Chair and expressing her thanks for her re-election, Mrs. Fenwick said she hoped to keep the Council in touch with the Nurses of the world federated in the International Council of Nurses, which was resuming its valuable work.

Vice-Presidents.—The three Vice-Presidents were then elected to another term of office: Miss G. A. Rogers, S.R.N., Hon. President, Leicester Royal Infirmary Nurses League; Miss Stuart Donaldson, S.R.N., President, Glasgow Royal Infirmary Nurses' League; and Miss M. Huxley, Past President, Irish Nurses' Association.

Directors.—Miss Villiers, S.R.N., R.F.N., and Miss L. Ramsden, S.R.N., were the retiring Directors; and Miss A. Stewart Bryson, S.R.N. (President, Fever Nurses' Association), and Miss A. Carson Rae (Delegate, Irish Matrons' Association), were elected to replace them, together with Miss H. L. Pearse, S.R.N.

The President notified that the resignation of Miss Beatrice Cutler, S.R.N., of the office of Hon. Secretary had been received with very great regret. It was not an easy matter to fill the vacancy, and they owed Miss Cutler sincere gratitude for many years' work for the Council. She was glad to say that Miss Isabel Macdonald, S.R.N., had consented to take on one more piece of work and was willing to act if elected. Her election was proposed by Miss MacCallum, S.R.N., seconded by Miss E. T. Bickerton, S.R.N., and carried by acclamation.

Hon. Treasurer.—Miss M. Breay was unanimously elected Hon. Treasurer for another term.

Delegates.—The Delegates of the constituent societies were then elected.

APPLICATIONS FOR AFFILIATION.

The application of the Irish Matrons' Association for affiliation was proposed by Miss Bushby, S.R.N., R.C.N., seconded by Miss Ramsden, S.R.N. The Association was warmly welcomed into the Council.

PROPOSED NEW ASSOCIATION OF REGISTERED NURSES.

Miss H. L. Pearse then brought forward a proposal that some organisation should be considered which would enable all Registered Nurses to come into touch with the National Council of Nurses, who are otherwise excluded—Societies of Matrons and Nurses associated together in groups, Hospital Nurses' Leagues, &c., were eligible to be affiliated—but Registered Nurses who were not associated in any group could not be so. Many Nurses' Leagues had not yet appreciated the benefit of coming into touch and association with others, and were somewhat narrow and self-centred in their activities. National and international Associations should be within reach of every Registered Nurse, general and supplementary. Miss Pearse proposed that a Registered Nurses' Association might be organised on individual membership.

Miss A. M. Bushby seconded the proposal.

It was agreed that a sub-committee, with Miss Pearse as provisional chairman, should be elected to prepare a statement for the consideration of the National Council. The following members were elected to help Miss Pearse: Miss Muriel, S.R.N.; Miss Elma Smith, S.R.N.; Miss Lord, S.R.N.; Miss Rimmer, S.R.N.; and the hon. officers *ex officio*, Mrs. Fenwick, Miss M. Breay, and Miss I. Macdonald.

INTERNATIONAL CONGRATULATIONS.

In connection with the section of the Report which referred to the meeting of the Grand Council of the International Council of Nurses at Copenhagen, in May, 1922, it was moved by Miss J. C. Child, and seconded by Miss H. L. Pearse, and carried unanimously, that the following Resolution be sent to Baroness Mannerheim, the new President of the International Council:—

"The National Council of Trained Nurses of Great Britain and Ireland, in general meeting assembled, desires to convey to the Baroness Mannerheim, President of the International Council of Nurses, its congratulations on her election to this position at its Triennial Meeting at Copenhagen, and to express to her their earnest hope for a successful and fruitful term of office, for the further consolidation of the Council in accordance with the basic principles defined in its Constitution, and hopes for a full meeting of the Grand Council at Helsingfors in 1925, as well as an inspiring Congress."

It was also unanimously agreed to send the following Resolution to the National Councils of Nurses admitted to membership at Copenhagen, in 1922:—

"The National Council of Trained Nurses of Great Britain and Ireland, in general meeting assembled,

desires to convey to the National Councils of Nurses of Belgium, Italy, Norway, China, and South Africa, its cordial congratulations on their affiliation to the International Council of Nurses, at Copenhagen in 1922, and looks forward to the comradeship which it will enjoy with the nurses of these countries through this affiliation, and especially to meeting some of their members at Helsingfors in 1925, when the International Council of Nurses will assemble in professional and social intercourse."

THE INTERNATIONAL SPIRIT.

Mrs. Fenwick said that the *raison d'être* of the National Council of Trained Nurses was to encourage understanding and friendship between the nurses of all nations, to acquire knowledge of the social and educational conditions of nurses in other countries; and to encourage throughout the nursing world personal and professional responsibility. Federation in the International Council of Nurses had in the past proved of the utmost value in widening human and professional sympathy. At this meeting the Council was fortunate in having with it Miss J. Bicknell, A.R.R.C., the Director of the Division of Nursing in the Health Department, New Zealand, one of the most enlightened countries in the world; Miss J. C. Child, S.R.N., Overseas' President of the South African Trained Nurses' Association, a young, but most vigorous and progressive organisation; Miss Aeschmann, Diplômée of the pioneer Florence Nightingale School for Nurses at Bordeaux, who was an international student at Bedford College.

Mrs. Fenwick invited Miss Bicknell to tell the meeting something of nursing and nurses' organisation in New Zealand.

NEW ZEALAND.

Miss Bicknell said that the New Zealand Trained Nurses' Association, which was affiliated to the International Council of Nurses, consisted of four branches, at Wellington, Dunedin, Christchurch and Auckland.

They did not think it a good plan to have more than these four branches, but they also had a Central Council. It was impossible to keep up interest unless they met frequently.

They tried to improve the standard of training. A difficult class of girl was now coming into nursing. During her stay in England she had been investigating the question of the best standard to expect. She found an idea was that when girls went into the secondary schools they should have some preparation, in the subjects taught, to prepare them for their training as nurses.

Miss Bicknell referred to the obsolete clauses of the New Zealand Nurses' Registration Act, passed in 1901, which lapsed when the Act came into full operation after the term of grace, and showed that even at that date—twenty-two years ago—a higher standard was required during the period of grace than that required by the General Nursing Council for England and Wales, a three years' training in a hospital with certificate, or four years, and to pass an examination, were the minimum

standards; untrained nurses had never been permitted to register, and thus injure nursing standards, and cause serious risks to the sick employing them.

SOUTH AFRICA.

Miss J. C. Child gave a slight sketch of the South African Trained Nurses' Association. Before she went out to the Boer War she was a member of the Royal British Nurses' Association, and she had had the advantage of hearing the first speech upon it made in Brighton by Mrs. Bedford Fenwick in 1887. For some time an Association could not be thoroughly launched in South Africa because there were no means for the different provinces to get into touch with one another.

The South African Trained Nurses' Association was legally started in 1914, and at the end of the war was about 1,000 strong. Nurses trained in South Africa did not get their hospital certificates until they had gained the State Certificate. The value of the Association was greatly felt, and questions were sent round to all the branches. They found it absolutely necessary to have an Annual Meeting somewhere. The Association covered a large area from the Cape to Pretoria, and every branch raised a fund and paid its own delegates. It was a strong National Association, and a very healthy child of the British Empire and of the International Council of Nurses.

THE BORDEAUX SCHOOL OF NURSING.

Mrs. Fenwick regretted that Miss Aeschmann, who was an international student, had been compelled to leave to attend a lecture, so could not report to them. She had received her training in the *École Florence Nightingale* at Bordeaux—the pioneer Nursing School in France.

Mrs. Fenwick said the school, which she had visited with the deepest interest many times, was started in very restricted surroundings in connection with the *Maison de Santé* (a General and Maternity Hospital) in Bordeaux. Heroic work was done there in nurse teaching for many years. Then came the splendid bequest of Mdlle. Bosc of the estate of Bagatelle, with undreamed-of possibilities. It had always been Mrs. Fenwick's hope that England would have helped develop this *Nightingale School*, but America had stepped in where we were afraid to tread. The American Nurses had subscribed £10,000 as a Memorial to their sisters who lost their lives in the Great War, and had erected the beautiful new *École Florence Nightingale* at Bagatelle, thus crowning the splendid efforts on behalf of the sick of Dr. Anna Hamilton in France.

Mrs. Fenwick passed round beautiful photographs of the new School sent by Dr. Anna Hamilton, showing the fine building, the pupils in their library, decorated with a bust of its Founder, and with pictures of American nurse pioneers—the late Mrs. Hampton Robb, Miss Delano, and others—recreation room, study, and bedrooms.

The School had its own professional organ, *La Dame à la Lampe*.

(To be concluded.)

LEAGUE NEWS.

GLASGOW ROYAL INFIRMARY NURSES' LEAGUE.

(Affiliated to the National Council of Trained Nurses of Great Britain and Ireland.)

The Annual Summer Reunion of the G.R.I. Nurses' League was held at the Royal Infirmary, Glasgow, on Tuesday, June 19th, and marked still further progress in the growth of the League.

The Gathering, which was a large and representative one, including nurses of every generation, was held in the Sitting Room of the Nurses' Home, a delightful Reception Room, spacious yet cosy, decorated with exquisite rose-coloured sweet peas, blue irises and white ox-eyed daisies, which blended most artistically with the chintz chair covers and handsome rugs on the polished floor. Tiny tea tables were dotted about the room, and fragrant tea and a variety of the delicious sandwiches and cakes for which the Royal Infirmary kitchen is famous, were dispensed by trim, deft maids, whose faces and dignified, noiseless movements dispelled any fears as to the result of the Domestic Servant Enquiry as far as Glasgow Royal Infirmary is concerned.

The guests were received by Miss Donaldson, President of the League, and the Committee, and among the first to arrive was Mrs. Strong, Matron of the Royal Infirmary from 1879—1885 and 1891—1907.

At 4 p.m. a delightful and inspiring address on the aims of the League was given by Miss Donaldson. She reminded the members that, though only 18 months old, the League's growth had been steady, and that to-day there were 334 members. "Our Scottish temperament is slow to embrace new ideas, but, finding they are good, we apply ourselves to working them out with all the grit of our rugged characters." She appealed for still further enthusiasm in getting into touch with past "Royal" Nurses, and for "copy" for the Journal to be published in the autumn.

At the close of her address Miss Donaldson paid an eloquent tribute to the noble life and work of Princess Christian and to all that she had done for the Nursing Profession, and the meeting carried, by upstanding vote, a Resolution of grateful reverence.

Mrs. Strong, in a happy speech, endorsed all that Miss Donaldson had said, and asked the Meeting to thank her for the love and interest she had put into her work for the League. This was carried with acclamation.

After some further discussion it was decided to proceed with the plan of raising funds to endow a Cot in the Infirmary, to be called the G.R.I. Nurses' League Cot.

The meeting over, the company broke up into little groups, some of whom visited the Infirmary, while others continued the happy reminiscences with which the afternoon had begun.

It was a moving and inspiring sight to see a number of the young nurses who had left their Training School only a few months ago joining enthusiastically with those whose labours are well nigh over in laying plans for the generation yet to come.

Long life to the G.R.I. Nurses' League.

THE ISLEWORTH NURSES' LEAGUE.

On July 7th the Annual Garden Party of the Isleworth Nurses' League will be held in the grounds of the West Middlesex Hospital, when the Matron will be pleased to welcome any former nurses and their friends from 3 to 7 p.m. These gatherings of nurses at the hospital at which they were trained, and which they usually hold in great affection, are most popular reunions, and are a very effective means of maintaining the *esprit de corps* of the Training Schools.

THE NURSES' MISSIONARY LEAGUE "CAMP," SANDSEND.

JUNE 9-23, 1923.

Although I have been a member of the N.M.L. since its very beginning in 1903, it has never been my privilege to spend a holiday in "Camp" until this year. What a happy season it has been, meeting old friends and making new ones—all in some branch of nursing—either doing the work of the poor "pro.," who is at everybody's beck and call; doing the "daily round, the common task"; or in more responsible positions at home or abroad. Sandsend is on the Yorkshire coast, three miles from the interesting old town of Whitby and not far from Scarborough. The bathing facilities are excellent. Normanby House, where we are quartered, is "Liberty Hall" in the truest sense of the word, and is situated on the fringe of the beautiful woods of Lord Normanby's estate, where we have permission to roam at will.

Each day something nice is planned for our pleasure, either a picnic or a little tour by moorland and lakeland, or tea on the cliffs. Our appetites are enormous, and we are very happy *en famille*. After tea, perhaps, Miss Richardson reads us some interesting letters from missionary nurses in China or India, accompanied by the lullaby of the sea. Some of the missionary nurses from these places are with us now, and we have had some nice talks. Then, who among us will ever forget the quiet, helpful talks on things spiritual, or the study circles, or the inspiring address by Dr. Ida Scudder from Vellore, India, on the wonderful work being done there? Especially do we hear the cry, "Come over and help us," in the lot of the child widow and the temple child. All this should inspire us anew to dedicate our lives to His service, whether in this or in other lands, so that others may be attracted to Him Who is the altogether lovely, and His Kingdom hastened.

A. H. B.

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

**AT ST. GEORGE'S CHAPEL, WINDSOR,
ON JUNE 15.**

With the calm of deep sorrow and with ceremony majestic in its very simplicity our Royal President was laid to her rest at St. George's Chapel, Windsor, on Friday, June 15th. As we entered the Castle gateway the scene was one of unforgettable significance and grandeur. Little groups stood about here and there within the precincts of the Castle grounds in a silence, broken only by occasional sharp words of command to the soldiers who lined the paths, their scarlet uniforms and glittering accoutrements made more striking by the background of the brilliant green grass, sloping up from the path. The peace of the summer morning seemed strangely in keeping with our thoughts, as they centred on the great Personality who had passed into the Unknown, as they dwelt upon the courage, the uprightness, the calm confidence with which she had faced the trials, the problems, the difficulties that are part of the lot of those born into high places. The whole atmosphere was vibrant with the splendour of great traditions, one felt as though almost lifted into the holiness and wonder of a supernatural world, so that the great towers, the marvellous architecture all around, and that lovely gem of a chapel with its exquisite masonry, seemed somehow to be but a shadow thrown forth from the heavenly world, a kind of human interpretation, at its best, of the thoughts of God. Until the time for the arrival of the Royal mourners was nearly come we lingered in the stillness about the door of the sanctuary, hallowed by so many memories of a nation's sorrows, made sacred to the heart of England by the tears of her Royal House, and then we passed reverently under its arches to await the coming of the cortège. There, under the delicately-groined roof, surrounded by majestic pillars and lovely carvings, there gleamed the colours of the Banners of the Knights of the Garter, so that it seemed as though the deeds of the noble and the good were raying out their brightness from the ages and blending themselves with memories of the Royal Lady soon to be laid to her rest.

Suddenly upon the stillness there broke the sound of a tolling bell, and soon, vibrating on the air, came the notes of the Funeral March. Slowly towards the altar the waiting Archbishop, the Clergy and the Gentlemen and Choristers of St.

George's Chapel turned and led the procession singing as they passed, "For all the Saints who from their labours rest." The coffin, covered with the standard of the Princess, was laid on the catafalque and her coronet and insignia were placed upon it. The King, with Princess Helena Victoria and Princess Marie Louise, quietly took their places as chief mourners, and the other members of the Royal Family passed to their places. Then the simple service unfolded itself in such a lovely spiritual way as to appeal to our highest aspirations, so that it must live in the thoughts of those who participated in it, like some lovely flower dropped into their memory from the spiritual world. Words are strangely ineffective when we try to bring before our Members something of the stateliness and the beauty of the ceremony upon which the thoughts of nurses all over the world were at that moment centred. The loveliness of it all seemed to flood our spirits as the voices of the choristers thrilled us to the soul with the wondrous message of the hymn, "Lead, Kindly Light." Then, as we listened to the lines—

"And with the morn these angel faces smile,

Which I have loved long since, and lost awhile,"

our thoughts were suddenly lifted away to a lonely grave in far South Africa, where sleeps her soldier son, the first Prince of Royal blood, since the Black Prince, to fight on England's foreign battlefields. Here in this beautiful Chapel of the Garter Knights, it seemed as though space had sunk into its true significance and the loneliness of that burial place in a far off land had blended itself now into the holiness, the all oneness of this simple ceremony on an English summer morning.

Then, when the coffin had been carried into the choir, followed by the Royal mourners, there broke upon our ears the notes of "The Last Post," and we were thrilled with the significance of this, the earthly symbol that our beloved President was set free from all the great obligations which the circumstance of birth had laid upon her and which, with such splendid faithfulness, such high endeavour, she had ever sought to fulfil. Then, soaring to the skies, came the notes of the Reveille, as though to speed a gallant spirit on to its great awakening, a perfect climax to the ceremony just closed, a grand "Amen" to the nobility of the life that was ended. Words and thoughts had failed to bring to our consciousness the full sig-



MEMORIAL WREATH SENT BY THE ROYAL BRITISH NURSES' ASSOCIATION.

nificance of it all, but in these soaring notes that seemed to rise and lose themselves in the skies we found somehow the interpretation of our feelings, as there, in the sanctuary hallowed by the memories of a noble Order, we paid our last homage to the First President of our Royal Corporation of Nurses.

Then, through an avenue of flowers, we passed to the spot where, under her standard, lay the deserted dwelling place of the great spirit to which our thoughts had mounted in that soaring Reveille. Silently we passed through the choir again and under the lovely arches to where the towers of the Castle stood over many a gem of mediæval architecture, then down the Broad Walk, and through the Castle gates into the life of the world again, feeling that the holiness and simple majesty of the ceremony we had witnessed had, for an instant, lifted the curtain between us and the eternal, had initiated our hearts a little further into the unspeakable glory of that world for which the senses have dimmed our vision.

THE WREATHS SENT BY THE R.B.N.A.

As so many members spontaneously sent us subscriptions for the wreath which they knew would be sent from the Corporation, we feel that it is due to them to insert a photograph in the Official Organ. The name of the Association was picked out in purple static on a ground of white stock and, as many nurses had named the flowers which they thought might be used, the mass of white flowers was composed of lilies, carnations, stephanotis, roses, asparagus fern, spring dry, lilies of the valley, and rosemary. The beautiful wreath of the Australian Branch was of pink carnations, ranunculus, large white lilies, and the foliage of the wattle.

MEETING OF EXECUTIVE COMMITTEE.

At a meeting of the Executive Committee held at 194, Queen's Gate, S.W., on Thursday, June 21st, the following correspondence was read:—

Letter from Her Highness, Princess Helena Victoria.

78, Pall Mall, S.W.1,

DEAR MR. PATERSON,— June 19, 1923.

Would you kindly convey to the Council and Members of the Royal British Nurses' Association my sister's and my own most sincere thanks for the kind message of sympathy sent by them at this time of our great sorrow?

We value most especially their testimony of appreciation to the lifelong and never-ceasing interest which my mother took in the welfare of the nurses, to which she gave so much time and thought.

Yours sincerely,

HELENA VICTORIA.

Letter from Lord Stamfordham.

Buckingham Palace,

DEAR SIR,— 15th June, 1923.

I have received and laid before the King and Queen the Resolution passed at a Special Meeting of the Council of the Royal British Nurses' Association on June 11th, recording their deep sense of

the loss which the Association has sustained by the death of Her Royal Highness Princess Christian, their President.

I am commanded to convey the King and Queen's thanks for this communication, and also Their Majesties' appreciation of the kindly words of sympathy in their personal sorrow to which it gives expression.

Yours very faithfully,

STAMFORDHAM.

H. J. PATERSON, Esq., C.B.E., F.R.C.S.,
Medical Honorary Secretary.

Scottish Nurses' Association.

The following Resolution has been forwarded to us from the Scottish Nurses' Association:—
Glasgow,

12th June, 1923.

The Scottish Nurses' Association, affiliated as it is with the Royal British Nurses' Association, hopes that there may be placed on the record of that Association the deep sympathy of Scottish Nurses with the parent body in the loss they have sustained by the death of their Royal President, their appreciation of all Her Royal Highness did for British Nurses, and their desire to be associated with the Royal British Nurses' Association in their expression of deep sorrow.

On behalf of the Scottish Nurses' Association.

(Signed) J. MCGREGOR-ROBERTSON, *President*.
CHRISTIAN H. MCARA, *Secretary*.

The following reply has been sent from the R.B.N.A.:—

DEAR DR. MCGREGOR ROBERTSON,—At a meeting, held yesterday, my Executive Committee received your letter of the 12th inst., conveying the Resolution of the Scottish Nurses' Association with its most kind expression of sympathy with this Corporation in the irreparable loss which it has sustained through the death of Her Royal Highness the Princess Christian.

I am instructed to ask you to convey to your Association the sincere thanks of my Executive Committee, and to say that we greatly value the sympathy of the Scottish Nurses' Association. Its participation in our sorrow is, to my Committee, a new evidence of the friendship of the Scottish Nurses' Association—a friendship which the members of the Royal British Nurses' Association very greatly prize.

I am to thank you personally for your part in passing such a kind Resolution.

I am, yours very truly,

ISABEL MACDONALD, *Secretary*.

MISS CATTELL AT HOME.

Miss Cattell's "At Home" on June 7th was a great success, and to judge by the numbers who found their way to Queen's Gate on that afternoon she must be a very popular lady indeed. Everyone appeared to enjoy the delightful tea and ices which she had provided. Old acquaintanceships were renewed, and all the guests expressed their appreciation of a thoroughly delightful afternoon.

ISABEL MACDONALD,

Secretary to the Corporation.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

(Concluded from page 404.)

3.—Report of the Education and Examination Committee.

The Report of the Education and Examination Committee was presented by the Chairman, Miss Lloyd-Still, who moved that it be received.

I. REPORTED—That the Committee has met twice—on May 29th and June 5th, and the Selection Sub-Committee twice, on May 24th and June 1st.

II. REPORTED—That 45 applications for the post of Examinations Officer were received. Three applicants have been selected to be interviewed by the Council on Friday, June 15th, at 3.15 p.m. The applications and qualifications of the selected candidates are appended.

III. CONSIDERED—

Applications from the National Hospital for the Paralysed and Epileptic, Queen Square, London.

(1) That this Hospital should be added to the list of Special Hospitals under Section I (3) (ii) (a) of the Scheme of Training, which will enable them to take probationers for their first two years of a four years' training.

Recommendation 10.

"That the National Hospital for the Paralysed and Epileptic be added to the list of Special Hospitals under Section I (3) (ii) (a) of the Scheme of Training."

(2) That this Hospital should be recognised as a complete Training School for Male Nurses.

Recommendation 11.

That the following Hospital be recognised as a Complete Training School for Male Nurses—"The National Hospital for the Paralysed and Epileptic, Queen Square, London."

IV. CONSIDERED—

Further list of General Hospitals whose authorities have replied to enquiries instituted by the Council.

Recommendation 12.

That the following Hospital be recognised as a Complete Training School:—"Stroud General Hospital, Stroud."

V. CONSIDERED—

Application from the Brompton Hospital for Consumption and Diseases of the Chest under Section I (3) (ii) (a) of the Scheme of Training.

Recommendation 13.

That the following Hospital be recognised as a Training School which, in combination with other Public Hospitals, gives complete training under Section I (3) (ii) (a):—

"Brompton Hospital for Consumption and Diseases of the Chest, in affiliation with—Middlesex Hospital, University College Hospital, St. Mary's Hospital, Royal Infirmary, Leicester, Addenbrooke's Hospital, Cambridge."

Discussion.

MR. STRATTON enquired on Recommendation 11 whether the term of training at the National Hospital for Male Nurses was for three years. He thought it was two.

The CHAIRMAN said it must be for three years if the Hospital was a recognised training school.

4.—Report of the Mental Nursing Committee.

The Report was presented by Dr. Bedford Pierce, Chairman of the Committee, who moved that it be received.

I. REPORTED—That the Committee has met once—on June 6th, 1923.

II. REPORTED—That the Committee have given lengthy consideration to the conditions of the Preliminary Examination and of the Final Examination for Mental Nurses. Their recommendations on these subjects have been sent to the Education Committee for its consideration.

DR. BEDFORD PIERCE said there was little to report except that the Syllabus had been sent to the General Nursing Council for Scotland. They had kept it six weeks and then returned it with an expression of opinion that the six months' preliminary training should not apply to male nurses. He had taken upon himself the responsibility of replying, and pointed out that this provision had been introduced at the suggestion of the Scottish representatives who conferred with the Mental Nursing Committee, which approved it, and incorporated it in the recommendations.

The Report was approved.

5.—Report of the General Purposes Committee.

MISS COX-DAVIES, Chairman of the General Purposes Committee, moved that the Report be received.

I. REPORTED—That the Committee has met once—on June 4th, 1923.

II. REPORTED—That the Assistant Registrar has been absent through illness since May 22nd. A certificate has been received from her medical attendant recommending one month's sick leave. The Registrar was authorised to obtain at once a temporary clerk to assist during the absence of the Assistant Registrar.

Recommendation 14.

"That this action be approved."

III. REPORTED—That extra equipment is required for the offices.

Recommendation 15.

That the following be sanctioned:—"Six Steel Filing Cabinets, £9 12s. 9d. each. Table for Accountant's Office, £1 10s."

IV. REPORTED—That at the present moment more than 1,000 applications are received during the week; that the Accountant's staff, herself and three clerks, are unable to keep abreast of the work; that there is no qualified book-keeper among the clerks, and that therefore if Miss Smith was taken ill or required a holiday there would be no one competent to relieve her.

Recommendation 16.

"That a qualified Book-keeper be engaged to assist the Accountant during the present stress of work."

V. CONSIDERED—A suggestion from the Finance Committee that a general regulation should be drawn up for office holidays.

Recommendation 17.

"That the ordinary Bank Holidays should be observed in the office without special sanction being given, viz., Christmas, Easter, Whit Monday, and August Bank Holiday."

The CHAIRMAN explained in connection with Recommendation 16 that the Recommendation of the Finance Committee was in the nature of an Amendment, i.e., that the salary should not exceed £3 10s. per week. This was agreed.

The Report was approved.

QUESTIONS IN THE HOUSE.

Nurses' Registration.

JUNE 18TH.

DR. CHAPPLE asked the Minister of Health what steps an existing Nurse must take in order to secure the opportunity of having her name placed upon the State Register of Nurses; what is the limit of time; and what must be the nature and terms of their application?

LORD E. PERCY: Nurses desirous of being placed on the Register should write to the Office of the General Nursing Council for a form of application. This should be filled so far as it is applicable, and returned to the Council not later than July 14th. Provided a formal application is lodged by this date, any necessary certificates can be furnished subsequently.

DR. CHAPPLE: Is it necessary for them to enclose a fee?

LORD E. PERCY: I will let the hon. member know.

DR. CHAPPLE: Is the noble lord not aware that the existing Nurses are anxious to know because they have only been given until July 14th to register.

LORD E. PERCY: I will let the hon. member know in the course of the day.

REMARKS.

Dr. Chapple is going the whole hog in his advocacy of thrusting untrained persons on the General Part of the Nurses' Register.

Lord Eustace Percy's reply is of the utmost importance in his pronouncement that July 14th next is the last day on which Forms of Application for Registration from Existing Nurses can be received at 12, York Gate.

Nurses in Scotland.

DR. CHAPPLE asked the Under-Secretary to the Scottish Board of Health whether existing Nurses practising in Scotland will be eligible to take advantage of the decision of the House with regard to Nurses' Registration on June 13th?

CAPTAIN ELLIOT: The decision referred to does not apply to the rules of the General Nursing Council for Scotland. So far as the Scottish Register is concerned, therefore, the answer is in the negative. As regards the position of Nurses practising in Scotland, in relation to the English Register, the matter is one for the General Nursing Council for England and Wales.

REMARKS.

Captain Elliot's reply opens up the disastrous results of Dr. Chapple's action. There is nothing in his Prayer to restrict the registration of untrained women

by the G.N.C. of England and Wales. We have dealt much more generously with Scottish Nurses than the Scottish G.N.C. has dealt with English Nurses, as we register Nurses trained and working in Scotland, whilst the Scottish Council has refused to register highly qualified women trained and working in England, and they propose to discriminate against English Nurses on the same grounds in their reciprocity clause—"Reciprocity all on one side," as the Irishman said. We have no doubt our hopeless Council will add to the confusion worse confounded by placing Nurses on our Register who are ineligible in their own country.

The Shortage of Probationer Nurses.

JUNE 20TH.

MR. FOOT MITCHELL asked the Minister of Health whether he is aware of the serious position in which the smaller hospitals have been placed in consequence of the regulations of the General Nursing Council regarding the training of Nurses, which have increased the difficulty of obtaining Probationers in such hospitals and are adding seriously to the financial difficulties with which they have to contend; and whether he will approach the General Nursing Council with a view to some modifications being made in their regulations in order to overcome these difficulties and enabling Nurses trained in such hospitals to be qualified for registration after passing the central examination or otherwise.

MR. CHAMBERLAIN: I have not received representations in this sense. It is open to any hospital which is refused approval by the General Nursing Council to appeal to me, and no such appeal has been made. I see no reason for adopting the suggestion contained in the last part of the question.

REMARKS.

The smaller hospitals can qualify to part-train by affiliation with other hospitals. It is only just that women who desire to train should not be exploited by institutions and associations, and after years of work find themselves without the professional pale. The day has gone by when philanthropy can rob Peter to pay Paul. Affiliated training is the remedy.

The Bona Fide Nurse.

JUNE 20TH.

DR. CHAPPLE asked the Minister of Health whether he is aware that the General Nursing Council has been rejecting for registration on the State Register of Nurses during the past two years Nurses who had been for three years before the passing of the Nurses' Registration Act, 1919, in *bona fide* practice as existing Nurses, on the ground that they had not had one year's training in a General Hospital; that section 3 (2) (c) of the Act expressly contemplated that such Nurses should be admitted to the Register on terms not involving training in a General Hospital; that in consequence of the acts of the Council and the lapse of time, only four weeks now remain during which applications can be received under the Act, and that many Nurses to whom the decision of this House of June 13th applies are not aware of the fact that they are now eligible for Registration; and will he say what steps he intends to take to make the facts known to them?

MR. CHAMBERLAIN: I understand that 947 applications have been rejected by the General Nursing Council as ineligible for registration under the rules hitherto in force. As regards the second part of the question, I am advised that these rules were not inconsistent with the provisions of the Act to which the hon. member refers. As regards the last part of the question, it rests with the Council to determine what steps should be taken to

advise the nursing profession of the decision of the House, but in view of the publicity given to this question by nursing and other papers, I doubt whether there will be any Nurses who are unaware of the effect of last week's vote.

DR. CHAPPLE: Is the right hon. gentleman aware that the press has given very little publicity to the change affected by the decision of this House, last Wednesday, and that there are scores of Nurses who will be eligible under that decision who are ignorant of the fact that a change has been made; and will he take steps to see that these girls are made acquainted with the decision?

SIR H. CRAIK: Has the decision of the House any effect until the Department of the right hon. gentleman or the King in Council issues an Order pursuant to the decision?

MR. CHAMBERLAIN: The suggestion of the last question is correct. An Order has to be issued before the decision becomes operative. In regard to the first supplementary question, I think the papers that are most likely to have the information are the nursing papers. Those who did not see the notices last week, doubtless will see them this week.

DR. CHAPPLE: Will the 900 Nurses who already have been rejected have their applications made valid, so that if no further application comes from them before July 14th the application already made will be valid under the Act?

MR. CHAMBERLAIN: I should say their wiser course would be to put in a fresh application.

LIEUT.-COLONEL NALL: Is the right hon. gentleman aware that many members of the House have received a letter from the College of Nursing, repudiating the action of the hon. gentleman the member for Dumfries (Dr. Chapple) in moving the resolution he did the other night?

DR. CHAPPLE: On that, Mr. Speaker, may I —

MR. SPEAKER: Mr. Gilbert!

REMARKS.

Apparently the Great Betrayal does not take effect until the King in Council issues an Order pursuant to the decision. So every Nurse who objects to it should send a card to that effect to the Clerk of the Council, Privy Council Office, Whitehall, London, S.W.1.

The College of Nursing, Ltd., may repudiate Dr. Chapple's action, but "they began it"—and having opened the flood-gates of sloppy sentiment in this connection, it is little use to repudiate the primary responsibility for their agitation to depreciate the State Register, as proved by documentary evidence. Because their President was ineligible under the Rules, this breach of contract with the Profession, to make her eligible, is a scandalous betrayal of our status, rights and privileges.

The Speaker's action in preventing Dr. Chapple's explanation of Lieut.-Colonel Nall's accusation is to be deplored. But there is always a "Mr. Gilbert" to block criticism of College methods, in high places.

Opposition to Dr. Chapple's Prayer.

The National Council of Trained Nurses, the Royal British Nurses' Association, and the Registered Nurses' Parliamentary Council have all presented Petitions to the King in Council against the admission of untrained persons to the General Part of the Register, as provided by the new Rule 9 (1) (g) and Dr. Chapple's modification of it.

APPOINTMENTS.

MATRON.

Cottage Hospital, Alderley Edge.—Miss F. M. Webber, S.R.N., has been appointed Matron. She was trained at the London Hospital, and has been Night Superintendent at the West Suffolk Hospital, Bury St. Edmunds.

The Settlers' Hospital, Grahamstown, South Africa.—Miss Witchell has been appointed Matron. She was trained at the London Hospital, E., and is a Certified Midwife. She held senior appointments in the Territorial Force Nursing Service during the war, and is at present in charge of the Welfare Centre at Watford.

SISTER-TUTOR

Union Infirmary, Chester.—Miss Mary Winifred Hall has been appointed Sister-Tutor. She was trained at the Wingrove Hospital, Newcastle-on-Tyne, and has been Sister at the Union Hospital, Tynemouth.

NIGHT SISTER.

Mercers' Hospital, Dublin.—Miss Kathleen Cooper has been appointed Night Sister. She was trained at St. Bartholomew's Hospital, Rochester, and has been Staff Nurse at the Queen Victoria Cottage Hospital, Tonbridge, Sister at the Guest Hospital, Dudley, and Night Sister at the Royal Infirmary, Bradford.

SISTER.

Royal Albert Edward Infirmary, Wigan.—Miss C. B. Johnston has been appointed Sister. She was trained at the Haywood Hospital, Burslem, and the Victoria Park Hospital for Diseases of the Chest, and has been Sister at the Beckett Hospital, Barnsley, and at the Swansea General and Eye Hospital. She is a certified Midwife.

Miss Beatrice Parker has been appointed Sister in the same Institution, not at the Isolation Hospital, East Ham. She was trained at the Royal Southern Hospital, Liverpool.

RESIGNATION.

Miss Barry, who for twenty-one years has been Matron of the Huddersfield Royal Infirmary, is to retire on July 10th, much to the regret of all her colleagues. She will be succeeded by Miss Parsons, Matron of the Victoria Hospital, Southend. Miss Barry has been presented by the nursing staff with an electric floor lamp, and old members of the staff have given to the Matron a cheval glass and a set of afternoon tea tables.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, JUNE, 1923.

- (a) At what temperature should a room be kept for nursing a child of two years old suffering from bronchopneumonia? (b) Why is it necessary to keep up the temperature and yet have free ventilation? (c) No cot or small bed is at hand, what would you use to improvise one with a tent attached, for a *small* child?
- What is meant by precipitate labour, and what are its dangers? If called in, what would you, as a district nurse, do?
- What is the earliest symptom of cancer (a) of the breast and (b) of the uterus, and what can a nurse do to prevent its becoming inoperable?
- (a) How would you act if brought into contact with a case of child neglect in your district? (b) How would you deal with marked insanitary conditions?
- What special equipment would you take with you for attending a case of measles? Give details of nursing to be carried out (a) for the prevention of complications for the patient, and (b) for the safety of other patients.

6 (a). What is the object of district nursing? How may a District Nurse be the means of effecting a lasting improvement in the condition of her patients? Or,

6 (b). What particulars concerning a patient should be entered in your case book, and how would you obtain them?

KENSINGTON INFIRMARY.

REUNION OF NURSES.

The name of Kensington Infirmary has now been changed to St. Mary Abbot's Hospital.

The Annual Summer Reunion of Nurses will take place on Wednesday, July 4th, commencing with a service at 3.30 p.m.

It is hoped that all nurses who have been trained at Kensington will make a special effort to be present.

BABY WEEK COUNCIL.

Her Majesty the Queen has sent the following message to the National Baby Week Council: "I am glad to learn that the National Baby Week Council, of which I am Patron, will celebrate its seventh anniversary in July. My interest in this movement is unabated, and, in sending my best wishes for the success of the National celebrations this year, I earnestly trust that the valuable work carried on by the Council may continue to prosper."
—MARY R."

LYING DEAD IN THE GUTTER.

A Swansea nurse made a protest when giving evidence at an inquest held in that town recently against a practice which, as a result, will no doubt be abolished by the authorities responsible. A man was wheeling a truck of cement along the street, when he collapsed and Nurse Jane Simon found him lying in the roadway. She immediately sent for a doctor, but he died in the meantime. "I think it is a shame they could not take him to the hospital in the ambulance because he was dead," said the nurse to the Coroner. "It is disgraceful to a town like Swansea to keep a man lying dead in the gutter of a public street where trams are passing until they fetch a hand ambulance to take him away." The Coroner observed that he supposed the reason was that the motor-ambulance might be needed elsewhere, but Nurse Simon retorted that she did not think that was a sufficient reason for keeping a man lying dead in the gutter in view of everybody. The Coroner agreed with the nurse that it seemed indecent.

We are entirely in sympathy with the opinion of Nurse Jane Simon.

THE LADY WORKERS' HOMES, LTD.

We invite our readers to study the advertisement on our front cover of the Lady Workers' Homes, Ltd., and then to write for further particulars to the Secretary, Lady Workers' Homes, Ltd., 24, Grove End Road, St. John's Wood, N.W.8. If they can help to lessen the cruel shortage of homes for women workers, and at the same time make a sound investment, they will have cause for solid satisfaction.

CRIMINAL LAW AMENDMENT BILL.

LITTLE CUCKOO FLOWER.

In the House of Commons, last week, Major Paget (Leicester, Bosworth) moved for permission to introduce a Bill to provide for the better protection of young children, consisting of one Clause only, viz. :—

"Any person who shall be guilty of a felony or misdemeanour under Sections 4 or 5 of the Criminal Law Amendment Act, 1885, and be convicted thereof, may at the discretion of the Court, and in addition to any term of imprisonment in the said Act provided, be sentenced in respect of the said offence to be once privately whipped. The number of strokes, and instrument with which they are to be inflicted shall be specified by the Court in the sentence."

Major Paget said that the Act of 1885 laid down that for these sexual offences against young children under 13 a youth of 16 might be whipped. The Bill merely extended this to those of a more advanced age who should know considerably better. Under the present law it was possible to order a criminal who attacked a strong man and robbed him violently of his watch, to be whipped, and all would agree it was a far more brutal and low form of crime for a man to attack a little child and rob it of its innocence. He was afraid these offences were distinctly on the increase. Any man who attacked a little child was a coward and a cur. Such a man might not object to a long term of imprisonment, but he was afraid of the least thing that was going to happen to his own disgusting and horrible hide. The Bill was brought in and read a first time without a division.

COMING EVENTS.

July 4th.—St. Mary Abbot's Hospital. Annual Reunion of Nurses. Service. 3.30 p.m.

July 4th.—Bethnal Green Hospital, E. Nurses' Reunion Annual Gathering. Service in Chapel, 4 p.m. Tea and Reception in the garden, 4.30 to 6 p.m. Entertainment by the Nurses' Dramatic Society, 6 to 8 p.m. Dancing and refreshments, 8 to 10 p.m.

July 6th.—Mrs. Bedford Fenwick "At Home" to contributors to Presentation Register—Gift on view. 20, Upper Wimpole Street, London, W. 4.30 to 6.30 p.m.

July 7th.—Isleworth Nurses' League. Annual Garden Party in the grounds of the West Middlesex Hospital. Matron will be pleased to welcome any former nurses and their friends. 3 p.m. to 7 p.m.

July 11th.—Whipp's Cross Hospital, Leytonstone. Visit of Princess Mary (Viscountess Lascelles) to present medals and awards to the nurses.

July 14th.—Royal British Nurses' Association Club, 194, Queen's Gate, S.W. Recital by Mr. Horton. 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.

NEW RULE ENCOURAGES EXPLOITATION OF THE SICK IN NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My indignation has been seriously aroused by reading Dr. Salter's statement in the House of Commons on June 13th, as to the standard (or lack of standard) of nursing in private nursing homes throughout the country.

Had he taken the trouble to find out before making the assertion that almost all the members of the nursing staffs therein employed do not, and cannot, fulfil the requirements of the Rule for Registration of the General Nursing Council—which requires a minimum of one year's training—he would have found at least thirty in the vicinity of Harley Street kept by fully-trained nurses, who only employ fully-trained nurses, and the minority of others who keep nursing homes and who do not possess a certificate, employ fully-trained women to nurse the patients.

The plight of these homes will be disastrous in future in regard to obtaining a sufficient number of certificated nurses—as I feel certain few of the educated class will take up this branch of work, if called upon to work on terms of professional equality with women who have not taken the trouble to train, and yet who *dare* to assume the responsibility of caring for the sick.

Yours truly,

E. EDITH FOWLER, S.R.N.

[We feel sure many certificated nurses who admirably conduct private nursing homes will share Miss Fowler's indignation. Dr. Salter's statement that the majority of nursing homes (charging high fees for skilled nursing as they do) are staffed by untrained persons is a serious indictment of his medical colleagues who send their patients to such institutions. Such nursing homes need drastic supervision, and to be compelled to employ well trained Nurses, before they are permitted to admit the sick for treatment and operation. Medical practitioners will not recognise unregistered colleagues in practice—they should now take steps to protect their patients from unregistered nurses. That it should have been the medical M.P.'s who agreed to degrade our Register by giving the professional privileges, *we have earned*, to women who have not done so—proves the need for more loyalty from doctors to nurses.—ED.]

KERNELS FROM CORRESPONDENCE.

"THE GREAT BETRAYAL."

"*Want My Guinea Back*" writes: "So upset was I when I read in last Thursday morning's paper that Dr. Chapple and his medical colleagues

(who must know how unjust his motion is) had succeeded, supported by the Labour Party, in ruining the General Part of the Register, that I got a copy of the Official Report of the Debates. The ignorance, as there portrayed, of our legislators is evidently colossal, and the assumption that nurses are trained and disciplined by medical men is gaily accepted. Never was a greater fallacy. Are we enfranchised citizens, with professional status, or are we merely chattels? According to Sir George Buchanan in his 'Memoirs,' Queen Victoria recorded on the margin of a despatch that the treatment of England by Bismarck 'made her blood boil.' Well, mine boiled over when I read the debate in the Commons of the treatment of registered nurses by medical men. May I ask why Scottish M.P.s take the initiative in ruining the standard of the English Register and leave the Scottish Register severely alone? Are there no Gamps on the other side of the Border, whose wrongs wring the hearts of Scottish M.P.s, or does their emotional twaddle not appeal to the Right Hon. Viscount Novar, Secretary for Scotland—who has studied the Nurses' Registration question for many years past? Then I note Lieut.-Col. Fremantle describes the present General Nursing Council as a 'democratic' body. Why democratic—when it has nine unprofessional persons on it? Has a medical chairman and medical bosses in power on the Registration, Finance and Mental Committees? What would Col. Fremantle say if Parliament placed nine lay persons and registered nurses on to the General Medical Council—and a Registered Nurse occupied the chair? Democratic, indeed! The Council is dragooned by the most uncouth man in the medical profession—placed there on purpose to bully us into submission. Our Council Chamber is known as the 'Star Chamber,' and our Headquarters as 'Traitor's Gate.' Nepotism reigns supreme—and the latest outrage is to make us pay a young clerk in the twenties—a protégée of another medical autocrat—a salary and travelling allowances which will cost us £700 a year—to arrange our professional examinations!—of the very terms of which she must be totally ignorant. Moreover, this professional position was eagerly sought by some of our most highly trained nurses. Highly paid posts apparently spring up like mushrooms whenever an old personal friend of the Registrar is out of a job. When is the Prime Minister going to appoint a Select Committee to enquire into all these abuses? No wonder, as the Medical Superintendent of Guy's Hospital, and the Chairman of the London Hospital testify, the maintenance and supply of nurses is one of the most acute hospital problems, and that the present supply of probationers is most precarious, and few hospitals have their full nursing staffs. If our profession is to be governed by cave men—there will soon be no probationers at all."

OUR PRIZE COMPETITION QUESTIONS.

July 14th.—Describe (a) the symptoms, (b) the nursing management, of a case of concussion.

The Midwife.

CENTRAL MIDWIVES BOARD.

The Monthly Meeting of the Central Midwives Board was held at the Offices of the Board, 1, Queen Anne's Gate Buildings, Westminster, S.W., on Thursday, June 21st, Sir Francis Champneys, Bart., M.D., F.R.C.P., presiding.

REPORT OF STANDING COMMITTEE.

On the Report of the Standing Committee:—

A letter was received from Miss Puxley of the Ministry of Health, stating that the Minister of Health approves the present Rules of the Board for a further period of six months from July 1st next.

A letter was received from the Registrar of the Joint Nursing and Midwives Council of Northern Ireland stating that the Midwives Committee of that body recommend—

- (a) The advisability of deleting the words "habitually and for gain" from Section 1 (2) of the Midwives (Ireland) Act, 1918 (which is practically identical with a similarly numbered sub-section of the English Act, 1902);
- (b) The advisability of adding the following words at the end of sub-section (2): "Nothing in this sub-section shall exempt from the duty of certification a woman habitually acting as a maternity nurse under the direction of a registered medical practitioner";

and asking the opinion of the Board on the proposed changes.

Also asking for the Board's opinion as to the desirability of seeking authority to charge certified midwives a yearly retention fee—say, not exceeding 2s. 6d.

It was resolved that the Registrar of the Joint Nursing and Midwives Council of Northern Ireland be informed—

- (a) That the Board has for a long time represented that the words "habitually and for gain" ought to be deleted from Section 1 (2) of the Midwives Act, 1902, and it is hoped that in the near future legislation will effect what is desired.
- (b) That the Central Midwives Board thinks that the proposed suggestion is impracticable.
- (c) That, whilst appreciating the desirability of ensuring that practising midwives notify their intention to practise, the Board is of opinion that the question of charging midwives an annual fee is one which requires very careful consideration, as in practice it might produce many complications and difficulties.

A letter was received from the Medical Officer of Health for Portsmouth with reference to the refusal of the Board to approve Dr. R. K. Ford as a lecturer, and again asking for his approval on the grounds mentioned in his letter.

It was resolved that having regard to the fresh facts brought to the notice of the Board, the Board approves Dr. R. K. Ford as a lecturer; that, at the same time, the Medical Officer of Health of Portsmouth be informed that the Board is reconsidering the whole question of the approval of lecturers, with the view of concentration into large classes, and that the approvals may at any time be reconsidered.

The Board regrets that the Borough Council authorised Dr. Ford to give lectures before obtaining his approval by the Board.

APPLICATIONS.

The following applications were granted:—

For Approval as Teacher (Medical Practitioner).—Henry James Drew Smythe, M.B., F.R.C.S. (subject to conditions).

For Approval as Teacher (Midwives).—Midwife Bessie Louisa Scott (No. 34,293); Midwife Amy Langdale (No. 50,408) (subject to conditions).

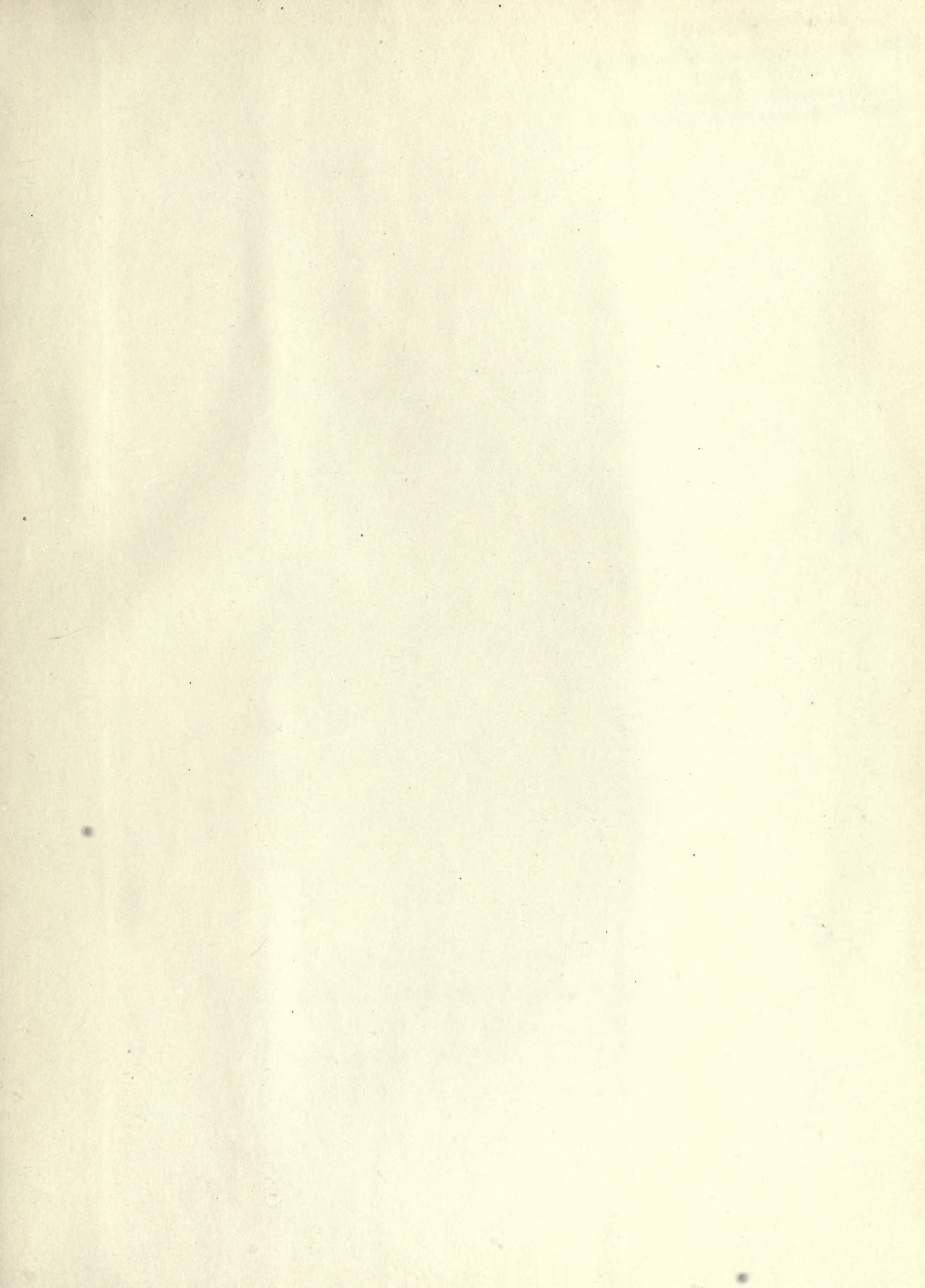
The Secretary reported that in conformity with the Board's Resolutions of July 25th, 1918, and October 14th, 1920, he had placed on the Roll the names of the following women holding a Certificate of having passed the Examination of the Central Midwives Board for Scotland or the Central Midwives Board for Ireland, as the case may be:—Margaret Mary Fitzgerald (No. 60,199), Catherine Macpherson (No. 60,200).

NATIONAL CONFERENCE ON INFANT WELFARE.

The National Conference on Infant Welfare, held under the auspices of the National Association for the Prevention of Infant Mortality and the National Baby Week Council sections of the National League for Health, Maternity, and Child Welfare, will be held at Carnegie House, 117, Piccadilly, London, W.1, on July 2nd, 3rd and 4th. The railway companies throughout the Kingdom are allowing members of the Conference to purchase tickets at reduced rates, on production of a voucher to be obtained only from the Secretary, at 117, Piccadilly, London, W.1.

MATRON REQUIRED AT QUEEN CHARLOTTE'S HOSPITAL.

We refer our readers to our Supplemental Advertisement Pages for the details of the conditions, attached to the post of Matron at Queen Charlotte's Hospital, Marylebone Road, N.W., for which applications are invited. It is a desirable and honourable post, for which there will, no doubt, be many candidates.



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